



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Ard Na Rithe
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	27 April 2018
Centre ID:	OSV-0005511
Fieldwork ID:	MON-0020787

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This centre is a five bedroom two storey house located in Dundalk. It is situated close to a local amenities which residents can either walk to or avail of public transport if required. The centre supports male residents over the age of 18 years. Each resident had their own bedroom and facilities included two communal areas, a kitchen cum dining room with a utility room to the side. Adequate bathroom facilities were also available. There was a garden to the back of the property. The staffing mix in the centre comprised of nurses, social care workers and one health care assistant. All residents attended a day service Monday to Friday, during which time there was no staff on duty. There were two staff on duty in the evening times and at weekends, one of which was a sleepover staff to support residents. The person in charge was supported in their role by a clinic nurse manager. Both of whom had responsibilities for other designated centres. Management and staff work in partnership with families, allied health professionals and the wider community so as to ensure the service delivered to the residents is based on their assessed needs, individual preferences and community inclusion.

The following information outlines some additional data on this centre.

Current registration end date:	17/10/2019
Number of residents on the date of inspection:	4

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
27 April 2018	10:30hrs to 13:30hrs	Anna Doyle	Lead

Views of people who use the service

None of the residents were met at this inspection as they were attending day services at the time the inspector was present in the centre.

Capacity and capability

Overall the inspector found that the services provided in this centre were contributing to positive outcomes for the residents.

There was strong governance arrangements in place to ensure that the services provided were reviewed and evaluated on a consistent basis in the centre.

Since the last inspection a new person in charge had been appointed to the centre in October 2017. They were found to be suitably qualified and experienced. They were also responsible for another three centres under the remit of this provider. A clinic nurse manager had also been appointed to support the person in charge in their role. They were responsible for one other centre under the remit of the person in charge. The inspector was satisfied that this was not impacting on the services provided in this centre.

The person in charge and the clinic nurse manager both of whom facilitated this inspection had a very good knowledge of the residents needs in the centre and the supports in place to meet those needs. It was evident that both worked collaboratively and effectively with the team to ensure that the services provided were safe and improving outcomes for residents.

Both of them visited the centre on a regular basis and maintained daily contact with the staff team. The staff team prepared a weekly report to the person in charge to highlight any concerns in the centre. Staff meetings were held on a monthly basis and from a review of a sample of minutes, the inspector found that actions identified were being followed up.

The provider had arrangements in place to carry out an unannounced quality and safety review. These were undertaken by members of the quality assurance team employed in the wider organisation. The last one completed demonstrated that the person in charge was implementing the findings from this in order to improve services.

An annual review had also been completed for 2017 which included the views of residents and their representatives on the services provided in the centre.

An audit schedule had been developed to ensure that areas such as medication management practices, residents finances and residents personal plans were audited regularly to identify any areas of improvement for staff.

The inspector also found that the records required for the effective and efficient running of the centre were up to date and of a high standard on the day of the inspection.

There were sufficient staffing levels in the centre which included contingencies to cover staff leave. The inspector found that the provider had been responsive in ensuring that the changing needs of residents was responded to; as additional staffing had been put in place at night for a period of time to ensure that residents needs were being met. The staffing arrangements had also been reviewed to ensure that one residents personal choice was respected.

One staff member met by the inspector demonstrated a very good knowledge of the care and support needs of the residents. They felt supported in their role by the person in charge and had a yearly performance development review recently completed. An out of hours on call service was also available should staff require support or advise.

The person in charge also outlined that as part of a new initiative by the provider that regular supervision was being introduced for staff.

From a review of the training matrix, all staff had completed mandatory training. Additional training had also been provided in dysphagia and basic life support. Refresher training was also scheduled to take place in the coming months for staff.

At the opening meeting the inspector was informed that there were no complaints logged and volunteers were not employed in the centre. These regulations were not inspected on this basis. Personnel files were also not reviewed as they had been compliant at the last inspection.

Regulation 14: Persons in charge

The person in charge was a registered nurse and had significant experience of working in disability services. They had a very good knowledge of the residents needs in the centre and demonstrated strong leadership skills on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

There were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received the necessary training in order to support the residents needs in the centre. The person on charge and the clinic nurse managers ensured that this training was up to date and refresher training was scheduled to take place as and when required.

Judgment: Compliant

Regulation 21: Records

The records maintained in the centre were accurate, up-to-date and easily retrievable on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were effective and supported and promoted the delivery of safe, quality care services.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the designated centre were maintained and, where required, notified to HIQA.

Judgment: Compliant

Quality and safety

The inspector found that the services provided in the centre were enabling residents to live fulfilling lives in their home and their community. Community integration was a central focus for residents and numerous examples were shown to the inspector of how this was implemented. For example, some residents were being supported to become members of the local football supporters club, join community initiatives such as charitable walks and become members of local community groups.

The staff, person in charge and the clinic nurse manager demonstrated that they were continually reviewing residents care in order to support their needs and improve outcomes for them. For example, staff were exploring complimentary therapies to help some residents manage their anxieties.

The centre was homely, personalised to residents' individual tastes and very clean on the day of the inspection. Residents were supported to launder their own clothes if they wished and adequate space was provided for the storage of personal possessions. A personal safe was provided for residents should they wish to store valuables. Weekly maintenance checks were completed in the centre to ensure that any required maintenance work was highlighted to the appropriate personnel.

The food available in the centre was nutritious, varied and available in sufficient quantities. Residents could choose their preferred meals at weekly resident forum meetings. A snack menu was available in a picture format for residents outlining healthy option snacks for residents. Staff were aware of the advice of dieticians and other specialists for residents assessed needs and re-referrals for these services were made in a timely manner.

Weekly residents forum meetings were held in the centre to discuss a range of topics including menus, activities and fire safety. There were a number of examples observed where information had been developed into an accessible format for residents. Some of which included, personal plans, social stories, resident forum meetings and staff rotas.

The risk management policy was under review by the provider at the time of the inspection, the inspector was aware that part of this review will include the arrangements in place for all of the requirements specified under the regulations. This policy was therefore not reviewed as part of this inspection. The inspector found that there were responsive risk management systems in place in the centre which included; individual risk assessments based on the residents needs, operational and environmental risk assessments to ensure that residents, staff and visitors to the centre were safe and reporting structures in place to ensure that

incidents were managed and reviewed by the appropriate personnel. For example, all incidents were reported to the person in charge and the clinic nurse manager when they occurred. A report of all incidents was collated monthly to identify possible trends from this additional control measures were implemented where necessary to minimise the risk. High risk incidents were reported to more senior personnel in the organisation including the CEO of the organisation.

There was a fire safety checklist in place, which was completed weekly by staff. Adequate fire fighting equipment was provided in the centre which had been serviced appropriately. Fire doors were also in place for the containment of fire. The fire alarm and emergency lighting was serviced and maintained on a regular basis. There was adequate means of escape and fire drills had been completed to ensure a planned safe evacuation of residents in the centre could be facilitated in such an event. Staff had completed training in fire safety awareness and refresher training was also provided.

Residents had support plans in place for the provision of positive behaviour support which were been reviewed by an allied health professional. Staff demonstrated a good knowledge of how residents should be supported in this area and all staff had been provided with training in positive behaviour support. Incidents relating to behaviours were reviewed and from this review the staff team were implementing and adopting interventions to further support residents in this area.

A restraint free environment was promoted in the centre. One environmental restriction had recently been introduced based on an identified risk. This had been reviewed by the Governance of Restrictive Interventions Committee prior to it being introduced and was deemed the least restrictive measure. The person in charge was also in the process of consulting with the residents representative on this practice at the time of the inspection.

All staff were trained in safeguarding vulnerable adults. Staff were aware of their requirements to report any incidents of alleged abuse and outlined the reporting structures in place in such an event to the inspector. One safeguarding incident notified to HIQA which related to the impact of behaviours of concern on other residents had been well managed to date. Staff were knowledgeable about the measures in place to support residents and positive relationships between residents was also being promoted through social stories and resident forum meetings in order to reduce the likelihood of an incident reoccurring.

Regulation 13: General welfare and development

Residents were engaged in social activities internal and external to the centre. All residents attended a day service Monday to Friday. Independent living skills for residents were promoted in the centre.

Judgment: Compliant

Regulation 17: Premises

The centre was homely, personalised to residents' individual tastes and very clean on the day of the inspection. Weekly maintenance checks were completed to ensure that the centre was in a good state of repair.

Judgment: Compliant

Regulation 18: Food and nutrition

The food available in the centre was nutritious, varied and available in sufficient quantities. Residents could choose their preferred meals at weekly resident forum meetings. Staff were aware of the allied health professional recommendations for residents who required specialist diets.

Judgment: Compliant

Regulation 20: Information for residents

Residents were kept informed and consulted about the services provided in the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There were effective arrangements in place for the management and ongoing review of risks in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire safety arrangements in place to ensure a planned safe evacuation of the centre for residents and staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had support plans in place for the provision of positive behaviour support which were been reviewed by an allied health professional. Staff demonstrated a good knowledge of how residents should be supported in this area and all staff had been provided with training in positive behaviour support.

Judgment: Compliant

Regulation 8: Protection

All staff were trained in safeguarding vulnerable adults. Staff were aware of their requirements to report any incidents of alleged abuse and outlined the reporting structures in place in such an event to the inspector. Safeguards were in place to ensure that residents were protected in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant