



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

Issued by the Chief Inspector

Name of designated centre:	Ard na Veigh
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	16 November 2020
Centre ID:	OSV-0001725
Fieldwork ID:	MON-0030860

About the designated centre

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

Ard na Veigh services is a residential service run by the Health Service Executive. It can provide full-time residential care to male and female adults, who are over the age of 18 years with a intellectual disability. The designated centre is located in a town in Co. Sligo with local amenities being easily accessible on foot or the use of taxis and public transport. The designated centre is a semi-detached two-storey building comprising of a kitchen dining room, sitting room, resident bedrooms and shared bathroom facilities. Residents also have access to rear and front garden areas. Residents live independently with staffing supports provided at set times during the day. An on-call system and safety measures are in place to enhance the safety of residents and promote their independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Monday 16 November 2020	10:00hrs to 13:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

The inspector met with all five residents who live at this centre. All residents spoke highly of the support they receive from staff and said that they had lived together in their home for several years and were very happy. They were very involved in their local area and were well regarded by their neighbouring community.

The residents told the inspector about the plans that the provider had in place to ensure that their future needs would be met by the service. Currently two residents shared a bedroom in this centre and they said that they were very happy to do so. They told the inspector that the provider's future plans included providing them with their own bedrooms and they were looking forward to this. All residents were very aware of current public health safety guidelines and spoke of how they implemented these while accessing their local community. They told the inspector that staff had supported them to understand the rationale for these guidelines and showed the inspector an easy-to-read folder that staff had prepared for them, which they regularly referred to. These residents were also very proactive in ensuring they had the most up-to-date information regarding public health safety guidelines, with some residents receiving daily updated information about the guidelines to their mobile phone.

Residents also spoke of the centre's current staffing arrangements and of the various measures that the provider had put in place to ensure they were safe while staying at the centre independent of staff. Each resident wore a pendant alarm and told the inspector about how these were activated and of the reasons as to why they may need to use them. They also spoke of their regular involvement in fire drills and were very aware of the procedure to be followed in the event of a fire at the centre.

They knew the staff very well and told the inspector that since their day service had temporarily ceased, additional staff were redeployed to the centre to assist them with their social activities during the week. During the inspection, the inspector observed very friendly and pleasant interactions between these residents and staff. They enjoyed going for walks, going to the shops and had supported their home counties in recently televised football games. Prior to the introduction of public health safety guidelines, these residents said they regularly took trips away and spoke of their hopes to spend this Christmas with their families.

Overall, this was a centre that had very homely and friendly atmosphere. The running of this service was very much resident-led and numerous measures were implemented by the provider to ensure these residents lived as independently as possible.

Capacity and capability

This was a well-run and well-managed centre that ensured residents received an individualised, safe and good quality of service.

The provider had plans in place to ensure this service could continue to meet the future needs of the residents who lived there. Prior to this inspection, the provider had submitted assurances to the Chief Inspector of Social Services detailing these plans and the time frames in which these were to be achieved by. Subsequent to this inspection, the provider was requested to provide a further update to the Chief Inspector on the progress of these plans.

The person in charge held the overall responsibility for the service and she regularly met with staff and residents. She was supported by staff and her line manager in the running and management of this service. She knew the residents that lived there very well and during the course of the inspection, the inspector observed them to be very comfortable in her company. She was also very aware of the operational needs of this service, particularly with regards to ensuring this service continued to meet the future needs of these residents. She was responsible for another centre run by the provider and current support arrangements gave her the capacity to also effectively manage this service.

Due to the assessed needs of these residents, a full-time staffing arrangement was not required to support them. Staff were on duty during the day on a Monday to Friday basis, with these residents staying at the centre independent of staff both at night and at weekends. The provider had put a number of measures in place to ensure that these residents were supported during these times, including, providing each resident with a pendant alarm and ensuring all residents had access to on-call contact numbers. Residents also had access to senior cover roster, which informed them of who they were to contact, should they require support at times when staff were not on duty at the centre. Residents were very familiar with how to use their pendant alarm and were very aware of the circumstances which would warrant them to activate this alarm system. They also spoke of their understanding of the out-of-hours support arrangements in place for them, with some reciting the phone numbers they would call should they need to contact a member of senior management. Residents told the inspector that they were very comfortable and felt very safe with this arrangement and that it was their preference to only have staff support during mid-week day time hours. Although there were a number of measures in place to support this centre's staffing arrangement, there was no planned or actual roster maintained at this centre to identify the staff members and their start and finish times worked on a Monday - Friday basis.

The provider had ensured the centre was adequately resourced in terms of transport and staffing. The person in charge was present at the centre very regularly and held good communication with the staff that were rostered at the centre. She also maintained regular contact with her line manager, which ensured that any areas of concern arising within the service were discussed. The centre's monitoring systems

included the six monthly provider-led visits along with a range of internal audits were were completed on a scheduled basis. Although a number of areas were subject for review as part of these monitoring systems, the inspector observed that these systems required review to ensure their overall effectiveness in identifying relevant and specific improvements required within this service. For example, medication audits were regularly carried out and although every resident in this centre was responsible for their own medicines, these medication audits did not specifically monitor self-medicating practices for improvement. Furthermore, these medication audits sometimes failed to identify improvements required to prescribing practices, as identified on this inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this service. At the time of inspection, the provider was preparing to submit revised Statement of Purpose and Residents' Guide to support this application.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was responsible for this centre and she was regularly present there to meet with staff and residents. She knew the residents very well and was very aware of the operational needs of the service delivered to them. She held responsibility for another centre operated by the provider and current support arrangements ensured she had the capacity to also effectively manage this service.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that adequate staffing arrangements were in place to meet the assessed needs of the residents who live at this centre. These staffing arrangements were subject to very regular review and senior management cover and out-of-hours arrangements were available to residents where staff were not present at the centre. However, there was no roster in place to demonstrate the names of staff working at the centre and their start and finish times worked.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured the centre was adequately resourced in terms of staffing and transport. The person in charge had regular contact with the staff who worked at the centre and she also maintained regular communication with her line manager to discuss any issues arising within the service. Although monitoring systems were in place, these required review to ensure their overall effectiveness in identifying specific improvements required within this service.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in available at the centre and at the time of inspection, it was in the process of review to ensure it contained all information as required by Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

This centre was operated in a manner that was very respectful of residents' wishes, preferences and independence. Residents were actively involved in the running of their home through their participation in weekly meetings and from their engagement with staff. The provider made sure that residents were maintained informed of any changes occurring to the service and that they had an opportunity to feedback to the provider, if they wished to do.

The centre comprised of one building which was located in a town in Co.Sligo. Prior to this inspection, the provider had submitted written assurances to the Chief Inspector of Social Services of the plans for this centre to ensure it continued to meet the future needs of the residents who lived here. The residents spoke with the inspector about these plans and said they were looking forward to these plans commencing. At present, three residents had their own bedroom, while two residents shared a bedroom. The inspector spoke with the residents who shared accommodation and they told the inspector that they got on well together and were happy to share. These residents told the inspector that the aforementioned plans for this centre included providing them with their own bedroom and they were looking forward to when this would happen. The centre also provided residents with a kitchen and dining area, sitting room, shared bathrooms and front and rear garden

space. In addition, resident also had access to a garage, which contained facilities for residents to launder their clothes. Overall, the centre was very clean, was personalised to the residents living there and had a homely and welcoming atmosphere.

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of all staff and residents. Residents had a very good understanding of the importance of temperature checking, social distancing and appropriate use of PPE when accessing the community. Staff had developed an easy-to-read infection control folder for residents and residents showed this folder to the inspector and told her that they had found it very useful in past months. Over the course of the inspection, the inspector observed staff to wear appropriate PPE, particularly when supporting residents where two-metre social distancing was not possible. Contingency plans were in place, should an outbreak of infection occur at the centre and the person in charge was very familiar with these arrangements.

Residents' needs were subject to regular assessment, which also informed any changes required to the centre's current staffing arrangement. Personal plans were then put in place to guide staff on how best to support residents with their assessed needs. Where residents had specific health care needs, the provider had ensured that these residents received the care and support they required. However, upon review of one resident's personal plan, the inspector observed that further review of this plan was required to ensure it provided clarity on the specific arrangements in place for this resident, particularly in the area of pain management.

Fire drills were occurring on a regular basis and records of these drills demonstrated that all residents could effectively evacuate from the centre. The inspector spoke with residents about the centre's fire procedure and they had a good understanding of how to respond in the event of fire, particularly where the downstairs fire exits may become inaccessible to those residing in upstairs bedrooms. Fire doors were available throughout the centre and adequate emergency lighting arrangements ensured residents would be guided from the centre to the fire assembly point. Since the last inspection, the provider installed a fire detection system to the centre's garage, ensuring residents would be alerted should a fire occur there. Although there was a fire procedure for the centre, it required further review to ensure clarity on the response to fire at the centre. Furthermore, the evacuation plans for residents residing in upstairs accommodation required review to include the arrangements in place for these residents, should the downstairs fire exits become inaccessible to them during an evacuation.

The provider had a system in place for the identification, assessment and monitoring of risk at this centre. Positive risk-taking was encouraged, with residents regularly accessing the community and spending time at the centre independent of staff. To ensure these residents' safety while doing so, the provider had a number of risk assessments which outlined the various safety measures that were in place and subject to regular review. Organisational risks were monitored by the person in charge; however there was no risk assessment in place to support the on-going

monitoring of specific risks relating to the staffing arrangement of this centre.

All five residents were taking responsibility for the administration of their own medicines and their capacity to do so was regularly risk assessed. The provider had ensured these residents had access to suitable medication storage arrangements and that they had received education and support about their medication. Staff carried out regular checks of medication stock and liaised with the centre's pharmacy, as and when required. The centre's medication policy identified that staff were to check with residents who were self-administering their own medicines, to confirm they had taken their medicine. However, this policy did not guide on the oversight of this checking system, where residents were self-administering at times where staff were not on duty at the centre. In addition, upon review of some prescription records, the inspector observed clarity was required on the rationale for the administration of some as-required medicines.

Regulation 17: Premises

The centre provided residents with three single bedrooms and one shared bedroom, shared bathrooms, a kitchen and dining area, sitting room, garage and rear and front garden space. The centre was homely and very personalised, with many photographs of the residents displayed throughout. Prior to this inspection, the provider had given assurances to the Chief Inspector of Social Services that a plan was in place to ensure that should the needs of these residents change, suitable accommodation arrangements would be made available for these residents. On the day of inspection, the residents told the inspector that they were aware and involved in this planning process.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, assessment and monitoring of risk at this centre. Residents regularly spent time at the centre independent of staff and the provider had risk assessments in place to support this arrangement. However, there was no risk assessment in place to support the provider's on-going monitoring of specific risks relating to the staffing arrangement of this centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had implemented a number of measures to ensure the safety and welfare of all residents and staff. Residents had very good understanding of these measures and told the inspector of how they adhered to public health safety guidelines when accessing the community. Temperature checks were occurring daily and PPE was appropriately used by staff when supporting residents. The provider had developed contingency plans should an outbreak of infection occur at this centre and the effectiveness of these plans were subject to regular review.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety precautions were in place, including, fire detection and containment systems, regular fire safety checks, fire drills were completed with all residents and staff had up-to-date fire safety training. There was a fire procedure for the centre; however, it required further review to ensure clarity in the response to fire at the centre. Furthermore, the evacuation plans for residents residing in upstairs accommodation required review to ensure they included the arrangements in place for these residents, should the downstairs fire exits become inaccessible to them during an evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems in place for the safe administration of medicines at this centre. At the time of this inspection, all five residents were taking responsibility for their own medicines and the provider had ensured they had suitable storage arrangements and support to do so. However, upon review of some prescription records, the inspector identified that the rationale for as required medicines was not always clearly documented. Furthermore, the centre's medication policy didn't include the oversight arrangements in place for the self-administration of medicines at times where staff were not on duty at this centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The provider had ensured each resident's needs were subject to regular assessment

and that personal plans were developed to guide staff on how to support residents with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support that they required. Although personal plans were in place to guide on the support some residents required, some required further review to provide more clarity on the support arrangements in place, particularly in the area of pain management.

Judgment: Substantially compliant

Regulation 8: Protection

There were no safeguarding concerns at this centre at the time of inspection. The provider had systems in place for the identification, reporting, response and monitoring of any concerns to the welfare and safety of residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were very much promoted at this centre, where residents were consistently consulted on the running of their home. Staff working at the centre knew these residents very well, which had a positive impact on ensuring these residents spent their time as they wished.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard na Veigh OSV-0001725

Inspection ID: MON-0030860

Date of inspection: 16/11/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • The Provider has ensured there is a roster in place with the names of staff, including starting and finishing times. 	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • The Provider has completed a Risk assessment regarding safety of residents when unsupported by staff in house • The Provider has updated Emergency Protocols for all residents. • The Provider has updated the Statement of Purpose to reflect the gender of the residents that can reside in the centre. • The provider has reviewed and put in place enhanced monitoring systems to ensure overall effectiveness in identifying specific improvements required within this service and suitable audits for this house 	
Regulation 26: Risk management procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> • The Provider has completed a Risk assessment regarding safety of residents when unsupported by staff in house 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The Provider has completed a Risk assessment regarding safety of residents when unsupported by staff in house • The Person in Charge has completed an easy read fire procedure to include contact of fire brigade. • The Person in Charge has ensured that the fire safety protocol has been updated to include garage area. • The Person in Charge has all Personal Emergency Evacuation plan form updated to include procedure for residents with up stair bedrooms. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The Provider has ensured that the Medication Management Policy is updated to include amendment to support independent living. • The Provider has ensured the Medication audit tool has been revised to meet the individual needs of the residents in this designated centre. The Medication Policy has been updated accordingly. • The Person in Charge has completed a local protocol for PRN medication and the medication Kardex reflects this. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p>	

- The Provider has ensured that all Nursing care plans will be updated to reflect the support arrangements in place, particularly in the area of pain management.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	17/11/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	19/11/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Substantially Compliant	Yellow	19/11/2020

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	19/11/2020
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	19/11/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/11/2020