



## Office of the Chief Inspector

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

Name of designated centre:	Ard Na Mara
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	21 May 2019
Centre ID:	OSV-0003002
Fieldwork ID:	MON-0021741

## About the designated centre

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

This is a service providing residential care and support to five male with disabilities. The centre comprises a large detached house in Co. Louth and is in close proximity to large town. Transport is provided for residents so as they have ease of access to community based facilities such as hotels, shops, shopping centres, restaurants, cinema, and social clubs. Each resident has their own private bedroom (one en suite). Residents' bedrooms are decorated to their individual style and preference. Communal facilities include a large well equipped kitchen with a dining space, a separate dining room, a spacious sitting room, a second smaller sitting room/activities room, a utility facility, adequate storage space and well maintained gardens to the rear and front of the property. There is also adequate private and on street parking available.

There are systems in place to ensure that the assessed social and healthcare needs of the residents are comprehensively provided for. All residents have access to GP services and a range of other allied healthcare professionals as required. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge, nurses, social care workers and health care assistants. All staff have qualifications, skills and training so as to meet the needs of the residents in a competent and comprehensive manner.

**The following information outlines some additional data on this centre.**

Current registration end date:	24/09/2020
Number of residents on the date of inspection:	5

## How we inspect

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
21 May 2019	10:00hrs to 13:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with one resident who lived in the centre. They reported they were happy living there and appeared relaxed and comfortable in the presence of staff. Written feedback from residents about the service also informed that they were very happy with their home and personal space, they were satisfied with the range of meals and food on offer, they felt their rights were respected, they were very happy with the range of social activities on offer and overall very happy with the care and support they were provided with.

## Capacity and capability

Residents appeared happy and content in this centre and both the provider and person in charge ensured appropriate supports and resources were in place to comprehensively meet their individual assessed needs. The model of care provided to the residents was person centred and supportive of their autonomy, choice and independence. This was reflected in the high levels of compliance found across all regulations assessed as part of this monitoring inspection process.

The centre had a management structure in place which was responsive to residents' individual assessed needs and feedback on the service. There was a clearly defined and effective management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported in her role by a full-time and experienced and qualified social care leader.

The person in charge was a qualified clinical nurse manager III (CNM III) and provided effective leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being comprehensively provided for as required by the regulations. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to the residents. It was observed that she recently changed the skill mix of the staff team so as to better meet the assessed needs of the residents. This had brought about positive changes to the centre and had improved the quality of life for the residents.

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications (in nursing, social care/healthcare) and all had undertaken a suite of in-service training including safeguarding, children's first, fire training, manual handling, safe administration of medication and

positive behavioural support. This meant they had the knowledge and skills necessary to respond to the needs of the residents in a consistent, capable and appropriate manner.

The person in charge and social care leader ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre.

For example, an audit on the centre identified that key areas of the service required review such as aspects of risk management, the individualised planning process and positive behavioural support. These issues had been addressed by the time of this inspection, ensuring ongoing effective and responsive oversight, governance and management of the centre.

There were systems in place to ensure that the residents' voice was heard and their rights were respected in the centre. Residents held weekly meetings to decide on what social activities to engage in and plan menus. They were also consulted with about their care plans and were satisfied as to how their needs were being provided for. It was also observed that some residents were interested in politics and social issues and were being supported to vote in the upcoming European elections and referendum.

There were systems in place to record and respond to any complaint arising in the service. The inspector observed that seven complaints had been made in 2018 however, most of those issues had been addressed by the person in charge in a timely manner and to the satisfaction of the complainants. One complaint remained in progress at the time of this inspection. Written feedback from residents on the service, staff team and management was found to be very complimentary.

Overall, from spending time with and speaking directly to one of the residents, from reviewing written feedback on the service and from speaking directly with management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the individual assessed needs of the residents in a competent and effective manner.

## Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified professional (Clinical Nurse Manager III) with significant experience of working in and managing services for people with disabilities. She also held a third level qualification in management.

She was also aware of her remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities)

Regulations 2013.

She provided good supervision and support to her staff team and knew the needs of each individual resident very well.

Judgment: Compliant

### Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in safeguarding of vulnerable adults, safe administration of medication, positive behavioural support, fire safety, basic life saving and children's first.

From speaking with one staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs in a safe and competent manner.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There was an experienced person in charge who was supported by an experienced

social care leader (house manager).

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of her remit to notify the chief inspector as required by the Regulations of any adverse incidents occurring in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had established and maintained a directory of residents living in the centre which contained the required information as specified in Schedule 3 of the Regulations.

Judgment: Compliant

## Quality and safety

The quality and safety of care provided to the residents was being monitored and was to a high standard. Residents were supported to have meaningful and



active lives within the centre and their community, and their health, emotional and social care needs were being supported and comprehensively provided for.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that they were being supported to achieve personal and social goals and to maintain positive links with their families and their community. Residents were also being supported to achieve social goals such as overseas trips to football matches, attend concerts and attend third level education. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents were members of local sports and social clubs and frequented community based facilities such as shopping centres, restaurants, cinema and bowling. Some residents had chosen to semi-retire and the centre provided a range of therapeutic and social activities for these residents to avail of on their days away from work.

Residents' healthcare needs were also being comprehensively provided for and, as required, access to a range of allied health care professionals also formed part of the service provided. The inspector saw that residents had access to GP services, dentist, speech and language therapy, physiotherapy, opticians and occupational therapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and, where required, had regular access to psychiatry and behavioural support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required.

There were systems in place to ensure residents were safe in the centre and access to independent advocacy formed part of the service provided. Staff also had training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member, the inspectors were assured that they had the knowledge and skills necessary to report any issue of concern if they had to.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk of falling, they had undergone a physiotherapy assessment and specialised equipment was provided to support their balance and mitigate this risk. One resident had epilepsy and in order to mitigate the risk associated with a seizure, there was a comprehensive epilepsy care management plan in place, staff had training on how to respond to a seizure and the resident had regular medical reviews for the condition.

There were systems in place to ensure all fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly. The last service took place on May 17, 2019. Fire extinguishers were serviced annually, and had last been serviced by a fire fighting consultancy company in September 2018. A sample of documentation

informed the inspectors that staff undertook weekly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which were updated recently). The most recent fire drill, conducted in February 2019, informed that all residents left the premises promptly when the alarm was sounded and no concerns were noted. From a sample of files viewed, the inspectors also observed that staff had training in fire safety awareness. It was observed however, one emergency light over an exit door from the centre required attention as identified by a fire consultant on a recent service.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols in place for its administration. There were also systems in place to manage, report, respond to and learn from any drug errors occurring in the centre. However, it was observed that there were no recent medication errors on file in the centre.

Overall, residents reported that they were very happy with the service, they felt adequately supported, their independence was being promoted and encouraged and their health and social care needs were being comprehensively provided for.

### Regulation 13: General welfare and development

The provider had systems in place to ensure residents had access to a range of facilities for occupation and recreation purposes based on their interests and preferences.

Judgment: Compliant

### Regulation 17: Premises

The premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. They were clean and comfortable and the issues with regard to their upkeep (as identified in the previous inspection) had been addressed.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff

was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the regulations. Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

However, one emergency light over an exit door from the centre required attention as identified by a fire consultant on a recent service.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The inspectors found that the medication procedures were satisfactory and safe.

Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into resident's

personal plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to psychology support and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis and only in use to promote the residents' overall health and wellbeing.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. All staff had undertaken training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member, the inspector was assured that they had the knowledge and skills necessary to report and respond to any issue of concern if they had to.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to exercise their rights and were facilitated to participate in and consent to decisions (with support where required) about their care. Residents also had control over their daily lives.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ard Na Mara OSV-0003002

Inspection ID: MON-0021741

Date of inspection: 21/05/2019

## 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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: one emergency light over an exit door has been replaced	



## 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 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	17/06/2019