



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

Issued by the Chief Inspector

Name of designated centre:	Ardcuan Group - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	09 October 2019
Centre ID:	OSV-0004041
Fieldwork ID:	MON-0022685

About the designated centre

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

Ardcuan is a community based respite service. The centre is comprised of a three story house and is located in a central area of a city and in close proximity to local shops and other amenities. The premises of the centre is made up of a three storey house with an apartment attached to the side of the building. There are four bedrooms in the main two storey building and two bedrooms in the attached apartment. Four of these bedrooms in the main two storey building are shared with two beds in each; three of which contain en-suite bathrooms. There are also two separate bathrooms in the centre. The service provides planned and crisis respite care to male and female adults with an intellectual disability. In addition, one resident avails of a full residential placement in the adjacent apartment while three individuals are placed in emergency residential places in the centre currently. There are two communal sitting rooms and a communal kitchen come dining area. There is a large secure garden at the rear of the property. There is a service transport vehicle that brings residents to their daily activities. Residents and respite users are encouraged and supported to participate in the local community in line with their own wishes and preferences. Staff support is offered 24 hours a day seven days a week and rosters are changed in line with the residents' care and support needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
09 October 2019	10:15hrs to 17:20hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector met and spoke with a number of respite users who were availing of the services of the centre. Overall, respite users reported that they were very satisfied with the services they were receiving and were very complimentary of the staff and management teams. In one case a respite user who was availing of the services of the centre as a long term emergency residential placement expressed significant dissatisfaction with these arrangements and communicated the frustration they were experiencing as a result of this placement. In addition to speaking with residents and observing care and support interactions, the inspector received six completed questionnaires from residents and family members which explored areas such as general satisfaction with the services provided, accommodation, food and mealtime experience, arrangements for visiting, residents' rights, activities, care and support, staffing arrangements, and complaints. The inspector found that there were high levels of satisfaction communicated through the completed questionnaires.

Capacity and capability

Overall, the inspector found that this centre was providing good quality respite services to a significant number of individuals who valued the supports that they were in receipt of. There was clear evidence that the centre was operated in a person-centred manner and both the staff and management teams placed a strong focus on providing services of a high standard. The inspector found, however, that a number of improvements were required in order for the achievement of compliance with the regulations. These improvements mainly related to increased oversight extending to the services being provided in an apartment adjacent to the main area of the centre, increased awareness of fire safety and evacuation procedures, and a need for appropriate placements for three individuals currently living in the centre on a long term emergency basis.

The inspector reviewed the centre's staffing arrangements and found that there were appropriate numbers of staff with the right skills, qualifications and experience deployed in the centre. While a vacancy in the staff team recently arose, the inspector noted that there was a significant longer term reliance on both agency and relief staff members to supplement the staff team deployed in the centre. A review of these shifts for August 2019 found that there was a combined agency and relief total of 45 shifts which were staffed by 22 different agency or relief staff members. As a result, the inspector found that there was an absence of continuity of supports for respite users. Despite this, the inspector found that the staff team were flexible in their approach to supporting respite users and dedicated to delivering person-

centred care in a kind and respectful manner.

A review of staff rosters found that they were not labelled as 'planned' or 'actual' and it was not clear, in the absence of the person in charge, who the shift leader was for each day. In addition, a number of codes used in these documents were not explained. A review of a sample of three staff files found that in one case there was an absence of documentary evidence of the qualifications of a staff member.

The inspector reviewed staff training records and found that there were a number of areas of mandatory training with identified deficits. There were deficits in seven of eight mandatory training areas identified by the person in charge. The person in charge outlined that a training plan was in place to address the identified deficits in these areas.

A review of the arrangements for governing and managing the centre was completed by the inspector. The person in charge was found to be very knowledgeable of the legislation, regulations and national policy and demonstrated a commitment to providing a service of a high standard. There were some concerns, however, which related to oversight of the service being provided in an apartment adjacent to the main premises of the centre and to the long term emergency placement of three individuals in the centre. The inspector also had significant concerns pertaining to fire safety and the evacuation procedures.

A statement of purpose in place in the centre (dated September 2019) was reviewed by the inspector and found not to contain a number of areas outlined as being required by the regulations. An opportunity was provided to the person in charge to revise and update the statement of purpose and submit this to the inspector following the inspection. This revised version of the statement of purpose (dated October 2019) was found to contain all required information.

The inspector reviewed incident, accident and near miss records maintained in the centre and found that the notification of incidents to the Chief Inspector had been completed as required by the regulations.

Regulation 15: Staffing

The inspector found that continuity of care and support was not facilitated or maintained in the centre due to the significant reliance on agency and relief staff members to supplement the staff team. Staff duty rosters were not labelled as required and one staff member's file was found not to contain documentary evidence of their qualifications.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector found that a number of mandatory training areas had identified deficits at the time of the inspection. There were:

- one staff member who had not completed training or refresher training in the area of manual handling
- six staff members who had not completed training or refresher training in the area of break away techniques/behaviour management
- six staff members who had not completed training or refresher training in the area of food safety
- one staff member who had not completed training or refresher training in the area of fire safety
- two staff members who had not completed training or refresher training in the area of hand hygiene
- two staff members who had not completed training or refresher training in the area of safeguarding vulnerable adults and
- four staff members who had not completed training or refresher training in the area of safe administration of medication.

Judgment: Not compliant

Regulation 22: Insurance

The centre was found to have been insured against accidents and injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the service being provided was not appropriate in all cases and did not meet the needs of individuals in long term placements in the centre. In addition, the registered provider had not ensured that satisfactory arrangements were in place to support a resident in one area of the centre and to appropriately monitor the care and support being provided.

Judgment: Not compliant

Regulation 3: Statement of purpose

A revised statement of purpose (dated October 2019) submitted to the inspector following the inspection was found to contain all required information as outlined in schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that notifications had been made to the Chief Inspector as required by the regulations.

Judgment: Compliant

Quality and safety

A review of the communication needs of respite users was completed by the inspector. Overall, it was found that there were appropriate supports in place including communication plans, however, a number of staff had not completed training in the use of Lámh (a manual sign systems used by persons with intellectual disability and communication needs). This was an action from the time of the previous inspection. The management team provided the inspector with assurances that all staff would complete this training in the near future.

The inspector reviewed the general welfare and development of respite users and found that there were appropriate supports in place to facilitate active, meaningful and good quality lives. There was a strong focus on providing care and support through a person-centred approach. There was clear evidence that respite users contributed towards the organisation of the centre. The inspector observed respite users partake in a wide variety of activities which included attending day services, partaking in paid part-time employment, having meals out, going on day trips and shopping excursions and meeting friends in the local community.

The premises of the centre were reviewed by the inspector during a full walk through of all areas in the company of the person in charge. Overall, the centre was found to have been very well maintained and decorated throughout and appeared to be in a good state of repair both internally and externally. The inspector found, however, that four of the centre's respite user bedrooms were shared which had a negative impact on respite users. There was clear evidence available to demonstrate that this practice had a particular impact on three individuals who were placed in the

centre in long term emergency capacity. In the cases of two of these individuals, the inspector found that they regularly had to change bedroom to facilitate the needs of other respite users who were availing of respite in the centre. In the case of one individual, it was noted that they had to leave the centre and temporarily reside in another designated centre on at least one occasion per month to allow for the respite allocation of another person.

A review was completed of the arrangements in place for the preparation of meals. Respite users were found to be consulted with regarding menu planning on a regular basis and participated in grocery shopping and meal preparation. There were snacks available for respite users outside of main meal times and advice/guidance from allied health professionals were available for staff members assisting in preparing meals.

Fire precaution arrangements were reviewed by the inspector and it was found that while there was a fire alarm and detection system fitted in the centre, there was an absence of emergency lighting in the case of one of the three identified fire exit routes. One fire door was found to be wedged open in a sitting room area of the apartment. There were individual fire safety risk assessments completed for respite users, however, these were ambiguous and did not clearly outline the supports required by individuals in the event of a fire or similar emergency. While reviewing fire drill records and speaking with staff members, the inspector noted that evacuation drills did not involve a resident who was living in the apartment adjacent to the main unit of the centre. Staff members spoken with stated that they did not have responsibility for evacuating this resident. An immediate action was issued to the registered provider and assurances sought regarding fire safety and evacuation plans in the centre as a result of these observations. In the days following the inspection, the registered provider provided assurances in writing that appropriate measures had been taken to ensure that all residents in the centre would be evacuated in the event of a fire or similar emergency.

The inspector was informed by a number of respite users that they felt safe while residing in the centre. Staff members were knowledgeable of the different types of abuse and the actions to take in response to witnessing or suspecting incidents of a safeguarding nature. A sample of incident and accident records were reviewed and the inspector found that all incidents which had occurred were appropriately managed and followed up on.

A review of respite users' rights was completed by the inspector. There were varying findings with regards to this regulation when short term respite users were compared to the individuals who were availing of longer term emergency placements in the centre. While the rights of short term respite users were largely being upheld, the inspector found that the privacy and dignity of individuals in long term placements in the centre were not respected. The inspector found that the emergency long term placement of three individuals in the centre was not appropriate as the services and facilities of the centre was unable to meet their collective or individual needs. While the registered provider had made considerable efforts to address this matter through liaising with funding agencies and other organisations, the results of these efforts had not produced a meaningful outcome

for the residents concerned. The inspector met and spoke with one of these individuals who described the impact the transient nature of the accommodation as being unsatisfactory and had led to feelings of abandonment and hopelessness.

Regulation 10: Communication

A number of staff members employed in the centre had not completed Lámh training despite a number of respite users having specific care and support needs in this area.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The inspector found that the registered provider was proactive in identifying and facilitating initiatives for respite users to participate in the wider community, developing friendships and to get involved in the local social networks.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre were found to be clean, well maintained and decorated throughout, however, respite users and individuals in long term placements were found to be sharing bedrooms and were required to move bedrooms on a regular basis to facilitate the needs of other persons. In one case, a person availing of the services of the centre was found to have to stay temporarily in another designated centre on a short term basis each month to facilitate the respite arrangements of another individual.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector found that respite users were supported to eat a varied and nutritious diet and were appropriately communicated with about their meals and preferences.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that there was some deficits in the area of emergency lighting and fire containment in the centre. In addition, personal emergency evacuation plans did not clearly outline the supports required by residents to safely evacuate the centre in the event of a fire. An immediate action was issued to the registered provider as serious concerns were identified in the evacuation procedure which did not include an individual who was residing in an apartment adjacent to the centre's premises.

Judgment: Not compliant

Regulation 8: Protection

The inspector found that the registered provider demonstrated a high level of understanding of the need to ensure the safety of respite users who were availing of the services of the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The long term emergency placements of three individuals in the centre was found not to be appropriate as the registered provider could not meet their needs in this setting. There was clear evidence available which demonstrated that these placements did not respect the privacy and dignity of individuals.

Judgment: Not 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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ardcuan Group - Community Residential Service OSV-0004041

Inspection ID: MON-0022685

Date of inspection: 09/10/2019

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none">• The provider will ensure that regular staff are rostered in the designated centre.• The PIC is maintaining a planned and actual roster showing staff on duty day and night. The PIC has compiled an index of abbreviations used on roster.• All relevant staff documentation is on file.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none">• The PIC has a training needs analysis and all staff will be scheduled for training or refresher training.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and	

management:

- The provider will ensure that individuals in long term placement will have their own bedroom, will not move bedrooms and will not move from the designated centre while residing in the centre.
- The provider has reviewed fire evacuation plans for the designated centre to ensure the resident in the apartment is included.

Regulation 10: Communication

Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:

- All staff will have completed LAMH training by the end of November 2019.

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The provider will ensure that individuals in long term placement will have their own bedroom, will not move bedrooms and will not move from the designated centre while residing in the centre.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Additional emergency lighting has been installed in the designated centre.
- PEEPS have been reviewed to ensure that they clearly outline the supports required by residents in the designated centre in the event of a fire.
- The provider has installed an automatic door closer on the fire door in the apartment to ensure it closes in the event of a fire.
- The PIC has reviewed evacuation procedures to include the resident in the apartment and these are displaced in a prominent place in the designated centre.

Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ul style="list-style-type: none">• The provider will ensure that individuals in long term placements will have their own bedroom, will not move bedrooms and will not move from the designated centre while residing in the centre.	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	01/12/2019
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	31/12/2019
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	19/11/2019

Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	19/11/2019
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	01/05/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Red	17/02/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	01/12/2019
Regulation 23(1)(c)	The registered provider shall ensure that management	Not Compliant	Orange	17/02/2020

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	25/11/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	19/11/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	19/11/2019
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.	Not Compliant	Red	18/11/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not	Not Compliant	Red	17/02/2020

	limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.			
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