



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

## Issued by the Chief Inspector

Name of designated centre:	Ard Clochar Community Group Homes
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	09 September 2020
Centre ID:	OSV-0005248
Fieldwork ID:	MON-0030281

## About the designated centre

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

Ard Clochar Community Group Homes provides full-time and shared residential care and support to adults with a disability. The designated centre comprises of three interconnected purpose built bungalows. Residents in each bungalow have their own bedrooms with en-suite bathroom facilities. In addition, residents have access to communal facilities in each bungalow which includes a sitting room, kitchen dining room, laundry room and additional bathroom facilities. The centre is located within a residential area of a rural town and is close to local amenities such as shops and cafes. Residents have access to an adapted vehicle at the centre which further enables them to access amenities such as leisure facilities in the surrounding area. Residents are supported by a staff team of both nurses and health care assistants. Staffing arrangements vary between each of the three bungalows, and are based on residents' assessed needs. In bungalow one, residents are supported by two staff during the day, whereas in bungalow two, staffing levels reduce from two to one staff member when residents attend external day service provision during the week. At night-time, residents in bungalow one and two have a shared staffing with a nurse and health care assistant being based across the two premises. In bungalow three, due to residents' assessed needs and occupancy levels, staffing arrangements varies between two to four staff during the day. At night-time, residents are supported by two staff members comprising of a nurse and health care assistant.

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

Number of residents on the date of inspection:

13

## 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
Wednesday 9 September 2020	09:10hrs to 14:10hrs	Stevan Orme	Lead

## What residents told us and what inspectors observed

Due to the impact of Covid-19, the inspection of Ard Clochar community group homes was facilitated only in two of the centre's three premises which were connected to each other through a shared corridor, therefore the inspector only had the opportunity to meet with eight of the thirteen residents living at the centre on the day of inspection.

Throughout the inspection, residents seemed happy and comfortable with all supports provided by staff in both houses. Where residents were able to tell the inspector about the care they received, they were enthusiastic when speaking about visits they had made to the hairdresser and car bingo in local GAA grounds especially as they had won and the plans they had for their winning. Residents also spoke about their pets and plans they had to visit friends in the coming weeks. Residents also where able expressed that they were happy living at the centre and spoke about how they had managed changes at the centre and in the local community due to COVID-19 such as the wearing of face masks.

## Capacity and capability

Clear governance and management arrangements at Ard Clochar Community Group Homes ensured that good quality care and support was offered to residents in line with their assessed needs, interests and personal preferences. However, although governance and management oversight was effective, some improvements were required to ensure compliance with the regulations was achieved.

Governance arrangements ensured oversight of all aspects of the centre's operation and ensured that residents' needs were met. The person in charge was full-time, suitably qualified and experienced, and based at the centre which ensured that they had daily oversight of the centre's operation and was readily available to both staff and residents if required. The person in charge had commenced their post at the centre in July 2020, but was very knowledgeable on the needs of residents and the day-to-day management of the centre and had already undertaken activities to further improve the quality of care provided such as identifying staff training and undertaking 'personal development plans' with staff.

Practices at the centre were subject to regular monitoring through the completion of a range of management audits undertaken by the person in charge or a designated staff member. Audits undertaken looked at practices such as infection control, use of restrictive practices, fire safety, safeguarding and resident finances to ensure they were effective, meet residents' needs and complied with the provider's own

policies.

In addition to local management audits, an annual review of care and support provided at the centre was completed as required by the regulations by a representative of the provider entity. The annual report looked at the effectiveness of all aspects of the centre and also consulted with residents for their views on the care and support they received. Comments reviewed by the inspector indicated that residents and their representatives were both happy and satisfied with the support they received to date. The provider also undertook six monthly unannounced visits of the centre, with the outcome of said visits being incorporated into the annual review findings. The visits similar to the annual review looked at all aspects of care and support provided. However, although the provider had undertaken the unannounced visits and reports were available, the provider had not ensured that visits occurred at six monthly intervals with a gap of 10 months between the most recent visit in July 2020 and the previous in September 2019.

Further to the regulatory requirements of six monthly unannounced visits and the annual review of care being completed, the provider also undertook a Quality Improvement Plan (QIP) for the centre which incorporated the findings of the aforementioned activities as well as outcomes from management audits and a regulatory compliance self-assessment completed by the person in charge. The QIP clearly showed actions to be completed, by whom and when, as well as the number of actions completed or yet to be achieved. The QIP was updated by the person in charge as actions were completed and submitted for review by senior management on a monthly basis.

The person in charge ensured that residents' needs were met by an appropriate number of suitably skilled staff across the three premises within the centre. Staffing levels were directed by the needs of residents with staffing in two houses being shared, but separated in the third house. Residents' needs were met by a staff team comprising of both nursing and health care staff. The person in charge and a review of rosters also showed that where possible staffing levels in each of the centre's three houses had been increased by one staff member during the day to accommodate the current unavailability of day services to residents due to COVID-19.

The person in charge ensured that staff skills and knowledge was kept up-to-date through a variety of methods. Staff attended regular team meetings chaired by the person in charge which discussed both residents' needs and the day-to-day operations of the centre, although the structure of said meetings had been reviewed in light of COVID-19. In addition, the person in charge was in the process of completing 'personal development plans' with all staff members, which identified future training needs to make them more effective in their roles. The provider also offered a range of mandatory training for all staff including regular refresher training to ensure staff knowledge reflected current developments in health and social care practices. However, the inspector noted that manual handling training had not been refreshed for some staff at the centre in line with the provider's own training plan which required this refreshment training

every three years.

The provider had a robust system in place for the recording and review of accidents, incidents and 'near misses' at the centre. Completed accident records included measures implemented in response to the event, including where additional supports had been introduced. In addition, a delegated staff nurse completed a monthly audit of all recorded events which was used to identify any trends or areas for further improvement, which was also submitted to senior management for review.

The provider's accident and incident reporting also feed into their risk management procedures which were robust and comprehensive in nature. An up-to-date risk register was maintained on all identifiable risks at the centre, and associated risk assessments had been developed to mitigate any negative impacts. Risk assessments sampled clearly showed both existing and additional measures implemented in response to the risk and to safeguard both residents and staff from harm. The effectiveness of all risk controls was also subject to regular review and staff were knowledgeable on both the risk controls' rationale and its implementation.

#### Regulation 14: Persons in charge

The person in charge was both suitably qualified and experienced as required under the regulations. In addition, the person in charge was full-time and knowledgeable about both residents' assessed needs and the day-to-day operations of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

Residents' needs were met by an appropriate number of suitably qualified staff, with staffing levels being subject to review to reflect the impact of COVID-19 on residents' daily activities.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to a range of training to ensure their skills were up-to-date, however not all staff had completed manual handling refresher training in line with

provider's policies.
Judgment: Substantially compliant
<b>Regulation 23: Governance and management</b>
Clear governance and management arrangements were in place which ensured the effectiveness of supports provided to meet residents' assessed needs. However, although unannounced provider visits were being completed, the provider had not ensured that they had occurred at six monthly intervals.
Judgment: Substantially compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge had ensured that all notifiable events as described in the regulations were submitted to the Chief inspector within the required timeframes.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
Complaint management arrangements ensured that received complaints were appropriately recorded including the actions taken in response and whether or not the complainant was satisfied with the outcome.
Judgment: Compliant
<b>Quality and safety</b>
Residents received a good standard of care and support from staff at Ard Clochar community group homes, which was in line with their assessed needs and ensured they were kept safe from harm. Staff were knowledgeable on all aspects of residents' needs, although arrangements for ensuring staff received refresher training in positive behaviour management required improvement to ensure staff



knowledge was kept up-to-date.

Residents' needs were identified and met through up-to-date and comprehensive personal plans which guided staff on all of the residents' support needs such as personal care, behaviours of concern, daily activities, medication, health and communication. Personal plans were also regularly updated in line with any changes in care recommended by associated multi-disciplinary professionals. In addition, personal plans were subject to an annual review attended by the resident, their representatives, centre staff and multi-disciplinary professionals to assess its ongoing effectiveness. Residents were also supported through their personal plan to work towards achieving a range of social and developmental goals during the year. Residents meet with their named key worker at three monthly intervals to review progress made in achieving their desired goals. The inspector noted that where goals had been hindered by the impact of COVID-19 this was clearly recorded and alternative goals identified with the resident. In addition, to their care plan, residents were informed about how their needs would be met through an easy read version of their care plan which included information on their support networks, likes & dislikes and daily activity programmes.

Where residents had behaviours of concern, clear guidance on supports required was contained within the resident's care plan. Guidance included a description of the behaviour including any known triggers and associated proactive and reactive support strategies to be used. As with all aspects of the residents' care plans, these support interventions were subject to regular review to ensure their effectiveness in meeting residents' needs. In addition, where the use of a restrictive practice had been recommended to meet a resident's needs, they were subject to regular review to ensure they were the most appropriate measure and least restrictive option available. Staff were knowledgeable about both support interventions and restrictive practices in use at the centre, although not all staff had received refresher training in positive behaviour management in line with the provider's policy.

Clear and robust arrangements were in place to safeguard residents from harm, with previously identified safeguarding risks being subject to a preliminary screening and implementation of a safeguarding plan to reduce the risk of re-occurrence. In addition, staff knowledge on how to respond to an identified safeguarding concern was kept up-to-date through regular 'safeguarding of vulnerable adults' training, and information was displayed at the centre on how to report a concern and who to, with photographs and contact details for the centre's 'designated safeguarding officers' being displayed in communal areas.

Prior to public health restrictions, residents were supported to participate in a range of activities both at the centre and in the local community as well as attending day service placements in the local area. However, these activities had been impacted upon by public health restrictions associated with COVID-19. In response, the centre had developed a range of home-based activities in line with the residents' needs and interests as well as undertaking community activities such as bus trips, visits to hairdressers where social distancing could be maintained and picnics. Staff at the centre were also planning in the coming weeks to support residents with meals out

in restaurants while adhering to current COVID-19 guidance.

Residents were also supported to play an active part in the day-to-day running of the centre, through attendance at regular weekly resident meetings. Topics discussed at the meetings included the impact of COVID-19 as well as menu choices, activities for the week and updates on changes to practices at the centre.

Infection control measures were comprehensive at the centre and had been subject to regular review and enhancement due to public health guidance on the management of an outbreak of COVID-19. Staff were involved in regular monthly 'Infection Control Committee Meetings' where staff discussed any changes to public health guidance and ensured it was implemented at the centre. Regular infection control audits were also conducted at the centre and staff had access to personal protective equipment (PPE) such as face masks and alcohol sanitizer throughout the centre. In addition, staff had completed presentations on the signs and symptoms of COVID-19 as well as the 'donning and doffing of PPE'. An extensive information folder was also available to staff containing current public health guidance and information sheets on all aspects of the management of COVID-19. Furthermore, information was displayed throughout the centre in easy-to-read formats on the signs and symptoms of COVID-19 as well as hand washing and cough etiquette.

### Regulation 13: General welfare and development

Residents were supported to enjoy a range of home-based and community activities which reflected their personal goals, assessed needs and interests.

Judgment: Compliant

### Regulation 26: Risk management procedures

Risk management arrangements ensured that where risk had been identified, effective controls had been introduced to reduce their re-occurrence and impact on residents' safety.

Judgment: Compliant

### Regulation 27: Protection against infection

Infection control measures were subject to regular review to ensure that residents were protected from the risk of health care associated infections such as COVID-19.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' personal plans were comprehensive and guided staff on how to support residents' assessed needs effectively. Plans were subject to regular review to ensure their ongoing effectiveness and were available to residents through their Personal Care Plan (PCP) in an easy-to-read format.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a range of healthcare professionals in line with their assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff were knowledgeable about the support needs of residents with behaviours of concern, and clear guidance was in place on the appropriate use of recommended restrictive practices. However, not all staff had received up-to-date refresher training on positive behaviour management in line with the provider's policy.

Judgment: Substantially compliant

### Regulation 8: Protection

Safeguarding arrangements ensured that where concerns had been identified effective safeguarding measures had been introduced to protect those affected from further harm. Staff knowledge on current developments in safeguarding practices were kept up-to-date through access to regular refresher training.

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	Substantially compliant
Regulation 23: Governance and management	Substantially 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 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Ard Clochar Community Group Homes OSV-0005248

Inspection ID: MON-0030281

Date of inspection: 09/09/2020

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>In order to bring the centre into compliance the following actions will be taken:</p> <ol style="list-style-type: none"> <li>1. The PIC will Liaise with the Manual handling trainer to arrange dates for manual handling and refresher training -01/10/2020</li> <li>2. The PIC will ensure that all staff have up to date manual handling training – 01/12/2020</li> </ol>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to bring the centre into compliance the following actions will be taken:</p> <p>The provider has a schedule in place and will ensure that all 6 monthly unannounced inspections are completed within the timeframes set out in the regulations – 01/10/2020</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>In order to bring the centre into compliance the following actions will be taken:</p> <ol style="list-style-type: none"> <li>1. The PIC will Liaise with the trainer for managing behaviours of concern to arrange dates for refresher training -01/10/2020</li> <li>2. The PIC will ensure that all staff have up to date training for managing behaviours of</li> </ol>	

concern – 01/12/2020



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Substantially Compliant	Yellow	01/12/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and	Substantially Compliant	Yellow	01/10/2020

	put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	01/12/2020