



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

Issued by the Chief Inspector

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:	06 May 2022
Centre ID:	OSV-0003002
Fieldwork ID:	MON-0030560

About the designated centre

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

This service provides full-time residential care and support to five adults with disabilities. The centre comprises a large detached house in Co. Louth and is near a large town. Transport is provided for residents to easily access community-based facilities such as shops, shopping centres, restaurants, cinemas, and social clubs. Each resident has their own private bedroom (one en suite). Residents' bedrooms are decorated to their 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. The service is staffed on a twenty-four-hour basis, and the staff team includes a person in charge, nurses, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 (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
Friday 6 May 2022	09:30hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with all five residents during the inspection. On arrival to the service, four residents were sitting in the living room and dining areas. Two of the residents were waiting for transport to bring them to their day service programme. One of the residents spoke of their planned family visit and sought reassurance from a staff member regarding this.

The other two residents relaxed and watched television before engaging in their morning routines. The inspector observed the residents settled and received support from two staff members. The residents appeared comfortable in their interactions with the staff members. The other resident was relaxing in their room.

The inspector spoke with the staff members during the inspection and found that they were knowledgeable of the residents' needs and interacted with them in a warm and considerate manner.

The inspector spoke with the fifth resident throughout the day. The resident sought the inspector out to discuss some of their achievements, their family, and some of the things they liked to do. Again, this resident appeared comfortable in their home and seemed at ease in their interactions with the staff members.

A review of residents' information showed that, residents were being supported to re-engage in their preferred activities following the lifting of restrictions put in place during the pandemic. Some of the residents had chosen to return to their day service programmes, while some had not. One resident had decided not to return, and alternative arrangements were being sought for the resident.

For those who had, the return to their preferred activities and schedules led to positive outcomes. The change in routines caused by the pandemic had negatively impacted some of the residents' quality of life. The review showed that, some residents attended activity programmes in a local community centre. Others were going to the gym, some were going on regular visits to their family homes, and others were meeting friends. There were also examples of residents recently attending a music event and having an overnight break following the event.

All five families had been sent questionnaires as part of the 2021 annual review, which focused on the quality and safety of care provided to the residents. The inspector reviewed the three family questionnaires that had been returned. The feedback was positive, stating that the family members were happy with the service being provided to their loved ones. There was also a record of compliments submitted by family members regarding the service provided to the residents. The inspector notes that there was a record of recent complaints, these will be discussed in the Capacity and Capability section of the report.

There were improvements required relating to the oversight and completion of

identified actions. The provider had determined that there were parts of the residents' home that needed repair or replacement, but there had been delays in this being actioned. There were also improvements required to monitor and deliver training to the staff team. This will be discussed in more detail in the Capacity and Capability section.

There were aspects of the residents' home that were well maintained and homely. However, this was not consistent in all areas. The inspector found that the provider had responded to some of the areas identified in a 2021 inspection but had not addressed an upstairs bathroom issue. The bathroom area also posed an infection prevention and control risk. The review of residents information also found that there were some enhancements required to ensure that there were adequate support plans for all residents. The impact of the two areas will be discussed in the quality and safety section of the report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This service was led by a person in charge and a house manager. They were supported by a team comprising staff nurses, social care workers and care assistants. The review of information found there was a schedule of audits. Audits were completed monthly and, in some cases, weekly. These audits were focused on identifying areas that required improvement. For the most part, the inspector found that the identified improvements were being addressed. However, as mentioned above, the inspector found that actions from the previous inspection had not been completed regarding the residents' home. Improvements were also required to ensure that all staff were provided with training when needed.

The inspector did find that the provider had completed the required reviews and reports on the quality and safety of care provided to the residents as per the regulations. Overall there were appropriate governance and management arrangements in place. There was, however, a need to ensure that the actions the monitoring practices were identifying were being addressed in a timely manner.

A training needs analysis was developed by the provider to track the training needs of the staff team. A review of this found that there were three staff that had outstanding training in positive behavioural support and one staff member that required basic life support training. Two of the staff members who required positive behavioural support training had done so since October 2021. While the inspector noted that training had been arranged for the staff members to complete in the coming weeks. There had been delays in sourcing the required training. Furthermore, no training date was arranged for the staff member who needed the

basic life support training despite their training being outstanding since January of this year.

The inspector reviewed current and archived staffing rotas. The review found that there was a consistent staff team in place. In recent months there had been one change to the team. Residents' records stated that a familiar staff team was critical for some residents. The house manager informed the inspector that when the staff member left their post, they were replaced by a person who had previously worked with the group of residents to support continuity of care.

As mentioned earlier, some recent complaints were submitted by family members. The review of these showed that there had been a follow up to the complaints. There were, however, some improvements required to capture all aspects of the work completed to address the complaints. The inspector asked for clarity regarding one complaint. The house manager guided the inspector to the required information and the stage the complaint was at. This was, however, not clearly documented in the services complaint log. Therefore, some minor enhancements were required, but overall, the systems were in place to manage complaints appropriately.

In summary, the inspection found that there were systems to identify actions, but improvements were required to ensure that all actions were addressed in a proper time frame.

Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The inspection found improvements were required to ensure that all staff members' training was appropriately monitored and delivered when needed.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the size, purpose, and function of the residential service.

However, improvements were required to ensure that the provider effectively responded to actions that had been identified.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge submitted notifications for review by the chief inspector as per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspection found that the provider had developed an effective complaints procedure. There was evidence of complaints being processed and addressed by the services management team.

Judgment: Compliant

Quality and safety

This service was previously inspected in June 2021. That inspection found that parts of the residents' home, both internally and externally, had not been kept in a good state of repair. As discussed earlier, the inspector recognises that the provider had addressed some of the actions, but they had failed to carry out works to an upstairs bathroom. The bathroom required repair and updating. The inspector also found that the two bathrooms required enhanced cleaning. This was despite them being cleaned on a frequent basis. There was further repair work required to some presses in the kitchen. The damage detracted from the homely environment that the provider and staff team had sought to create. The inspector was also shown correspondences that demonstrated that the services management team had submitted a number of requests to have the required works carried out in the residents' home. There were; however, delays in this being completed.

As mentioned earlier, the issues with the premises in some instances had also impacted infection prevention and control practices (IPC). There was damage to tiling and grouting in one of the bathrooms. There was also damage to the shelving unit in the shower and another shelf in the bathroom. The damage to the surfaces meant that the areas could not be appropriately cleaned. This, as a result impacted

the staff team's ability to implement appropriate IPC practices.

The provider developed a Covid-19 response plan that was specific to the service. An appraisal of the document found that it required updating as aspects did not reflect the most up to date guidance. Furthermore, there was insufficient guidance around supporting residents who were not willing to isolate if they were suspected or confirmed as having a healthcare-associated infection. An outbreak of COVID-19 occurred in the service in November 2021 and a post outbreak review had been completed. The review documented that some residents had refused to isolate. However, there was no clear guidance on how to support residents in the future if they were required to isolate or how to manage an outbreak if they were not willing to isolate. This was discussed with the house manager, who began working on the guidance document during the course of the inspection.

The inspector did find that weekly and monthly IPC audits were being completed. These audits had identified actions, but as discussed earlier, there had been delays in completing some of these. The inspector did observe that equipment had been replaced in some cases following IPC audits.

There was a range of fire safety management systems in place. The provider had made adequate arrangements to maintain firefighting and detection equipment. The inspector reviewed fire evacuation drills and found that the provider and staff team had demonstrated that they could safely evacuate the residents out of their home under day and night circumstances. The provider had also sought out an external contractor to complete a fire risk assessment report for the residents home. Some areas were identified as needing enhancements, however, the inspector was assured that steps were being taken to address these.

During a review of the existing fire containment measures, the inspector sought assurances from the provider's fire expert regarding a door that separated the kitchen and a small utility room. The door had previously been the back door of the residents' home. A small extension had been added to the residence, but the door had not been changed. The inspector sought assurances that this was appropriate to ensure appropriate fire containment measures were in place. The provider submitted assurances on the 16.05.22 that the existing door was acceptable following a review by an appropriate person.

The inspector found that a risk register had been created to capture the environmental and social risks relating to the residents and the service they were receiving. A range of risk assessments had been developed, including a large number of individual risk assessments for each resident. Identified risks were under regular review, and the control measures and risk ratings were appropriate. There was also an appropriate system to investigate and respond to adverse incidents.

A sample of residents' personal plans and care plans were reviewed. The inspector found that, for the most part, there were strong systems in place that identified the needs of each resident and how to best support them. However, it was found that for one resident, there was a need to review support plans around hospital admissions. The resident had recently spent a period of time in hospital and the

period had been challenging for the resident as they were not supported by their regular staff. While the inspector found that the resident's presentation had been reviewed post their hospital admission, there had been no care plan update on how to best support the resident should they required hospitalisation in the future.

The inspector found that residents had been supported to identify personal goals. As mentioned earlier, residents had been supported to attend musical events and to also go on an overnight stay. Other residents were engaging in charity walks or being supported to maintain contact with friends. The information reviewed also demonstrated that residents were receiving and had access to appropriate health care and therapies if required.

The group of residents were supported and encouraged to attend weekly resident meetings. These meetings were focused on ensuring residents were well informed and were supported to discuss potential activities or events they would like to attend. Residents were also provided with information regarding self-awareness, understanding and skills needed for self-care and protection. They were also completing work around their rights as individuals and the impact their actions could have on those they live with.

There were systems in place to respond to safeguarding concerns when required. The management team had demonstrated that investigations had been completed, and safeguarding plans had been developed to protect residents and guide those supporting them.

There were arrangements in place that ensured that residents had access to positive behavioural support. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific. They were focused on identifying and alleviating the cause of residents' behaviours. The behaviour support plans were also linked to resident individual risk assessments.

Regulation 17: Premises

The provider had not completed all the works identified in the 2021 inspection. There were also other parts of the residents' home that needed repair or replacement. Therefore, the provider had failed to ensure that the residents' home had been kept in a good state of repair.

Judgment: Not compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse

events and incidents.
Judgment: Compliant
Regulation 27: Protection against infection
Overall, there were suitable procedures in place for the prevention and control of infection. However, it was noted that the damage to surfaces in a residents bathroom meant that this area was difficult to clean from an infection control perspective.
Judgment: Substantially compliant
Regulation 28: Fire precautions
There were effective fire safety management systems in place.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The inspector reviewed a sample of residents' information. Assessments of residents' health and social care needs had been completed. The inspector did find that there for one resident, there was a need to review existing care plans to ensure that there were effective plans in place to support the resident if they were admitted to the hospital in the future.
Judgment: Substantially compliant
Regulation 6: Health care
The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.
Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural support if required.

Judgment: Compliant

Regulation 8: Protection

Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents were being provided

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially 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-0030560

Date of inspection: 06/05/2022

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>All staff members' training is being monitored through a planned training calendar and all staff are now up to date with outstanding training.</p>	
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>All the works identified in the 2021 inspection have been scheduled to be carried out. There is a planned maintenance works schedule within the Organization which prioritizes works.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>All the works identified in the 2021 inspection have been scheduled to be carried out. There is a planned maintenance works schedule with in the Organization which prioritizes works. All works identified will be completed by 31st August 2022</p>	

The works identified in the inspection 6th May 2022 have been scheduled for completion by 31st August 2022

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

The damage to surfaces in a residents bathroom: this is scheduled to be completed by 31st August 2022

The works identified in the inspection 6th May 2022 have been scheduled for completion by 31st August 2022

Regulation 5: Individual assessment and personal plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The resident care plan has been updated to reflect his care and support needs while in an acute hospital settings.

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 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	31/05/2022
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.	Not Compliant	Orange	31/08/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/08/2022
Regulation 23(1)(c)	The registered provider shall	Substantially Compliant	Yellow	31/05/2022

	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.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/08/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	22/05/2022