

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 CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	21 April 2023
Centre ID:	OSV-0003002
Fieldwork ID:	MON-0030558

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:	4
--	---

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 21 April 2023	09:00hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was carried out on foot of the providers application to renew the registration of this centre. On arrival the inspector met the house manager and three of the residents who were relaxing in the sitting room.

One of the residents spoke of their plan for the day; they were due to attend their day service programme and then visit their family for the evening. The resident appeared to be looking forward to this. Another of the residents was also due to go to their day service and sought assurances from staff members a number of times regarding when the bus would be arriving.

Staff spoken with informed the inspector that there was a planned outing the following weekend where residents and staff were due to go to Wicklow. The residents seemed happy with this and briefly chatted with the inspector. One of the residents also spoke to the inspector about their favourite sport. The inspector saw that a poly tunnel had been set up in the residents back garden. There were images of residents engaging in tasks and planting seeds. Some of the residents engaged in daily watering and upkeep and staff felt that they were enjoying this.

After breakfast, the inspector had the opportunity to speak with one of the other residents. The resident informed the inspector that they were chosen to be part of an advocacy group and were due to attend meetings regarding this. The resident also spoke to the inspector about their plans to visit family members overseas and an overnight trip they had recently been on.

The review of information showed that residents were supported to maintain links with friends and family; some residents had also gone away with friends on hotel stays. The inspector observed that residents appeared happy in their home. They were at ease in their interactions with staff members. The review of the staff rotas demonstrated there was a consistent team in place. The house manager noted this was very important for some residents. As well as ensuring that there was a consistent team, the provider also ensured that safe staffing levels were maintained

The previous two inspections in 2021 and 2022 identified that improvements were required to the residents' homes from a decoration and Infection Prevention and Control (IPC) perspective. This inspection found that the provider had responded to the issues and that the residents' home was in a good state of repair, both externally and internally. The environment was also clean and free from clutter.

As part of the provider's annual review, residents' families were asked to give feedback on the service provided to their loved ones. Three out of the four families returned responses. Two of the family responded that they were very happy with the service and one referenced how happy their loved one was living in the service. The other response stated that they were happy with the service but raised some concerns regarding the management of clothing. This was responded to promptly by

the staff team. Overall the feedback from the three families was that they were happy with the service provided. The inspector also found that some family members had submitted compliments separately regarding the service provided.

A review of resident meeting minutes showed that residents were encouraged to make decisions regarding the activities they would like to engage in. They were kept up to date with actions regarding their home. They were also provided information regarding the Assisted Decision-Making (ADM) Act at regular meetings. The review of information also showed that the provider had appointed an ADM co-ordinator. The co-ordinator was due to complete a presentation with the staff team in the near future to ensure that the staff members had the knowledge to best support the residents.

In summary, the inspection found that residents were receiving a good service. The care was person-centred and was promoting positive outcomes for the residents.

The following 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 the quality and safety of the service being delivered.

Capacity and capability

The inspector found that there were effective management systems in place. The person in charge was responsible for this and three other centres under the providers remit, they split their time between the four centres. The person in charge was not in the centre on the day of inspection and the inspection was facilitated by the deputy manager who was fully aware of the reporting structure and the systems in place to monitor and improve the service provided.

A schedule of audits was in place, which the house manager and the person in charge completed, the review of the audits identified that effective monitoring systems had been developed. The audits recognised areas which required improvement. Actions arose from these audits, and there was evidence of the actions being addressed.

The provider had completed an assessment of the safety and quality of care provided to residents as per the regulations. The provider also completed an annual review focusing on the service provided to residents. Actions had arisen following these, and again; there was evidence of the actions being addressed.

An appraisal of current and previous staffing rosters showed a consistent staff team supporting the residents. The review of rosters also identified that safe staffing levels were maintained. The provider and person in charge had also ensured that, staff members' information, as required under schedule 2 of the regulations, had

been gathered and available for review.

The provider and person in charge also ensured that the staff team had completed appropriate training to support the residents. The training needs matrix had some upkeep issues. Still, the provider could demonstrate that the staff members had completed the assigned training.

Information was available to residents on several topics, including the provider's complaints management policy. Residents were informed of the policy and supported to lodge complaints. Some of the residents had recently been supported to submit complaints, the person in charge and the provider had promptly responded to these complaints, and the residents had been informed of the outcome. There had been no other complaints submitted this year.

Overall the inspection found that the provider had appropriate systems in place. The management and staff team provided a service that met the needs of the residents and residents appeared happy in their home.

Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of residents were being met.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully supported the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents. Staff members

were also receiving supervision in line with the provider's guidelines.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement. Existing management systems ensured that the service was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider had also ensured effective arrangements were in place to support, develop and performance manage the staff team.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the required information in Schedule 1 of the regulations. The inspector found that the statement of purpose accurately reflected the service being provided to the group of residents.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure which was accessible to residents. As discussed earlier in the report, the residents had been supported to raise complaints. The provider had responded to the complaints, and the residents had been informed of the outcome.

Judgment: Compliant

Quality and safety

This inspection found that there were systems in place to meet the needs of the

residents. Assessments of the residents' health and social care needs were conducted. Care plans focused on their needs had been completed. The plans listed how to best support each resident and were under regular review. Staff members were observed to interact with residents respectfully throughout the inspection. Residents were provided updates regarding the ADM Act and other information through weekly meetings and natural conversations with staff.

The inspection found that the health needs of the residents were under close observation. In particular, one resident's medical needs had changed in the last twelve-month period. Care plans that stated how to support the resident and maintain their health had been devised. All residents had access to a range of allied healthcare professionals. The mental health needs of residents were also under close review, with some residents receiving regular support from members of the provider's multidisciplinary team (MDT).

A review of information showed that residents liked to go out for food with their peers, some of the residents also enjoyed attending country music shows and going to concerts with their friends or housemates. There had been occasions where the residents had stayed in hotels after the concerts as well.

The positive behaviour support needs of the group of residents were being met. The provider's MDT comprised a Clinical Nurse Specialist in behaviour and a Psychiatrist. The behavioural and presentation of some of the residents were under close observation. Individual behaviour support plans had been developed for residents that required them. These plans gave staff members the necessary information to support each resident.

Through the review of adverse incidents and via the review of solicited information, the inspector identified periods when the residents had the potential to impact one another negatively. These incidents were not of great intensity but had negatively impacted residents. In response to the incidents, the provider and person in charge completed investigations and developed safeguarding plans when necessary. The staff team had also been provided with appropriate training in the area.

There were appropriate systems to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements to identify, record, investigate, and learn from adverse incidents. Individual risk assessments were developed that were specific to each resident and outlined how to maintain each resident's safety.

The review of fire safety precautions found that the provider had developed effective fire safety management systems. Regular fire drills had been completed. These demonstrated that residents and those supporting them could safely evacuate.

Appropriate measures were in place regarding IPC practices. The provider had adopted procedures in line with public health guidance. There was a COVID-19 outbreak management plan specific to the service. Staff had been provided with a range of training in IPC practices. Measures were in place to control the risk of infection, including weekly and monthly IPC audits. The residents' home was also

maintained in a clean and hygienic condition. There were also hand washing and sanitising facilities available.

In summary, the inspection found that residents were supported to engage in tasks they liked and were facilitated to maintain links in their local community. The care needs of the residents were met, and there were systems in place to track and respond to the changing needs of the residents.

Regulation 17: Premises

The provider had ensured that the residents' home was maintained in a good state of repair. The premises was also clean and suitably decorated. Residents' bedrooms had been decorated to their preference. Overall the residents home had a warm and homely atmosphere.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

The inspector reviewed adverse incident records and found that an appropriate review of incidents had occurred and that learning was identified following the review.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority. Information was available for staff to review that was kept up to date. The staff team had received training on IPC and were observed to follow standard-based precautions throughout the inspection. Weekly and monthly audits reviewed IPC control measures and potential risks. The review system was effective, and the provider addressed identified actions..

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire and provided suitable fire detection, containment and fire fighting equipment in the designated centre. Staff members had also been provided with appropriate training. The provider had also demonstrated that they could safely evacuate residents under day and night scenarios.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised support for residents, which promoted positive outcomes for residents. Care plans specific to each resident's needs had been set. The plans outlined how best to support residents to remain healthy and to engage in activities of their choosing. Residents had been supported to identify social goals they would like to work towards, and there were systems in place to help them achieve them.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. Care plans had been devised which tracked their changing needs and gave detailed information on how best to support them.

Residents also had access to appropriate healthcare services to maintain and improve their health status. As mentioned above the mental health needs of residents were also under regular review. Members of the providers MDT were reviewing residents when required and developing supports for residents and the staff team to follow.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements that ensured residents had access to positive behavioural support if required. The inspector reviewed a sample of behaviour support plans. The plans were focused on developing an understanding of the reasoning for the challenging behaviours. The plans also clearly outlined how to support residents proactively and reactively.

Two resident had received increased input in recent months. There was evidence of members of the providers MDT developing individualised supports for the residents. For one resident there had been a reduction in incidents of challenging behaviours since the changes had been made.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that the safeguarding and protection arrangements were appropriate. Staff members had received adequate training in the area. If required, the person in charge had completed investigations into incidents or allegations. Safeguarding plans had also been drawn up when needed.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and staff team supporting the residents had ensured that the rights of each resident were being upheld and promoted.

As discussed in earlier parts of the report the staff team were observed to respond to residents in a caring and respectful manner. Staff members were also supporting residents to identify and engage in activities they enjoyed.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide that contained the required information. The residents' guide provided information on the services offered, the terms and conditions of residency, arrangements for residents' involvement in the running of the centre, how to access inspection reports, management of complaints

and the arrangements for visits.

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 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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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
Regulation 20: Information for residents	Compliant