



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

Issued by the Chief Inspector

Name of designated centre:	Ard Rí
Name of provider:	Resilience Healthcare Limited
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	16 June 2022
Centre ID:	OSV-0005446
Fieldwork ID:	MON-0037091

About the designated centre

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

The statement of purpose describes the service as a residential service that accommodates five residents aged from and including 17 years of age to 45 years of age, both male and female. The statement sets out that the provider aims to provide support to residents with intellectual disability and or autism and behaviours that challenge. The premises is located close to a local town in Co.Tipperary. The staffing team consists of a person in charge, a team leader, senior support workers and support workers. The centre is open 24 hours a day and seven days a week. The premises is a detached two-storey property with a large garden to the front. The ground floor of the premises is wheelchair accessible and consists of a kitchen, living room, bathrooms and four bedrooms. An individualised space for one resident has also been developed within the ground floor. The upstairs of the building consists of a kitchenette, office spaces, a fifth bedroom with an en-suite, storage rooms and a bathroom. Local amenities include, shops, restaurant's, parks, historic land marks and sports clubs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 16 June 2022	10:00hrs to 16:00hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

There were four residents living in the centre on the day of inspection and the inspector had the opportunity to meet and speak with two residents. Residents used non verbal methods to communicate their thoughts. One resident waved to the inspector and another resident vocalised happily when getting ready to leave the centre on a trip. Residents were observed going about their normal daily routines and engaging in meaningful activities throughout the day of the inspection.

The inspection took place during the COVID19 pandemic and therefore, precautions were taken by both the inspector and the staff. This included regular hand hygiene, temperature checking and the wearing of personal protective equipment in line with national guidance for residential care facilities.

The premises was a two-storey detached house. The home was visibly clean, homely and warm on the day of inspection. Areas of the premises had been recently painted and new flooring had been installed in some areas of the centre. Residents all had their own bedrooms and bathrooms which they had personalised to suit their preferences. One resident had an aromatherapy device in their bedroom, which the person in charge explained was something that the resident enjoyed in the mornings. The inspector noted that residents had visual board schedules in place in living areas and these included details of trips and activities they would be completing along with pictures. Pictures of the residents were also noted around the centre. The inspector observed some pictures of staff and a resident who had recently celebrated a birthday and had enjoyed a birthday cake and a party to mark the occasion. The centre had also used visual aids and pictures to notify residents of the inspectors arrival to the centre and of the inspection process.

Resident had the support of a core staff team in the centre, which comprised of social care workers and support workers and the centre had its full staff compliment on duty on the day of inspection. There was a full time person in charge who was regularly present in the centre. The person in charge was also supported by a team leader. Staff had all received mandatory training with the provider in a number of key areas and appeared suitably qualified to meet the residents needs. Staffing levels in the centre ensured that residents were appropriately supported with their assessed needs at all times. Staff present on the day of inspection appeared familiar with the residents and the inspector observed staff and residents joking together and chatting about their plans for the day ahead.

Residents were supported to regularly enjoy person-centred activities and were all working towards personalised goals. All residents were attending activation on the day of inspection. Some residents regularly attended activities including arts and crafts, meals out, walks, trips to different parks, and shopping. One resident was working towards goals which included returning to swimming, attending reflexology and developing a photo book of family and friends.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The inspector found that residents' well being and welfare was maintained by a good standard of evidence-based care and support. Marked improvements were noted since the centres most previous inspection. High levels of compliance with the regulations reviewed were observed on the day of inspection and the provider had appropriately addressed any areas of non compliance. In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered in the centre.

Capacity and capability

This was a focused risk inspection and the purpose of the inspection was to review any areas of non compliance from the centres two most previous inspections. Overall, the inspector found that the registered provider, Resilience Healthcare Limited, was demonstrating the capacity and capability to provide appropriate care and support to the residents which was person-centred and promoted the resident's needs and preferences. The provider had ensured that all outstanding actions had been appropriately addressed and that the centre was adequately resourced to meet the needs of the residents and to provide a safe service.

There was a clear management structure in place and lines of accountability. There was a full time person in charge who was supported by a deputy team leader. The person in charge was present in the centre regularly. There were a number of quality assurance audits in place to review the delivery of care and support in the centre. These included reviews of health and safety systems, six-monthly unannounced provider visits and an annual review of the care and support. There were effective systems to support staff to carry out their duties to the best of their abilities. Staff were in receipt of regular formal supervision with their line manager. The provider had a staff training program, and the inspector found staff had received appropriate training to meet the residents needs. Staff team meetings and resident meetings took place on a regular basis.

Regulation 16: Training and staff development

The inspector reviewed staff training records and found that all staff had received up-to-date mandatory training in areas including fire safety, infection control, medication management, manual handling, behavioural support, first aid, safeguarding and the management of percutaneous endoscopic gastrostomy (PEG). This was an action that had been appropriately addressed since the centres previous inspection. Staff were in receipt of regular formal supervision with their line

manager.

Judgment: Compliant

Regulation 23: Governance and management

Marked improvements were noted since the centres most previous inspection. High levels of compliance with the regulations reviewed were observed on the day of inspection and the provider had appropriately addressed any areas of non compliance. There were clear management structures and line of accountability. There was a full time person in charge in place who shared their role with one other designated centre and divided their time evenly between the two centres. The person in charge was also supported by a team leader in the centre. There was also a regional manager who had regular oversight of the service provided.

It was evident that the service provided was being regularly audited and reviewed. Daily, weekly, monthly, quarterly and annual safety checklists were in place and these were being completed by management. Six monthly unannounced inspections were also completed by a person nominated by the provider along with annual reviews of the quality and safety of care and support as required by regulation 23.

Judgment: Compliant

Quality and safety

The inspector found that overall, the registered provider was providing a safe and effective service to the residents. The designated centre provided a spacious and comfortable environment for residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. Good practice was noted in areas such as personal planning, activation, infection control and safeguarding.

The inspector viewed a sample of residents' assessments and personal plans. These were found to be person-centred and regularly reviewed and updated. The inspector reviewed the fire management arrangements and found the provider ensured that appropriate fire precautions were in place and that these were well maintained. The staff team were conducting regular fire drills which indicated that all residents could be evacuated in an efficient manner at all times of the day and night.

The registered provider had effective systems in place to prevent and control the potential spread of COVID-19 in the centre and adequate contingency arrangements were in place in case of infection.

Regulation 17: Premises

The premises was well maintained internally and externally. Areas of the premises had been recently painted and new flooring had been installed in some areas of the centre. The premises was a detached two-storey property with a large garden to the front. The ground floor consisted of a kitchen, living room, bathrooms and four bedrooms. An individualised space for one resident had been developed within the ground floor. The upstairs of the building consists of a kitchenette, office spaces, a fifth bedroom with an en-suite, storage rooms and a bathroom. The premises was designed and laid out to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate measures were in place in the centre for the prevention of healthcare associated infections. The provider had a contingency plan in place which guided staff in the event of an outbreak of COVID-19. Staff were noted to adhere to national guidance on the management and prevention of COVID-19 in residential care facilities. Appropriate hand washing facilities were noted around the centre, along with alcohol gels close to points of care. The registered provider and management team had appropriately addressed all concerns regarding infection prevention and control since the centres most recent inspections. The inspector observed the following measures in place:

- Areas of the premises had been recently painted and new flooring had been installed in some areas of the centre. The premises and all of the residents equipment presented as visibly clean and well maintained.
- Laundry systems had been reviewed and clear areas were in place for the management and separation of clean and dirty laundry.
- Color coding systems for cleaning different areas of the centre had been reviewed and there were clear protocols and signage in place which guided staff regarding mops and cloths to use.
- All staff had up-to-date training in infection prevention and control.
- Cleaning schedules and records had been reviewed and these were well maintained and included day to day cleaning duties, along with the regular deep cleaning of all areas of the centre.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective fire safety management systems in place in the centre. The inspector observed fire fighting equipment, detection systems, and emergency lighting all in working order around the centre. Staff and residents were completing regular fire safety evacuation drills. These simulated both day and night time conditions. Records demonstrated that residents could be evacuated from the centre in the event of a fire in an efficient manner. Staff were completing daily checks on fire safety systems and equipment was regularly checked and service by a fire specialist. One query was raised by the inspector regarding containment systems in the centre on the day of inspection. The person in charge consulted with a fire specialist who confirmed that the systems in place were in working order.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had personalised assessments and care plans in place. These were regularly reviewed and updated when required to reflect the residents most current care needs. Assessments of need included a full review of the residents supports needs with activities of daily living. Residents were supported to regularly enjoy person-centred activities and were all working towards personalised goals. All residents were attending activation on the day of inspection. Some residents regularly attended activities including arts and crafts, meals out, walks, trips to different parks, and shopping. One resident was working towards goals which included returning to swimming, attending reflexology and developing a photo book of family and friends.

Judgment: Compliant

Regulation 8: Protection

Residents in the centre were safeguarded. All staff had up-to-date safeguarding training. The inspector reviewed a sample of residents financial records and found that safe systems were in place to safeguard residents finances. Safeguarding plans were in place where needed. Management and staff were regularly reviewing and auditing residents financial records and the provider and management had ensured that appropriate action had been taken following the misappropriation of residents finances. All residents had plans of care in place to guide staff when supporting them with personal and intimate care.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant