



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

Issued by the Chief Inspector

Name of designated centre:	An Diadan
Name of provider:	Resilience Healthcare Limited
Address of centre:	Tipperary
Type of inspection:	Announced
Date of inspection:	10 May 2023
Centre ID:	OSV-0005667
Fieldwork ID:	MON-0031573

About the designated centre

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

An Diadan is a high support residential service for adults with intellectual disability and/or autism between 18 and 65 years of age. The service provides life skills, behavioural and social supports and in accordance with the statement of purpose. Located just outside a village, An Diadan is a four bedroom house for a maximum of four individuals at any one time. Staffing requirements and supports are informed by a comprehensive assessment of need of each individual. The staff team comprises of social care workers and support workers. There is a full time person in charge in place who is supported by a team leader in the centre. Local amenities include shops, pubs and sports grounds and a close by town offers further facilities such as a cinema, restaurants, a swimming pool & bowling alley. Furthermore, the region has plenty of historic places to visit and enjoy.

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
Wednesday 10 May 2023	10:30hrs to 17:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to monitor levels of compliance with regulations and to inform the upcoming decision in relation to the renewal of the centre's registration. The inspector had the opportunity to meet with three residents that lived in the centre. In addition to speaking with residents, the inspector observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

On arrival at the centre, it was noted that it was a well-maintained home located in a rural setting close to a village in Co. Tipperary. The designated centre, internally was well kept, warm and clean. Each resident had their own bedroom which was individualised. Residents had access to a large hall, kitchen and sitting room. The centre was surrounded by a large, well maintained garden which had equipment such as swings and a trampoline. Staff reported that residents enjoyed using the equipment, in particular the trampoline.

High levels of staff support were noted in the centre and the staff team appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector. The staff team comprised of a mix of social care workers and support staff.

On the morning of the inspection, residents were observed engaging in their routines and preparing for the day. All three residents used different forms of communication such as speech, vocalisations, gestures and expressions. Staff were seen to be knowledgeable of residents and were seen to be responsive to the residents' needs. Residents were observed watching music videos and listening to music on their individual electronic devices, engaging in sensory activities and engaging positively with staff.

Two residents attended an external day service while the other two residents engaged in programmes developed and supported by staff in the centre. Staff discussed the type of activities which residents enjoyed and how they were exploring new activities for residents in order to further develop opportunities for them. The centre had prepared a folder which documented individual achievements through photos. It was evident a range of activities were explored. One resident had a keen interest in hurling, it was apparent that this interest was supported and encouraged by staff in a number of different ways. For example, a member of the GAA community attended a recent birthday and there were a number photos and memorabilia on display and available to the resident. Residents were seen to come and go from the centre during the day and to enjoy outings such as a trip to a nearby coffee shop.

It was evident that residents were supported to receive visitors, during the

inspection a local priest was visiting with a resident. This was noted to be a regular occurrence which the resident thoroughly enjoyed. In summary, it was evident that the residents received a good quality of care and support.

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

Capacity and capability

Overall the inspector found that the registered provider was demonstrating effective governance, leadership and management arrangements in the centre which ensured they were effective in providing a good quality and safe service.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also had responsibility for one other centre and was supported in their role by a team leader. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six-monthly audits. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were high levels of staff support for residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner. From a review of the roster, it was evident that there was an established staff team in place and the use of regular relief staff which ensured continuity of care and support to residents.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection. The person in charge was also responsible for another centre. They were supported in their role by a team leader. It was evident through review of local systems in place for example, local audits and staff supervision that daily oversight was appropriately delegated to ensure care was delivered as expected.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed a sample of the roster and found that there was a core staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. During the day, the residents were supported by four staff members. At night, two waking-night staff were in place to support the four residents. The service ensured staff ratios were flexible to respond to resident's needs also, for example the service was implementing a day service model of support which promoted residents ability to engage in social activities at varying times throughout the day. On-call arrangements were in place and communicated to staff to ensure access to managerial support at times when this may be required.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and manual handling. Where refresher training was due, there was evidence that refresher training had been scheduled.

Judgment: Compliant

Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022 and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response. In addition the annual review 2022 included feedback from residents and their representatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and provided person-centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of personal plans, healthcare plans, risk documentation, fire safety documentation, and protection against infection processes. The inspector found good evidence of residents being well supported in the majority of areas of care and support. However, some improvement was required in relation to fire precautions, management of personal possessions and positive behaviour support.

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector reviewed a sample of incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

The inspector reviewed the fire safety management arrangements and found for the most part the provider ensured that appropriate fire precautions were in place and that these were well maintained. On a walk around of the property, a number of fire doors were observed to have gaps between the door and frame. This has been identified by the provider and a schedule of works had been developed. All works were due to commence later in the Month.

The inspector found that the service provider had systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. The designated centre was visibly clean and well maintained on the day of the inspection.

Regulation 12: Personal possessions

The inspector reviewed a sample of residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre. However, where residents were supported with their finances by others, bank account statements were not readily available to the provider for review and complete reconciliation. The provider had identified this and was currently engaged with external parties in order to resolve the issue.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were found to be supported to engage in various social activities. A sample of residents personal plans were reviewed. These plans clearly outlined the supports residents may require. Residents were being supported to develop and achieve their goals and participate in a range of activities. For example, visit a pet farm, trial a gym, feeding ducks and baking.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained internally and externally. The centre was a large house situated a short distance from a small rural village.

The design and layout of the centre was in line with the statement of purpose. There was adequate private and communal accommodation. The staff team had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them throughout the centre. All residents had their own bedrooms which were decorated to reflect their individual tastes.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider prepared a residents guide which contained the required information as set out by the regulations. The required information outlined in the residents' guide corresponds with other related regulations specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services and the complaints procedure.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident

that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place and good practices were evident for infection prevention and control including laundry management and a color-coded mop system.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff have received suitable training in fire prevention and emergency procedures. There were adequate means of escape, including emergency lighting. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Staff and residents were completing regular fire safety evacuation drills however a record of a fire drill completed with minimum staffing did not list residents who had taken part. The provider provided written confirmation on the day following the inspection to verify a repeat drill with all residents and the minimum staff had been completed. Records demonstrated that residents could be evacuated from the centre in the event of a fire in an efficient manner. During the walk around of the property, a number of fire doors were observed to have gaps between the door and frame. This had been identified by the provider, a schedules of works had been developed and all works were due to be commence later in the month.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the resident's personal plans which guided the staff team in supporting residents with identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to identify, manage and review the use of restrictive practices. There was evidence of good practice to ensure restrictions were least restrictive and plans were in place to reduce restrictions. However, not all practices had been considered as restrictive. For example, the use of a partition in a vehicle between a resident and driver. Further consideration was required to ensure the impact of this practice on others was considered, for example, how the partition may impact on other residents ability to communicate with the driver .

Judgment: Substantially compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed to respectfully engage with residents. There was information available for residents in relation to their rights, complaints and advocacy were actively engaged within the service. Residents were seen to be consulted regarding how the centre was run with regular discussion for example residents were consulted regarding student placements, maintenance works and if there was an

expected change in routine at the centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for An Diadan OSV-0005667

Inspection ID: MON-0031573

Date of inspection: 10/05/2023

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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Ongoing work is been done with external parties to ensure all service users have free access to personal funds and statements etc. Third party bodies include The Department of Social Protection, NASS and HSE safeguarding team. Awaiting feedback from the department of social protection but we continue to make every reasonable effort to resolve the situation.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All areas identified for improvement on the day of inspection have now been completed. All Fire doors have been rectified to meet all standards. Repeat fire drill carried out as requested and One PEEP updated on the day of inspection as requested to clarify the procedures that are in place.</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>	

All restrictive practices have now been updated as requested and on-going work is being done to ensure all restrictions are least restrictive for all Service users.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/09/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/06/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures	Substantially Compliant	Yellow	30/06/2023

	are applied in accordance with national policy and evidence based practice.			
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