



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

Issued by the Chief Inspector

Name of designated centre:	Ard Solus
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	12 August 2021
Centre ID:	OSV-0006451
Fieldwork ID:	MON-0030100

About the designated centre

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

Ard Solus is a two-storey house located in a quiet suburban area of County Meath. Single bedroom accommodation is provided for up to five men or women over the age of 18 years with intellectual disabilities, autism or acquired brain injury, who may also require mental health or behavioural support. The house includes multiple shared sitting rooms, a kitchen come dining room, and a secure private garden. The house is located near facilities for grocery shopping and eating out, and the service has multiple vehicles to support residents to go into the community. There are also public transport options nearby.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 12 August 2021	10:15 am to 5:50 pm	Raymond Lynch	Lead
Thursday 12 August 2021	10:15 am to 5:50 pm	Karena Butler	Support

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

From what residents communicated to the inspectors and from what was observed on the day of this inspection, residents received a good quality of care, with access to their preferred activities, families and friends and, their local community.

Inspectors had the opportunity to meet and speak with all five of the residents. Overall, residents appeared comfortable and relaxed in their home and at ease in the presence and company of staff members. For example, on the day of this inspection some residents were observed relaxing watching television, others were having a cup of tea with staff, while some phoned their families members to speak with them. Other residents preferred to spend their time in the kitchen area with staff while others used the sitting rooms, speaking with each other and/or staff members.

Two residents met with said that they liked living in the centre, it was nice and that the staff team were also very nice. Staff were also observed to be respectful and warm in their interactions with the residents. One of the residents showed the inspectors their room and said that they loved it. The room was also observed to be decorated to take into account their individual style and preference. For example, the resident was a keen football fan and pictures of their favourite football team Liverpool, were framed on their bedroom wall. The resident told the inspectors that they had been on a number of short hotel breaks to Liverpool prior to COVID-19 and, were looking forward to going again, once it was safe to travel.

One resident expressed to the inspectors that they no longer wished to live in the centre. They said that while the house and staff team were nice, they felt they had little in common with their housemates and would prefer to live in a different home. The inspectors noted that this request was being facilitated and staff were in the process of supporting this resident to apply for a change in their living arrangements. Prior to this inspection, one meeting had already taken place so as to plan and progress a transition to a new home for this resident.

Three of the residents attended a day service programme during the week where they engaged in social and learning activities of their choosing. Other residents had made the choice not to attend day services and staff were supportive and respectful of this decision. On the day of this inspection, inspectors also observed residents engage in activities away from the centre. For example, one resident was preparing to go on a holiday with their family while others went for walks and social outings with staff.

Other in-house activities were available to the residents such as a pool table and personal computers which they said they enjoyed very much and used frequently.

There was also a large back garden with one section dedicated to a fairy garden. Two of the residents took pride in showing one of the inspectors the work they had done in the fairy garden.

The garden areas were also observed to be very well maintained. There was ample garden furniture available to the residents to include a garden bench, table and chairs. One of the residents had recently painted some of the garden furniture and said that they really enjoyed this activity. They also said that they made their own decision about what paint and colours to use.

The inspectors found the house to be spacious and laid out to meet the needs of the residents. Each resident had their own individual bedrooms that were decorated to their preferred styles and tastes. While the house was generally decorated to a high standard, the inspectors noted that some maintenance works were required in a number of the bathrooms. When this was discussed with the management team, they assured the inspectors it would be addressed as a priority.

The inspectors had the opportunity to speak with a relative of one of the residents who was visiting the house on the morning of this inspection. The family member spoke very positively of the quality and safety of care being provided to their loved one. They said they were very happy with the level of communication between them and the service regarding the wellbeing of their relative and, that the staff team were excellent. They also said that they had no complaints whatsoever about any aspect of the service and, if they did have any concerns they would be comfortable expressing these to the staff and management team. The family member informed the inspectors that their loved one was very happy and contented living in the service.

Overall, while some issues were identified with the upkeep of the premises and maintenance of some records in the service, the inspectors found systems were in place to provide for the health, emotional and social care needs of the residents. Feedback on the service from most residents and a family member was also positive about the service provided.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in this service and how these arrangements impact on the quality and safety of care provided to the residents.

Capacity and capability

Generally, residents appeared happy in their home and the provider ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by two team leaders, both of whom

worked in the house on a regular basis. The person in charge was an experienced, qualified social care professional and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, first aid, positive behavioural support and infection control.

The person in charge and team leader were found to be responsive to the inspection process and aware of the services legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

While the person in charge and team leader were found to be responsive to the inspection process and provided all the relevant information to the inspectors as requested, some documentation required review and/or updating. This included the training matrix that was given to the inspectors on the day of this inspection and aspects of some residents care plans.

The inspectors reviewed the statement of purpose and was satisfied that it met the requirements of the regulations. It had been reviewed in 2021 and consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge and house manager also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the last six-monthly unannounced visit to the centre identified that some residents goals needed to be more clearly stated person centred plans and the annual review for 2020 identified that a clear agenda needed to be set for staff meetings each month. Both these issues were addressed at the time of this inspection.

It was observed that some bathrooms in the house required repair and/or redecorating and, the auditing process was not effective in identifying this. However, the issue was discussed with the management team of the service and actioned under Regulation 17: Premises.

Regulation 14: Persons in charge

The inspectors found that there was a person in charge in the centre, who was a qualified social care professional (to include a management qualification) with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspectors were satisfied there were adequate staffing arrangements in place to meet the needs of residents. Planned and actual rosters in place and maintained by person in charge. A sample reviewed by inspectors on the day of inspection found the roster to reflect the staffing in place and the statement of purpose. Staff spoken with were also knowledgeable on the residents care needs.

Judgment: Compliant

Regulation 16: Training and staff development

From a small sample of files viewed, staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, first aid, positive behavioural support and infection control.

Judgment: Compliant

Regulation 21: Records

Some documentation required review and/or updating to include the training matrix and aspects of some residents care plans.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by two team leaders, both of whom worked in the house on a regular basis. The person in charge was an experienced, qualified social care professional and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspectors reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that residents had an annual assessment of their individual plans completed each year with monthly

keyworker sessions following up on goals being worked on. Where required, pictures and social stories were used to support some residents in individual planning process. Residents were also being supported to use their community and maintain links with their families. For example, one resident informed the inspectors that they had a good social life, loved sport and were part of a club where they often met their friends. The resident said that they were a big Liverpool fan and had been supported by staff to go to Liverpool on holidays prior to COVID-19. They also said that they were looking forward to travelling there again, once it was safe to do so.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to an optician, speech and language therapy, and chiropody services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care and direct staff practice. Access to mental health services and behavioural support were also provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspectors, also informed that staff had training in positive behavioural support. From speaking with one staff member over the course of this inspection, the inspectors were assured that they had knowledge and understanding of the assessed needs of the residents.

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. A family representative spoken with, also informed the inspectors that they were happy with the quality and safety of care provided in the service. From speaking with one staff member over the course of this inspection, the inspectors were assured that they had the knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer and an independent advocate was available in the centre.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where there was a risk of behavioural issues in the house, positive behavioural support plans were in place, staff had training in the management of behaviour and access to multi-disciplinary professionals (to include psychiatry support) was available.

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and the last one held in June 2021, informed that all residents and staff evacuated the building in 75 seconds with no issues reported. Each resident also had a personal emergency evacuation plan in place. From a small sample of files viewed, these plans had been updated in August 2021 and, staff had training in fire safety.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control. There was also a COVID-19 contingency plan in place

specific to the centre that had recently reviewed. There was guidance signage regarding COVID-19 displayed in the centre and staff had access to PPE which they used on the day of this inspection. Staff were also observed cleaning the premises in line with cleaning schedules in place in the service.

The premises were found to be laid out to meet the needs of the residents and on the day of this inspection were observed to be clean. One resident also informed the inspectors that they loved their home. However, some of the bathrooms required maintenance work. When this was discussed with the management team of the service, they assured the inspectors it would be addressed as a priority.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Other items discussed at residents meetings was the right to make a complaint about the service and information was provided on advocacy. While individual key working sessions were also offered to the residents, they had the right to decline to participate in such sessions.

Regulation 17: Premises

The premises were found to be welcoming and clean of the day of this inspection however, some of the bathrooms required repair and redecorating.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge and house manager had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and the last one held in June 2021, informed that all residents and staff evacuated the building in 75 seconds with no issues reported..

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that the residents were being supported to use their community and maintain links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP and mental health services formed part of the service provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to mental health services and behavioural support were also provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspectors, also informed that staff had training in positive behavioural support. From speaking with one staff member over the course of this inspection, the inspectors were assured that they had knowledge and understanding of the assessed needs of the residents.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. A family representative spoken with, also informed the inspectors that they were happy with the quality and safety of care provided in the service.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially 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

Compliance Plan for Ard Solus OSV-0006451

Inspection ID: MON-0030100

Date of inspection: 12/08/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A review of record management practices within the centre has been completed- areas of improvement have been identified. These include,</p> <ul style="list-style-type: none"> • Staff training records reviewed and updated. HSELand training certificates are now accessible in the training folder. • All resident care plans have been reviewed and updated to reflect residents emergency protocols. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A review of all maintenance requirements within the centre has been completed and any maintenance issues identified have been included on a time specific schedule of works.</p> <p>Maintenance work has commenced within the centre.</p> <ul style="list-style-type: none"> • Bathrooms, including ceilings have been painted as required. • New bathroom fittings have been purchased and fitted as required. • There is a plan in place for floor coverings to be fitted in any affected bathrooms by the 30th of September 2021. 	

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 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.	Substantially Compliant	Yellow	30/09/2021
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	14/09/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are	Substantially Compliant	Yellow	14/09/2021

	available for inspection by the chief inspector.			
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