



# 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:	29 June 2023
Centre ID:	OSV-0006451
Fieldwork ID:	MON-0037694

## 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
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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 29 June 2023	10:00hrs to 15:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection, there were 5 residents living in the centre and the inspector met with three of them. Written feedback on the quality and safety of care from both residents and family representatives was also viewed by the inspector as part of this inspection process.

The centre comprised of detached two-story house in a residential setting in Co. Meath and was in walking distance to shops and restaurants.

On arrival to the centre the inspector observed that it was clean, well maintained and spacious. There were two large sitting rooms downstairs for residents to relax in, as well a large kitchen cum dining room. There was also a well-maintained private back garden area for residents to avail of during good weather.

The inspector spoke with one of the resident at the start of the inspection process. They reported that they liked their home and, had recently redecorated their bedroom with colours of their choosing. They invited the inspector to see their room and it was observed to be personalised to their individual style and preference. The resident showed the inspector one of the pictures on display in their room. In this picture the resident was on a day out with staff support and they told the inspector that they really enjoyed this outing. The resident attended a day service on a number of days each week and they said that they liked going there to meet their friends. They also liked to participate in arts and crafts while at their day service. The resident also said that they were going to a musical festival at the weekend and were really looking forward to this event.

Later in the day two other residents spoke with the inspector. One appeared in good form, smiled and said that they were happy in their home. The other resident said they loved their home and got on well with staff. They explained to the inspector that, they had plans to go to a wedding in Spain later in the year and were really looking forward to this holiday. They were also planning to go to a musical festival at the weekend and said that they loved music and loved to dance. The resident was a Liverpool supporter and told the inspector that they had been to Liverpool last year and had a great time there. They were also hoping to go back again sometime in the future. The inspector also observed staff supporting this resident in an attentive, caring and person-centred manner. This support was also provided in line with the residents care plans and documented assessed needs.

One resident attended college from Monday to Friday each week and the inspector did not get to meet with them on this inspection. However, from viewing a sample of files, the inspector observed that their independence was being supported and promoted and the resident had identified a number of goals they wanted to achieve in 2023. For example, they wanted to volunteer with a national ambulance service

and at the time of this inspection, staff had commenced the process of supporting the resident in achieving this goal. The resident had been interviewed for the volunteer position and the person in charge said that the interview process went very well. Additionally, the person in charge informed the inspector that the resident was doing very well on their college course and enjoying their studies.

The person in charge informed the inspector that they and their staff team had undergone training in human rights. They said that, promoting the individual choices and rights of the residents was important and they discussed rights with residents at their meetings. They also reported that since they had undertaken this training, they referred two interventions in place in the centre to the human rights committee for review. Additionally, they reviewed all restrictive practices in place in the centre and after this review, one restrictive practice was no longer in use. There were few restriction in place in this service however, restrictions that were in place were there to promote the welfare, safety and/or dignity of the residents. For example, the office in the centre was kept locked, as this room contained confidential information and files pertaining to the residents. The person in charge explained to the residents the reasons as to why this door was locked but also assured them that at any time, they could freely access their information/files if requested. The inspector also observed that residents had consented to this practice being in place.

Easy-to-read information on rights, advocacy and how to make a complaint were also made available to the residents however, at the time of this inspection, there were no complaints on file about any aspect of the quality or safety of care.

Written feedback from residents on the quality and safety of care provided in the centre was very positive. One resident said their home was lovely and that the staff team were lovely. They said that staff supported them at all times when they needed it. Another resident reported that they were happy with everything, they liked the staff team and didn't want anything to change. Residents also expressed that they were happy with their bedrooms, happy with the menu options available, happy with the visiting arrangements in place and happy with the level of educations/recreation and leisure activities available to them.

Feedback from family members was equally as positive. For example, family members reported that staff were kind and caring, the residents were very well looked after and that they were very happy with both management and staff working in the centre. One family member said that the person in charge put supports in place so as to ensure their relative had everything they needed when they transitioned into the centre, while another reported that their relatives independence was being supported and nothing could be improved upon.

Over the course of this inspection the inspector observed staff supporting the residents in a person-centred, kind and caring manner and residents were observed to be relaxed and comfortable in their home and in the company and presence of staff members. Additionally, feedback from both family members and residents on the quality and safety of care was positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation

to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents' lives.

## Capacity and capability

Residents appeared happy and content in their homes and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by an assistant director of services and a team leader.

The person in charge was employed on a full-time basis with the organisation with qualifications in social care and management. They also had over three years experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and 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).

A review of a sample of rosters from May 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection. It was observed that the centre was working with a short-fall of one team leader, however the person in charge informed the inspector this position would be filled in August 2023. Additionally, the current staff team and regular relief staff were ensuring that all shifts were covered in the absence of the team leader.

Staff were observed to have a good knowledge of residents' care plans and systems were in place so as to ensure they were receiving formal supervision and support from the person in charge.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included safeguarding of vulnerable adults, fire safety, manual handling, first aid and the safe administration of medicines. It was observed that some refresher training was due for some staff members however, the person in charge had this training booked for those staff prior to this inspection.

Additionally, the person in charge informed the inspector that staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: 'What residents told us and what

inspectors observed'.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in January 2023. On completion of these audits, an action plan was developed to address any issues identified in a timely manner.

#### Regulation 14: Persons in charge

The person in charge was employed on a full-time basis with the organisation with qualifications in social care and management. They also had over three years experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and 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).

Judgment: Compliant

#### Regulation 15: Staffing

A review of a sample of rosters from May 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

There were two staff on each day from 8am to 8pm and two waking night staff on duty from 8pm to 8am. The person in charge worked each day from Monday to Friday in the centre.

It was observed that the centre was working with a short-fall of one team leader, however the person in charge informed the inspector this position would be filled in August 2023.

Additionally, the current staff team and regular relief staff were ensuring that all shifts were covered in the absence of the team leader

Judgment: Compliant

#### Regulation 16: Training and staff development



From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included;

- safeguarding of vulnerable adults
- trust in care
- fire safety
- manual handling
- basic first aid
- safe administration of medicines (to include the administration of rescue medication)
- health and safety
- positive behavioural support
- human rights.

It was observed that some refresher training was due for some staff in medication management and one aspect of positive behavioural support training.

However, the person in charge had dates booked so as to ensure this training would be provided those staff members. The medication management training was scheduled for the day after this inspection Friday 30, June 2023 and the positive behavioural support training was scheduled in July 2023

Judgment: Compliant

## Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by an assisted director of service and a team leader.

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2022 and, a six-monthly unannounced visit to the centre had been carried out in January 2023.

On completion of these audits an action plan was developed to address any issues identified.

For example, on completion of the annual review it was recommended that staff should undertake training in human rights. At the time of this inspection all staff had completed (or were in the process of completing) this training.

The six monthly audit in January 2023 identified that some individual support plans and the residents guide required updating. These issues had been addressed at the time of this inspection.

Additionally, a medication audit carried out in March 2023 identified that some medication protocols were to be signed off by a GP. Again, this issue had been addressed at the time of this inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations

It was observed that one minor update to the document was required however, when this was brought to the attention of the person in charge they had updated the statement of propose as required, prior to the end of the inspection process.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

### Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their

assessed health and social care needs.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. One resident was attending college and some attended a day service on a regular basis. Residents were also supported to maintain regular contact with their families.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals. Hospital appointments were facilitated as required and each resident had a number of healthcare-related plans in place so as to inform and guide practice. Residents were also supported to experience positive mental health and where required, had access to psychiatry and behavioural support. Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were two safeguarding concerns open however, they had been reported as required and safeguarding plans were in place to manage these concerns. Systems were also 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 well being. Additionally, infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

Overall this inspection found that the individual choices and preferences of the residents were promoted and they were being supported to choose their daily routines and engage in activities of their preference and liking. Additionally, staff were observed to be respectful of the communication preferences of the residents and residents were supported to communicate in accordance with their assessed needs.

## Regulation 10: Communication

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans.

Where required, easy-to-read materials were made available to the residents.

Judgment: Compliant

### Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which were decorated to their individual style and preference.

The premises were large and spacious and on the day of this inspection they were observed to be well maintained, clean, warm and welcoming.

Some minor work was required to parts of the premises however, the person in charge was aware of this and had a plan of action in place to address it.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were 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 well being.

For example, where a resident was at risk of choking a number of control measures were in place to manage this risk to include:

- staff support and supervision at meal times
- a feeding eating, drinking and swallowing (FEDS) care plan was in place to guide practice
- easy to read information was available to the resident regarding their care plan

On the day of this inspection the inspector observed staff sitting with this resident having their breakfast and they adhered to the FEDS care plan as required. Breakfast was also observed to be a relaxed social occasion and the resident appeared content and happy in the company and presence of staff.

Judgment: Compliant

## Regulation 27: Protection against infection

Infection control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, staff had been provided with training in IPC related topics to include:

- Infection Prevention Control
- Management of Spills
- Hand Hygiene
- Respiratory Hygiene and Cough Etiquette
- Donning and Doffing of Personal Protective Equipment
- Standard Transmission-Based Precautions

The person in charge informed the inspector that there were also adequate supplies of PPE available and hand sanitising gels were in place throughout the centre.

Additionally, the inspector observed that there were a number of cleaning schedules in place which were being adhered to.

The premises were also laid out to meet the needs of the residents and on the day of this inspection, appeared clean and well maintained.

Colour coded systems were also on place for the use of mops and cloths

Judgment: Compliant

## Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also completed as required checks on all fire equipment in the centre and had training in fire safety.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual plans and from a sample

of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities.

For example, residents were being supported to attend musical events and concerts, go to the theatre, participate in community-based activities, go to theme parks, redecorate their bedrooms, attend day services and one was in college

Residents also liked activities such as

- shopping
- having a meal out or take away at home
- going to the cinema
- going bowling
- baking
- arts and crafts
- getting their nails done

Residents were also supported to keep in regular contact with their families.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- dietitian
- dentist
- optician
- physiotherapist
- speech and language therapy

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and where required, hospital appointments were facilitated.

Additionally, each resident had an annual health check each year.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support.

Positive behavioural support plans were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were two safeguarding concerns open however, they had been reported and responded to as required and safeguarding plans were in place to manage these concerns.

The inspector also noted the following:

- the concept of safeguarding, advocacy and rights was discussed with residents at their weekly meetings
- easy to read information on advocacy, safeguarding and rights was available in the centre
- information on how to contact the safeguarding officer was on display in the centre
- feedback from family members on the service was positive and complimentary. They raised no concerns about the quality or safety of care provided to the residents
- there were no complaints about any aspect of the service on file for 2023

Judgment: Compliant

## Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Additionally, residents were consulted with about decisions that impacted them and were involved in their personal plans and goals.

Staff were observed to be respectful of the individual communication style and

preferences of the residents

Staff also had training in human rights.

Human Rights and advocacy was also discussed with residents at their meetings.

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
<b>Capacity and capability</b>	
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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
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