

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

Issued by the Chief Inspector

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| Name of designated centre: | The Arches |
| Name of provider: | Health Service Executive |
| Address of centre: | Monaghan |
| Type of inspection: | Announced |
| Date of inspection: | 16 April 2024 |
| Centre ID: | OSV-0002449 |
| Fieldwork ID: | MON-0034507 |

About the designated centre

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

This centre comprised one house and a one bedroom apartment (to the back of the main house) providing care and support to five individuals with disabilities. The house is staffed by a person in charge who is a qualified nurse and a team of healthcare assistants. Two staff work during the day and there is one waking staff at night. Each resident has their own individual bedroom and communal facilities include two sitting rooms, a kitchen cum dining room, a utility facility and gardens to the front and rear of the property. There is also on-street parking to the front of the house. There is also a small staff office on the first floor. The house is situated in walking distance to a large town and transport is also provided for trips further afield and other social outings.

The following information outlines some additional data on this centre.

| | |
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| 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 |
|-----------------------|----------------------|--------------|------|
| Tuesday 16 April 2024 | 09:00hrs to 15:30hrs | Eoin O'Byrne | Lead |

What residents told us and what inspectors observed

The results from this inspection were positive. The inspector spoke with four of the five residents, the staff member on duty, and the person in charge. The inspector also reviewed a large volume of information. Following the interactions and the review of information, the inspector was assured that the residents were receiving support and care in a manner that respected their rights as individuals. There were some improvements regarding documenting the use of restrictive practices, but all other areas were found to be compliant with the regulations.

The person in charge and a staff member introduced the inspector to four of the five residents. The residents were preparing to leave and attend their day service placements. The environment was, as a result, busy, and the kitchen area was the hub of activity. The fifth resident chose to not meet with the inspector but did say hello.

The review of daily notes identified that the group of residents had well-developed independent living skills with the majority of the residents engaging in activities and tasks in their community without support from staff. The residents were active in their local community, with some attending bingo, joining groups and going out for a drink in local pubs and bars.

The review of residents' information and discussions with residents and the person in charge informed the inspector that four of the five residents were attending day service programmes, the fifth resident was working in a local supermarket.

One of the residents spoke to the inspector about a holiday they had been on with their peers. Another told the inspector about a conference they had attended with some of their peers. The residents presented at the conference and made an overnight break out of the event.

One of the residents showed the inspector around their room and some of the model buildings they had built. The resident then walked to their day service independently, as others did.

Later in the day, one of the residents came to the inspector and spoke to them about the gardening work they had completed. The resident appeared proud of what they had been working on. When asked, the resident also told the inspector that they liked their house.

While the interactions with the four residents were brief, the inspector observed them being comfortable in their homes and interacting with those supporting them. The inspector observed the staff members supporting the residents respectfully and demonstrating that they had established relationships with them.

In summary, the inspector found that the residents were active members of their

local community. They were supported by a team that promoted and respected their independence. The residents were doing what they wanted to do and reported being happy in their everyday lives.

The following two sections of this report present the inspection findings about the governance and management in the centre and how governance and management affect the quality and safety of the service being delivered.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The inspector did find that the provider had failed to identify a practice as restrictive and this will be discussed in more detail under regulation 21.

The inspector reviewed the provider's arrangements regarding, staffing, staff training, admissions and directory of residents and complaints. The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the resident.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

Regulation 15: Staffing

During the inspection, the inspector reviewed the staffing rosters and information related to the staff members. They also observed the interactions of the staff member with the residents and found that they were respectful and caring. The provider had maintained planned and actual rosters, which were reviewed by the inspector. The current staff roster and rosters from October 2023 were examined, and it was found that safe staffing levels were maintained. The staff team consisted of the person in charge, social care workers, and care assistants. The review of current and previous rosters revealed that there was a consistent staff team and continuity of care for the residents. Separately, a member of the Health Information and Quality Authority's (HIQA) team reviewed the information of three staff members. The review found that the person in charge had ensured that the

information complied with schedule two of the regulations

Judgment: Compliant

Regulation 16: Training and staff development

The provider had developed a staff training matrix that captured the staff members' completed training. Following the appraisal of the matrix, the inspector was assured that the staff team had access to appropriate training as part of a continuous professional development programme.

For example, staff members had completed numerous training programmes:

- children's first training
- safeguarding
- first aid
- fire safety
- infection prevention and control
- medication management
- manual handling
- supporting decision making
- assisted decision-making act
- positive management of challenging behaviours

Following an appraisal of three staff members' supervision records, the inspector was assured that the staff team was receiving supervision per the provider policies and procedures. There was appropriate oversight of staff members' practices, and supervision sessions were used to support staff in their professional development.

Judgment: Compliant

Regulation 21: Records

The inspector found that improvements were required to ensure that the use of all restrictive practices was recorded. During the review of a resident's information, the inspector found that restrictive practices had been introduced following an adverse incident as a risk control measure. This resulted in a resident only using plastic cutlery at mealtimes. While there was a clear rationale for why the practice had been introduced. The provider had failed to identify the practice as restrictive. This was discussed with the person in charge, who acknowledged this and stated that the practice would be added to the current restrictive practice register, ensuring that it would be reviewed regularly.

Judgment: Substantially compliant

Regulation 23: Governance and management

The analysis of the provider's governance and management arrangements found them appropriate. The inspector reviewed the provider's audit and reporting mechanisms. They ensured the service was safe, relevant to the resident's needs, consistent, and effectively monitored. The person in charge managed this and one other designated centre. The person in charge led a clearly defined management structure. The staff team supported them in their duties, leading to a good standard of care being provided to the residents. The provider had ensured that the required annual review and the six-monthly reports, which focused on the safety and quality of care and support provided in the centre, had been completed, and the inspector studied these.

The provider had developed a schedule of audits. Audits to be completed each month included reviewing adverse incidents, residents' finances, medication management, and safeguarding. Other recent completed audits included a pharmacy audit and the review of residents' person-centred plans. The inspector found that the audits were being completed as planned, leading to good oversight of the service provided.

A quality improvement assessment was also completed quarterly, studying practices in the centre against the regulations. The inspector reviewed this and found that identified actions had been added to a quality improvement plan. The plan was again reviewed, showing that the person in charge and the staff team responded promptly to actions when identified.

There had been a period where a resident had negatively impacted those they lived with. From a management perspective, there was evidence that the person in charge and the staff team responded to the incidents promptly and proportionately. The incidents had been reviewed, learning had been identified, and the review of adverse incidents demonstrated that there had been no incidents in the four weeks before the inspection due to the changes made by the person in charge and the staff team.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Before the inspection, the inspector knew that a resident had transitioned into the service in late 2023. As a result, the inspector reviewed the resident's transition plan. The resident was supported in visiting the service five times before transitioning into the service. During these occasions, the residents met with their

peers and staff members, and these meetings were positive. The review of the transition plan showed that the new resident had been well prepared for the move and was happy to move into their new home. There was also evidence that the resident recently expressed happiness in their home during residents' meetings.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents were aware of their rights to make a complaint. There were records of residents making complaints in recent months. Five complaints had been submitted, four by residents and one by a resident representative. The inspector reviewed each complaint and found that complaints were being managed promptly with the person in charge or members of the provider's senior management team meeting with the residents and ensuring that they were satisfied with the review of the complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

Separately from this inspection, a member of the HIQA's team completed a study of the provider's written policies and procedures. The study found that the provider had ensured that the required policies and procedures had been drawn up per the regulations and that they were being reviewed within the required timeframe.

Judgment: Compliant

Quality and safety

The review of information and observations found that the residents were receiving a service tailored to their specific needs and provided in a way that respected their rights. The residents engaged in the things they wanted to do, and the staff team supported them in maintaining their independence.

The provider ensured that the residents' needs were comprehensively assessed, and support plans were developed to guide staff members in promoting positive outcomes for the residents. The inspection found that guidance documents were created to help staff support the residents in the best possible way.

The inspector reviewed several aspects, including risk management, premises, medication management, personal possessions, safeguarding and positive behaviour support. The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team delivered a safe service that met each resident's needs. The residents appeared happy in their surroundings and their overall daily activities.

Regulation 12: Personal possessions

The inspector checked the systems to protect and support residents with their finances. The systems were found to safeguard residents' finances.

As discussed in other sections of the report, the residents were independent, with some requiring minimal support with everyday living. Some of the residents managed their finances. The inspector reviewed three of the residents' financial information. Financial competency assessments had been completed for the three residents; one had the skills to manage their finances, whereas the other two required support.

The inspector reviewed the systems to safeguard the two residents from financial abuse. These included credit, debit and balance checks completed daily by staff members. Receipts were collected following all purchases, and there was a system where spending was checked against bank statements regularly. The person in charge also completed financial audits monthly.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector reviewed three of the resident's care and support plans, showed that residents were being cared for as individuals and that the supports in place had been adapted to each resident's needs. There was clear evidence that the general welfare and development of the residents were being prioritised by the provider and the staff team supporting them.

The inspector reviewed three residents' daily notes from 01.04.24 until 16.04.24. As alluded to earlier, the review showed that the residents were very active in their local community, and the majority were engaging in their daily activities with minimal or no support from staff. Four of the five residents were supported in completing a survey as part of the inspection process. The survey asked the residents about what living in their home was like. The feedback from the residents was positive. Residents spoke of liking where they lived, in particular their rooms, and that they enjoyed the activities they did

In summary, the residents appeared happy with where they lived and also with the things they did daily.

Judgment: Compliant

Regulation 17: Premises

Following previous inspections, the provider had completed a number of improvements to the residents' home, with the house's appearance becoming more modern and the facilities more suited to the residents' needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector conducted a study on two residents' risk assessments and adverse incidents that occurred between November 1st, 2023 and April 16th, 2024. After the review of the information and discussions with the person in charge, the inspector concluded that the provider had appropriate systems in place for assessing, managing, and continually reviewing risk, including emergency response systems.

The risk assessments were specific to each resident, and the inspector found that the control measures were appropriate for the level of risk. For one resident, there was substantial evidence of positive risk-taking being utilised, which supported the resident's independence.

The inspector also found that the person in charge was reviewing and updating risk assessments following adverse incidents, and this was leading to control measures

being appropriate and proportionate to the level of risk.

Adverse incidents had occurred this year. Following the inspector's review of these, they were assured that the staff team responded to the incidents appropriately and that the person in charge was reviewing the incidents. There had been incidents where residents had engaged in physical aggression, and the person in charge sought additional support for staff members following these incidents to ensure that they had the skills to respond to challenging behaviours. This was an excellent example of the risks being reviewed and steps being taken to manage the risks.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider and person in charge ensured that appropriate medication management practices were in place. Staff members had completed medication management and administration training.

The inspector studied two residents' medication records; this showed that they were well maintained with clear guidance for staff to follow when administering. The inspector also reviewed the medication press and found safe practices regarding storing and disposing of medication.

A medication assessments checklist was completed for the residents, and the inspector reviewed two of these. The checklist assessed whether or not the residents wanted to or had the skills required to self-administer their medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Following the appraisal of three residents' information, the inspector was assured that comprehensive assessments of the residents' needs had been conducted. Following the assessments, care plans were created to guide staff on how to support the residents, and there was evidence of the staff team following these with good effect.

The inspector found that the care plans accurately reflected the residents' presentation and areas they required support with. The care plans were under review, and the reader was given detailed information on caring for and supporting the residents.

The inspector found that short-term and long-term goals had been identified for the residents. For example, some of the residents wanted to engage in more community

activities like going bowling; others wanted to continue attending bingo and another resident wanted to prepare more meals for themselves. There was evidence of identified goals being achieved and plans in place to achieve others.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents could access the provider's positive behavioural support team if required. One resident was receiving this support. A positive behavioural support plan was developed, and the inspector reviewed it.

The review showed that the plan gave the reader critical information regarding the resident and why they may present with challenging behaviours, how best to respond to incidents, and taking steps to prevent such scenarios.

The inspector found that the resident's behaviour support plan had been recently reviewed and that the resident was supported by the provider's multidisciplinary team members if required.

Judgment: Compliant

Regulation 8: Protection

Prior to commencing the inspection, the inspector was aware that incidents had occurred between residents that had triggered the person in charge of completing investigations into the incidents and developing safeguarding plans. In doing so, the person in charge and the provider had demonstrated that there were appropriate mechanisms to respond to safeguarding concerns. The inspector reviewed these incidents as part of the inspection preparation, as the person in charge had submitted notifications for review following the incidents per the regulations. The inspector also discussed the incidents with the person in charge during the inspection. The person in charge identified that a resident had had a challenging period and that this had impacted them and those they lived with.

The inspector found evidence of the person in charge taking steps to reduce the negative impact on all residents. As discussed, additional training had been provided to staff members, and changes to dining and seating arrangements had been made that had proven to be effective in reducing incidents.

The inspector reviewed a recent resident meeting, which showed that the residents were getting along and were happy to live together.

Judgment: Compliant

Regulation 9: Residents' rights

After speaking with the residents and reviewing information from three out of the five residents, the inspector was assured that the residents' rights were being respected. The provider and the staff team worked closely with the residents to ensure that their independence was maintained as much as possible. Most of the residents were independently accessing their local community and engaging in activities they enjoyed, such as going to bingo, attending groups, or going out for a drink or meal.

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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for The Arches OSV-0002449

Inspection ID: MON-0034507

Date of inspection: 16/04/2024

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: In order to meet compliance with Regulation 21: Records, the following actions have been undertaken</p> <ul style="list-style-type: none">• The Person in Charge has included the use of plastic cutlery to the current restrictive register and this will be continuously reviewed. | |

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 21(1)(c) | The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector. | Substantially Compliant | Yellow | 18/04/2024 |