



## Office of the Chief Inspector

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

Name of designated centre:	Ard na Veigh
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	11 and 12 July 2019
Centre ID:	OSV-0001725
Fieldwork ID:	MON-0023770

## About the designated centre

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

Ard na Veigh services is a residential service run by the Health Service Executive. It provides a full-time residential service to adults with a mild to moderate intellectual disability. The residents live independently with staffing supports provided at set times during the day and when the need arises. There is an on-call system and safety measures are in place to enhance the safety of residents and promote their independence. The designated centre is located in a housing estate on the outskirts of a large town with local amenities being easily accessible on foot or the use of taxis and public transport. The designated centre is a semi-detached two-storey building comprising of a kitchen dining room, lounge, resident bedrooms and bathroom facilities. Residents also have access to both a spacious rear and front garden area at the centre. In addition, there is a standalone garage in close proximity to the house, which contains facilities for residents to launder their clothes.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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## How we inspect

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
11 July 2019	14:00hrs to 18:15hrs	Angela McCormack	Lead
12 July 2019	09:15hrs to 13:20hrs	Angela McCormack	Lead

## Views of people who use the service

During the inspection, the inspector spent time with four residents who lived at the designated centre. One resident who lived at the centre was on holidays at the time of inspection. All residents who the inspector spoke with said that they enjoyed living at the centre and they felt safe there. Residents spoke about their local community and about the neighbours that they lived beside. Residents told the inspector that they had lived in the designated centre for many years, that they were very happy living together and that they supported each other. However, residents stated that they are seeking to improve their home environment so that it will be more comfortable for them now and into the future, and stated they were being supported by local management to progress this. Residents told the inspector that they liked their independence and stated that they were happy with the allocated supports given by staff. They said if they felt that they needed additional staff supports that they could request it, and this would be facilitated. Throughout the inspection, residents were observed to appear content and comfortable in their environment and with each other. The inspector observed warm, affectionate and caring interactions between residents and the person in charge throughout the inspection.

## Capacity and capability

There were suitable governance and management arrangements in place in the centre which ensured that residents received a person-centred, quality and safe service. The person in charge worked full-time and was found to be knowledgeable about the needs of residents. The person in charge was responsible for another designated centre also and managed her time between both centres.

The inspector found that the staffing arrangements were adequate to meet the needs of residents. There was an actual and planned rota in place which reflected what was happening in the centre on the day of inspection. Staff received regular training as part of their continuous professional development and there was a training schedule maintained by the person in charge which detailed mandatory and refresher training. The staffing arrangements in place ensured residents were supported by familiar staff who were knowledgeable about their needs. This ensured continuity of care, and residents who the inspector spoke with said they were happy with the staffing arrangements and that they could request additional staff support if needed. All schedule 2 information for staff was in place and available for the inspector to review. The person in charge met with the staff regularly. However, the inspector found that some improvement was required to

the supervision of staff to ensure it was consistent.

The provider ensured that unannounced visits to the centre were completed every six months as required by regulation. These audits were detailed in nature and where issues were identified, action plans were devised and implemented. An annual review of the quality and safety of care and support of residents was completed. However, while consultation with residents' representatives had been completed through use of questionnaires, this feedback was not included as part of the annual review. The person in charge carried out a range of internal audits in the centre in areas such as fire safety checks. However, the inspector found that some improvements were required with regard to these audits to ensure issues were picked up and addressed in a timely manner.

The provider ensured that there was a system in place for the management of complaints. The complaints procedure was displayed in an accessible location in the centre and residents who the inspector spoke with were knowledgeable about how to make a complaint. Residents spoke about a complaint that they had made in relation to their home, and updated the inspector on the progress of this complaint and about a how they had met with the complaints officer recently. Residents stated that addressing this complaint could take some time and were happy to have met with the complaints officer about progressing this issue.

The provider had arrangements in place for the reporting of any accidents and incidents which occurred at the centre. Risks were regularly reviewed by the management team, and appropriate records were maintained. However, the inspector found that some notifications were not submitted to the Chief Inspector of Social Services, as required by regulation.

### Regulation 15: Staffing

There were suitable staffing arrangements and skill-mix in place to meet the needs of the residents. There was a planned and actual rota in place which the residents had access to, and which was reflective of what was being worked on the day. All schedule 2 documentation was in place for the staff who worked in the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training as part of their continuous professional development. A schedule was in place for all mandatory and refresher training. Some improvements were required with regard to the supervision of staff to ensure consistency of supervision.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The inspector found that there were suitable governance and management arrangements to ensure the quality of care and safety of residents. While the annual review of the quality and safety of care was completed, it did not provide for consultation with residents' representatives. Internal audits required improvement as they failed to pick up on fire safety issues regarding the servicing of equipment.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all information as required in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge and provider failed to ensure that all notifications were submitted to the Chief Inspector as required by regulation.

Judgment: Not compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place and this was displayed in an accessible location for residents. Residents were aware of how to make a complaint and who the complaints officer was.

Judgment: Compliant

## Quality and safety

The inspector found that residents received a person-centred and quality service, and that arrangements were in place to ensure that the safety of residents was promoted. Residents' health, personal and social care needs were assessed, and care plans were developed to support residents where required. Residents spoke to the inspector about activities they enjoy, their goals for the future and their various personal achievements. This included travel to other countries as part of an advocacy group, weekends away, attending concerts and involvement in their local community. Residents were supported with their healthcare needs and facilitated to access allied healthcare appointments where required. Residents who the inspector spoke with said they were happy with their choice of general practitioner (GP) and pharmacist. Residents had been consulted about end-of-life plans and their wishes relating to this were documented.

The inspector found that residents' general welfare and development was promoted. Residents had access to opportunities for recreation both in house and in the community. Residents spoke to the inspector about training programmes that they had completed in the local college and in their day service. A resident who the inspector spoke with talked about recently graduating from a three year training course in a local college and showed the inspector photos of the graduation day. Residents told the inspector that they were supported to complete a first aid training programme when they had requested it. Residents were involved in the running of the designated centre and the inspector found that residents were supported to understand their rights and how to self-advocate. Residents spoke about voting in the recent elections and that they had made their own choice on whether to vote or not. Where residents were supported with aspects of their care and welfare, the inspector found that residents were kept informed and were involved in decisions affecting their lives.

The inspector found that the premises was suitably decorated in line with residents' preferences. However, some wear and tear on the flooring in the dining room was observed and required repair. The premises was clean and homely, and residents informed the inspector that they were happy with their home and wanted to remain living there. Two residents shared a bedroom and they told the inspector that they were happy with this arrangement. However, residents said that they were seeking to get alterations completed on their home to make it more comfortable for them now and in the future, which would also allow for them to have their own bedroom.

Risk assessments were carried out for identified risks in the centre and a log of risks was maintained by the person in charge and reviewed regularly. Adverse events were assessed and plans were in place to respond to emergency situations. There was a system in place for the recording and review of accidents and incidents and there were regular meetings held with the person participating in management to review incidents and discuss learning. The person in charge had a good understanding of risks within the centre, and specific risks which may impact on residents had risk management plans in place. Positive risk taking was promoted

and residents could partake in a range of independent activities in line with their wishes. Control measures to reduce risks were in place, which helped promote residents' independence as per their wishes. This included personal alarms, an on-call system, personal phones and protocols devised with residents about what to do in the event of an issue arising. Residents who the inspector spoke with were knowledgeable about how to use the assistive technology in place to support their safety while staying in the centre independently.

The inspector found that residents were supported to develop the awareness and skills to self-protect and residents told the inspector that they had received training in safeguarding. Furthermore, safeguarding was an agenda item on residents' house meetings. Residents that the inspector spoke with told the inspector what they would do if they had an issue of concern.

Staff received training and refresher training in fire safety. In addition, residents had received fire safety training and were aware of what to do in the event of the fire alarm going off. The centre had suitable fire equipment in place and regular checks were completed. However, the inspector found that the servicing of some fire equipment was overdue and the person in charge addressed this when it was brought to her attention. Fire drills were conducted regularly and residents who the inspector spoke with were knowledgeable about what to do in the event of a fire. However, the provider failed to ensure that a fire drill had been completed when there was no staff present to prompt residents, which would ensure that residents could evacuate safely when they are in the centre on their own.

### Regulation 13: General welfare and development

The inspector found that residents had access to facilities for occupation and recreation, both in house and in the community and in line with residents' wishes and preferences. Where requested by residents, they were supported to access training courses as per their wishes and preferences.

Judgment: Compliant

### Regulation 17: Premises

The inspector found that the premises was suitably decorated in line with residents' preferences. However, some wear and tear on the flooring in the dining room was observed and required repair. Residents told the inspector that they were seeking to get alterations completed on their home to make it more comfortable for them now and in the future, which would reduce the need for shared bedrooms.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The provider ensured that residents had a copy of the residents' guide, which included the information required as per regulation.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a risk management policy in place which contained all the requirements of the regulations. There were good risk management procedures in the centre which ensured risks were identified, assessed and reviewed as required. Where required, there were risk assessments in place for specific risks relating to residents, which were reviewed and updated as required.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector found that there were suitable measures in place for the detection, containment and extinguishing of fires in the designated centre. However, the fire safety precautions regarding the laundry equipment required review and this was addressed by the person in charge on the day of inspection. The provider failed to ensure that a fire drill had been completed when there was no staff present to prompt residents, which would ensure that residents could evacuate safely when they are in the centre on their own.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspector found that there were comprehensive assessments completed on residents' health, personal and social care needs which were reviewed regularly and kept up to date. Residents spoke to the inspector about their wishes for the future and the goals that they have achieved as part of their personal plans.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents' healthcare needs were assessed and care plans were put in place where required. Residents who the inspector spoke with said they were happy with their choice of GP and pharmacist. Residents told the inspector that they were happy with the supports given by staff in relation to healthcare appointments. Furthermore residents were supported to access national screening programmes and any allied health professionals as required.

Judgment: Compliant

### Regulation 8: Protection

Residents were supported to develop the self-awareness and skills needed for self-protection. Residents informed the inspector that they had received training in safeguarding and were found to be knowledgeable on what to do if they had a concern.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Residents were consulted about, and participated in, the running of the centre. Weekly meetings were held with residents where various topics were discussed, such as safeguarding, general election information, training courses and fire safety. Residents had access to advocacy services and were aware of their rights in relation to advocacy.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ard na Veigh OSV-0001725

Inspection ID: MON-0023770

Date of inspection: 11 and 12/07/2019

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The PIC has ensured that a schedule has been put in place for regular staff supervision reviews. Supervision completed with staff on 24/07/2019.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The Provider Representative will ensure that the annual report will include the outcome of resident's representatives, with the prior consent of residents.</li> <li>• The PIC has ensured that the internal fire audit now includes all fire equipment checks. All fire equipment is currently serviced.</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p>	

The PIC has ensured that all notifications are submitted on time. All outstanding notifications have been submitted.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

- The PIC has ensured that the dining room flooring has been replaced.
- The PIC will ensure that a plan for renovations to the designated centre will be drawn up in consultation with resident's wishes.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The PIC has ensured that all fire equipment is in place. Fire extinguisher fitted in the garage on the 31/07/2019 and all fire equipment checked on 15/07/2019.
- The PIC requisitioned a standalone fire system which will have internal and external alarms.
- Unannounced fire drill carried out on 15/07/2019 – successful evacuation.

## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	24/07/2019
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	29/07/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	22/07/2019
Regulation 23(1)(e)	The registered provider shall ensure that that the review referred to in subparagraph (d) shall	Substantially Compliant	Yellow	22/07/2019

	provide for consultation with residents and their representatives.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/08/2019
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	15/07/2019
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Not Compliant	Orange	22/07/2019