



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Aras Aoibhinn Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	13 February 2020
Centre ID:	OSV-0001751
Fieldwork ID:	MON-0025561

About the designated centre

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

Aras Aoibhinn provides day and residential supports to four residents, male and female, over the age of eighteen years. The centre consists of a six bedded bungalow in a quiet residential area which is based on the outskirts of a large town and is close to shops, restaurants and parks. The house is fitted with ramps and handrails throughout for ease of access for residents. Two of the bedrooms are en-suite and there are sufficient communal facilities and bathroom facilities, including a jacuzzi bath for residents to enjoy if they so wish. Residents living in the centre have a diagnosis of intellectual disability and/or autism. In addition, some of the people Western Care Association support in this centre have complex health needs, and are provided with care and support 365 days a year. The service has its own mode of transport for residents to access community activities. The centre is staffed with a mix of social care workers and social care assistants. There are three staff working during the mornings and evenings with residents, one resident receives one to one care during daytime hours and the service provides a sleepover and night duty staff at night to support residents with their individual needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 13 February 2020	09:15hrs to 17:15hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Throughout the day of inspection, the inspector met with all four residents who lived at the centre. One resident was supported to have an individualised day programme from their home and the inspector spent some time with the resident throughout the day. The resident spoke about a household task that she had completed, going on train journeys and also about getting her nails and hair done. Throughout the day, the resident was observed to be supported by staff with baking, reading magazines and accessing the community.

Three of the residents attended local day services during the day and the inspector got the opportunity to meet with them briefly prior to them attending, and on their return from day services. Residents were observed to be supported with having beverages and snacks, completing puzzles and relaxing in the main living area throughout the inspection. Residents communicated with the inspector on their own terms and were observed to be comfortable in their environment, and with each other. During the inspection, residents were observed to be freely moving around their home and engaging in various activities such as looking through magazines and completing puzzles.

In addition, the inspector got the opportunity to meet and talk with five staff members who were supporting residents throughout the day. Staff spoken with were knowledgeable about residents' individual needs and were observed to be treating residents with dignity and respect, and in line with their assessed needs.

The centre was decorated with residents' artwork and photographs, and there were easy-to-read notices on display throughout the centre, including a large visual menu board in the kitchen.

Capacity and capability

The inspector found that overall there was good governance and management arrangements in place that promoted a safe and person centred service. However, some improvements were required with regard to the assessments and review of some restrictive practices that were in place in residents' bedrooms, and in the centre's management of risks. These will be discussed further under the quality and safety dimension.

The person in charge worked full-time and was responsible for another designated centre which was located nearby. The person in charge stated that she was based primarily in this centre and stated that she would see all residents on an almost daily basis. She demonstrated good knowledge about residents' needs and it was evident

that residents were familiar with her. The person in charge had a robust auditing system in place, and maintained a schedule of internal audits in areas such as health and safety, finances, medication and accident and incident audits. Where incidents occurred in the centre, there was evidence that these were reviewed regularly by the person in charge and discussed at team meetings with staff so that learning from incidents could be taken.

The inspector found that the centre appeared to be well resourced and that the staffing arrangements were adequate to meet the needs of residents. There was a skill mix of social care workers and social care assistants working in the centre. Cover at night was provided by one sleepover staff and one waking night staff who was designated to support a resident who required 1:1 support due to assessed needs and associated risks. In addition, there was an out-of-hours on call system in place to provide further support.

Staff received regular training as part of their continuous professional development, and a review of training records demonstrated that staff were provided with mandatory and refresher training. Staff who the inspector spoke with said they felt well supported and could raise any issues or concerns to the management team if needed. Formal supervision between front-line staff and the person in charge were completed regularly. In addition, the person in charge told the inspector that she and the person participating in management meet regularly for supervision and are in regular contact.

The provider ensured that unannounced provider audits and an annual review of the quality and safety of care and support of residents were completed as required by regulation. These audits contained good detail and action plans had been devised as a result of these audits. The annual review of the service identified areas for improvement for the centre and provided for consultation with residents and their families. There was evidence that actions to improve the service as identified in these audits were underway and reviewed regularly by the person in charge. Regular team meetings occurred which provided a forum for staff members to raise issues of concern, if required.

A sample of resident's files reviewed showed that residents' were provided with a written contract for the provision of services, which outlined the fees to be charged where required. These were signed and agreed by residents' advocates and the person in charge.

Regulation 14: Persons in charge

The person in charge worked full-time and was found to have the appropriate experience and qualifications to manage the designated centre. The inspector found that the person in charge was very knowledgeable about residents' needs, and it was evident that residents were familiar with her.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the centre was well resourced on the day of inspection to meet the needs of the four residents. There was an actual and planned rota in place which reflected what was happening in the centre on the day of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with mandatory and refresher training as part of their continuous professional development. The person in charge carried out a training needs analysis, and training that had been identified as being required to support residents with specific needs had been offered to staff. Regular supervision meetings were carried out with staff, and all staff spoken with said they felt well supported in their role.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that the centre was well managed and sufficiently resourced to meet the needs of residents which promoted the delivery of a good standard of care. However, improvements were required with regard to the oversight arrangements to ensure that all risks and restrictive practices were appropriately identified, reviewed and effectively monitored.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place which included all the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider ensured that residents had a written contract for the provision of services, which was signed by residents' advocates and person in charge, and detailed the fees to be charged.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a person centred and safe service. However, the inspector found that some improvements were required with regard to the assessment and review of some locked cupboards that were in place in residents' bedrooms. In addition, the centre's risk register required review to ensure that specific risks were appropriately assessed and risk rated accordingly.

The inspector found that assessments of needs had been completed for residents, which outlined specific staffing supports required. Residents had support plans in place for assessed needs; including health, social, personal care needs and communication needs. Residents were supported to identify areas of priorities and goals for the year, and individual personal plans were completed with input from residents' families. Priorities and goals identified included a mix of health and social care goals, and goals to enhance independence and build skills. For example, a personal plan reviewed detailed goals to increase skills in learning about road safety and to try out new hobbies, such as jewellery making. Progress updates on the achievement of the goals was completed four monthly.

Residents who required support with specific behaviours had support plans in place. These were comprehensive in nature and detailed proactive and reactive strategies to support residents with the management of stress. All staff had received training in the management of behaviours. There were restrictive practices in use in the centre and some of these had been assessed and reviewed in line with the regulations. However, the inspector found that some environmental restrictive practices had not been identified as being a restrictive practice, and therefore had not been comprehensively assessed in terms of risk and the rationale for their use. For example; residents' personal monies and personal plans were stored in residents' bedrooms in order to increase residents' independence and autonomy; however these were stored in locked cupboards with staff having access to the keys. The inspector found that there was no clear rationale documented as to why residents could not freely access the cupboards in their bedrooms, and what, if any, alternatives had been trialled before the restriction was put in place. In addition, this practice had not been reviewed to establish if it was the least restrictive option for residents, and for the shortest duration possible in line

with any risks identified.

There was a system in place for the review of accidents and incidents, and incidents were discussed with the staff team at monthly meetings. The person in charge conducted quarterly reviews of incidents that occurred and where corrective actions were required to reduce incidents, the person in charge had implemented measures to reduce the likelihood of similar incidents from re-occurring. Adverse events were assessed and plans were in place to respond to emergency situations. There was a risk register in place in the centre which outlined health and safety risks and service provision risks. However, the inspector found that some risks on the service risk register were inappropriately rated and did not accurately reflect the actual risks in the centre.

The provider promoted residents' safety in the centre by use of staff training and an easy-to-read guide for residents about keeping safe. Staff were trained in safeguarding and staff who the inspector spoke with were knowledgeable about what to do in the event of a concern of abuse. There were comprehensive plans in place for intimate care practices which guided staff in how to support residents in a dignified manner, and which also promoted residents' independence in this area. Staff had access to advocacy services and were consulted in the running of the centre through residents' meetings.

The centre had systems in place for the detection, containment and prevention of fire. There were fire evacuation notices displayed around the centre. There was a zoned fire alarm panel in place in the centre and the inspector found that some documentation relating to this was inaccurate with regard to the rooms contained in the zones; however the person in charge addressed this immediately. There was a centre emergency evacuation plan in place which clearly outlined the arrangements for safe evacuation of residents. Residents had personal emergency evacuation plans in place which were detailed with the specific supports that each resident required. Fire drills were carried out regularly and staff spoken with were aware of what to do in the event of a fire, the specific supports required for residents and how to safely evacuate residents and bring them to a place of safety.

Regulation 10: Communication

Residents who required support with communication had profiles in place which detailed their communication preferences. Residents had access to speech and language therapy supports where required. The centre was equipped with radios, televisions, telephones and had access to the internet. Residents had access to tablets, mobile phones and magazines in line with their preferences and choices.

Judgment: Compliant

Regulation 17: Premises

The premises was laid out to meet the needs of residents. Each resident had their own bedroom which was personalised to their individual preferences and needs. The house was accessible, with ramps and hand rails situated around the house where required. There was a private patio area for residents to enjoy, and for which there was plans to develop it as a sensory garden. The kitchen was in need of some renovation work, and this had recently been approved by the provider to be completed.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy and procedure in place which contained all the requirements as outlined in the regulations. There was a health and safety risk assessment completed, and a service specific risk register in place. However, the inspector found that some improvements were required with regard to the service risk register to ensure that it accurately reflected the specific risks in the centre and to ensure that identified risks were risk rated appropriately.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for the detection, containment and extinguishing of fire. Staff were trained in fire safety and regular fire drills took place which ensured all residents could be evacuated in a timely manner. Residents had individual personal emergency evacuation plans in place which detailed the supports required. Staff spoken with were knowledgeable about individual residents' support needs for safe evacuation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate arrangements in place for the ordering, receipt, storage and management of residents' medication. The person in charge conducted regular medication audits to promote safe medication management practices. Assessments

were in place for residents to assess their capacity to understand and take responsibility for their own medication management.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found that residents' health, social and personal care needs were assessed and plans were put in place to guide staff where required. Residents were supported to identify priority goals for the year, and these were discussed at residents' support meetings where family members were involved and the goals identified were subject to regular review.

Judgment: Compliant

Regulation 6: Health care

Residents were supported and facilitated to achieve the best possible health by being supported to attend appointments with a range of allied healthcare professionals where this was required and recommended. Residents who had specific healthcare needs had support plans in place, which were under regular review.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required support with particular behaviours or areas of concern, there were plans in place outlining strategies to support them. The inspector found that some restrictive practices in relation to locked cupboards in residents' personal bedrooms were not comprehensively assessed in terms of risk, and it was not clear from documentation what the rationale for locking the cupboards was. In addition, there was no clear evidence that this practice had been reviewed to be the least restrictive option and for the shortest duration in line with any identified risks, and what, if any, alternatives had been trialled before the restriction was put in place.

Judgment: Substantially compliant

Regulation 8: Protection

All staff were trained in safeguarding residents and staff who the inspector spoke with were aware of what to do in the event of a concern of abuse. There was an easy-to-read guide for residents on how to keep safe, which had been discussed at residents' meeting. Residents had intimate care plans which detailed supports required with various aspects of personal and intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were offered choice in their daily lives by use of verbal communications, easy-to-read visuals and objects of reference, and were involved in the running of the centre through regular residents' house meetings. Residents were supported to access independent advocacy services where required, and there was evidence that a resident had been supported to access an independent advocate for a specific issue in relation to moving location.

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 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Aoibhinn Residential Service OSV-0001751

Inspection ID: MON-0025561

Date of inspection: 13/02/2020

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The risk rating on the Service Risk register has been reviewed and amended to reflect the reduction of risk.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The risk register has been reviewed and the ratings amended to reflect the reduction in risk in the service.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The medication cupboards and the money cupboards which are locked in resident's	

rooms, will be included as environmental restrictions and reported as required. This will be included in risk management plans for the residents. Rights Checklists for residents will be updated and forwarded to Rights Review Committee for their review and monitoring.

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 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	01/03/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	01/03/2020
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's	Substantially Compliant	Yellow	10/03/2020

	behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	10/03/2020