Health Information and Quality Authority
Regulation Directorate

Compliance Monitoring Inspection report
Designated Centres under Health Act 2007, as amended

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Ard Aoibhinn Services
Centre ID:	ORG-0008254
Centre county:	Wexford
Email address:	groche@ardaoibhinn.ie
Registered provider:	Ard Aoibhinn Services
Provider Nominee:	Gerard Heaney
Person in charge:	Geraldine Roche
Lead inspector:	Caroline Connelly
Support inspector(s):	Kieran Murphy
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
08 April 2014 11:00	08 April 2014 20:00
09 April 2014 08:30	09 April 2014 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This report sets out the findings of a monitoring inspection of an adult residential designated centre that comes under the auspice of the Ard Aoibhinn Services in Wexford. Ard Aoibhinn services is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the HSE. This designated centre consists of two separate houses which provide accommodation for up to eleven residents with an intellectual disability with low physical and/or medical support needs. All residents are over the age of 18yrs and are a combination of male and female residents.

As part of the inspection inspectors met with residents, the person in charge, the nominated provider and numerous staff members. Throughout the inspection inspectors observed practices and reviewed documentation which included residents records, person-centred plans, policies and procedures, medication management, accidents and incidents management, complaints, health and safety documentation and staff files. At the outset of the inspection inspectors met with the nominated registered provider and the person in charge and discussed the management and clinical governance arrangements for the centre.

In summary, the person in charge and provider work full time in the service and were seen to be very involved in the day-to-day running of the centre and staff and residents reported them to be easily accessible to residents, relatives and staff. There was evidence of individual residents' needs being met and the staff supported and encouraged residents to maintain their independence where possible. Community and family involvement was evident and greatly encouraged as observed by inspectors.

Inspectors observed evidence of good practice throughout the inspection and were satisfied that residents received a good standard of care with appropriate access to their own general practitioner (GP), psychiatry, psychology, social worker and allied health professional services as required with the exception of dietetic services. There was an extensive range of social activities available internal and external to the centre and residents were seen to positively engage in the social and community life in their local towns. Person-centred plans were viewed by the inspectors and were found to be very comprehensive, appropriate to the needs of the residents and up to date. Some improvements were required in relation to development and updating policies and procedures, the development of contracts of care, staff training, fire safety, and health and safety. The premises in both houses presented numerous challenges in the provision of care to the residents.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- contracts of care
- staff training and development
- health and safety issues
- development of an appraisal system
- updating policies and procedures.
- premises
- financial records.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Inspectors reviewed the statement of purpose and noted that all residents were afforded respect, choice and dignity at all times through a holistic and person-centred approach to care and a welcoming and homelike environment was provided. The person in charge informed inspectors that all prospective residents and their representatives were afforded an opportunity to visit the centre on numerous occasions and speak to staff prior to admission. The providers do not accept emergency admissions and all referrals for admissions are made through the HSE and these are then assessed by the senior management team.

The criteria for admission was clearly stipulated in the statement of purpose and the person in charge informed the inspectors that consideration was always given to ensure that the needs and safety of the resident being admitted were considered along with the safety of other residents currently living in the centre. Inspectors also reviewed the admission policy dated January 2013 which detailed referrals to the service, preadmission arrangements and the admissions process and was found to be comprehensive.

Inspectors reviewed copies of the current written agreements in relation to the terms and conditions of residents residing in the centre. They noted that such documents did not detail the support, care and welfare of the resident and details of the services to be provided for that resident and the fees to be charged in relation to residents care and welfare in the designated centre as required by the Regulations.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
All of the residents lived in the community in two different houses. All residents were encouraged to attend day service/activities outside of the residential centre on a daily basis subject to their own needs and abilities. A number of the residents attended the activation day centre but some attended other day services particularly in their own areas. A range of social and therapeutic activities took place in the activation centre which included computers, arts and crafts, exercises, games and dancing. Inspectors saw a number of activity groups taking place in the centre throughout the inspection with active participation from the residents.

Inspectors were informed by staff that there were a number of options available for all residents in relation to social activities. Many of the residents enjoyed bowling, cinema outings, concerts, line dancing, shows, picnics, meals out, shopping trips, swimming, library visits, attending mass and any festivals or events locally. Apart from the activities provided in the centre the rest are community based, are age appropriate and reflect the goals chosen as part of their person-centred plan. Residents to whom inspectors spoke described the many and varied activities they enjoyed and spoke of the day trips out and attending Wexford disability services social night on Monday nights.
The person in charge said that residents are encouraged and supported to participate in family events and gatherings as they arise, e.g. family weddings, christenings or birthdays, St Patrick's Day, Easter and Christmas are other occasions. All milestones are celebrated with resident's permission.

Each resident has a personal care plan from which regular activities are planned for. In addition each resident was supported to participate in activities on an ad hoc basis if such are identified by the resident. Residents' interest in social activities is facilitated in as far as possible, including transport and staff support where required. All residents have a weekly timetable which has been devised from their person-centred plan. Resident meetings provide an opportunity for plans to be discussed for the coming week and inspectors viewed minutes of these meetings and the plans to see a play at Wexford opera in the near future.

Inspectors reviewed a selection of personal plans which were very comprehensive, personalised, detailed and reflected resident's specific requirements in relation to their social care and activities that were meaningful to them. There was evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There was a system of key workers in operation whose primary responsibility was to assist the individual to maintain their full potential in relation to the activities of daily living. Inspectors were informed that healthcare staff who worked with the residents fulfilled the role of individual residents' key workers in relation to individual residents care and support. These key workers were responsible for pursuing objectives in conjunction with individual residents in each residents' personal plan. They agreed time scales and set dates in relation to further identified goals and objectives.

There was evidence of interdisciplinary team involvement in residents' care including, psychiatrist, neurologist, GP, social worker, dentist and chiropody services. These will be discussed further in outcome 11 healthcare needs. The inspectors noted that there was

a list of people residents would like to attend their planning meetings identified in each resident's person-centred plan. This identified the key people involved in supporting the resident which included family and friends as well as staff and other professionals. There was evidence that the resident and their family members where appropriate, were involved in the assessment and review process and attended review meetings.

Residents are supported to be part of their community with a focus on community inclusion. A number of the residents supported by their key workers have completed a training programme on community inclusion. Each Resident who took part received a FETAC level 1 award and the key worker supporting them received FETAC level 5 award. These awards were presented at a graduation ceremony.

All residents are supported to access their money and normally will withdraw cash from the local pass machine with the support of a staff member.

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The centre consists of two separate houses which provide accommodation for up to eleven residents with an intellectual disability with low physical and/or medical support needs. All residents are over the age of 18years and are a combination of male and female residents.

One of the houses comprises of two semi detached houses that are now joined internally to accommodate six residents. Accommodation is provided over two floors with a stair lift available for residents use. One of the bedrooms is downstairs and has full en suite facilities. The other bedrooms are upstairs which includes a staff sleepover room that doubles as a staff office. Communal space is limited with two small sitting rooms and a small kitchen with dining facilities.
The second house is a four bedded bungalow which provides accommodation for five residents. The house has two single bedrooms and two twin bedrooms. One of the single bedrooms is used for staff sleep over facilities. Communal space consists of a kitchen dining room and sitting room.

Residents were encouraged to decorate bedrooms to their own taste and residents" that showed inspectors their rooms had personalised their rooms with photographs of family and friends and personal memorabilia. However, in the house with the twin bedrooms inspectors noted there was limited space between the beds particularly in one room where the resident was unable to have a bedside locker and chair beside the bed. Some of the bedrooms in both houses were observed to be small in size.

The premises were observed to be clean and homely. There were adequate baths, showers and toilets with assistive structures in place including hand and grab-rails to meet the needs and abilities of the residents. However, the inspectors noted that one of the bathrooms the paint was coming off the walls and ceiling and there were black patches on the ceiling. In the other house inspectors were concerned about a large step down from the kitchen area to the utility area where the second bathroom is located. There were residents in this house with poor mobility and they could be at risk of falling. Inspectors noted that apart from their own bedroom, there were options for residents to spend time alone if they wished with a number of communal areas however, the communal space was limited in one house.

Laundry facilities are provided on site and staff said laundry is generally completed by staff. However, residents are encouraged to be involved in doing their own laundry. Residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them in good condition.

Equipment for use by residents or people who worked in the centre included, hoists, wheelchairs, specialised chairs were generally in good working order. Records seen by the inspector showed that they were up to date for servicing of such equipment including the servicing of the chair lift which was serviced in 2013.

One of the houses was set in mature grounds with car parking facilities to the front. To the rear of the house is a large garden with suitable garden seating and tables provided for residents use. Grounds were kept safe, tidy and attractive. The garden in the second house was small and not well maintained.

The provider told the inspectors that they were aware of the numerous shortcomings with the two current houses. He said they have planning permission for the building of two new purpose built houses to replace the current buildings and they are awaiting the commencement of same.

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The fire policies and procedures were centre-specific but were dated 2008 therefore required review and updating. The fire safety plans for each house were viewed by the inspectors and found to be very comprehensive. There were notices for residents and staff on "what to do in the case of a fire throughout the premises. Regular fire drills took place records confirmed that they were undertaken monthly. Individual fire management plans were available for residents and the response of the resident during the fire drills was documented. The inspectors examined the fire safety register with details of all services and tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment and fire alarms had been tested in both houses in 2013 and March 2014. Staff interviewed demonstrated an appropriate knowledge and understanding of what to do in the event of fire. Training records confirmed that fire training was last held on the 01 April 2014 however there were a number of staff that had not received up to date fire training as is a requirement of legislation.

There was a health and safety statement dated December 2013. The statement addressed all areas of health and safety including accidents and incidents, fire management plans, training needs, servicing of fire equipment, transport of service users. Hazards were identified with control measures in place. There was evidence of issues identified and actions taken. There was evidence of safety checks taking place on equipment for residents use signed and checked by staff on a regular basis.

Comprehensive risk assessments were seen by inspectors and from a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted. These included any mobility issues such as screening for falls risks, challenging behaviour and daily living support plans such as diet and weight management.

There was a risk management and risk assessment policy in place which did not meet the requirements of legislation on the day of inspection. The policy was updated following the inspection and sent onto the inspector for review. It was now found to meet the requirements of legislation. In one of the houses there was a clinical sharps disposal box with used needles and other sharps stored on the window in the kitchen within easy access of any of the residents. This posed a risk to residents and should be stored safely.

The environment of the two houses was very homely, visually clean and well maintained. The person in charge and staff informed inspectors that the cleaning of the houses was undertaken by the staff with assistance from some of the residents. It was recommended that this was kept under review particularly in relation to best practice with infection control and the requirement for routine deep cleaning. There were measures in place to control and prevent infection, hand gels and hand hygiene posters were available. Not all bedrooms had wash-hand basins available and residents shared a bathroom. This needs to be kept under review if staff need to assist residents with

personal hygiene in their bedrooms, they would need to be facilitated to adhere to best practice in relation to infection control with appropriate hand-washing facilities. Training records confirmed that staff did not have up- to-date training in infection control.

The inspector viewed training records which showed that although the majority of staff had received training in moving and handling this was not up to date for a number of staff. This action is covered under outcome 17. A number of residents were generally independent with mobility but others residents used hoists and other moving and handling equipment.

The inspectors viewed policies in relation to vehicles used to transport residents. The centre owns its own fleet of vehicles. Up to date service records were seen and all vehicles were taxed and insured and very certified as required. Staff were required to have a full clean driving licence to drive the vehicles.

The emergency plan detailed the procedure in the event of a fire but this required to be further developed to ensure it details the actions to be taken in all emergency situations.

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
Policies and procedures were in place for the prevention, detection and response to abuse however, these were dated 2008 and required review. Staff with whom inspectors spoke knew what constituted abuse and demonstrated an awareness of what to do if an allegation of abuse was made to them and clearly told inspectors there was a policy of no tolerance to any form of abuse. The person in charge informed inspectors that she was the designated person to deal with any allegations of abuse. There was evidence that allegations of abuse in the past had been referred to the designated person and the process outlined in their policy document had been followed which included full screening, monitoring and review. Residents to whom inspectors spoke with confirmed that they felt safe and spoke positively about the support and consideration they received from staff. Inspectors noted a positive, respectful and homely atmosphere and

saw that there was easy dialogue between residents in their interactions with staff. However, there was no training provided to staff on abuse this training is a mandatory requirement of legislation.

Inspectors saw that there were transparent systems in place to safeguard residents' finances. Each resident had control over their money when going out and it was all documented in a book which detailed money signed in and out balances checked and receipts were maintained for all purchases where possible. However, in one of the houses the system was not sufficiently robust in that there were not double signed by two members of staff. Bank statements regarding finances were issued directly to residents. Inspectors saw residents finances were subject to checks by staff and audit by the person in charge. Inspectors saw that residents had easy access to personal money and generally could spend it in accordance with their wishes. However residents did not receive an invoice or statement of charges for care provided by Ard Aoibhinn services.

There was a management and support policy for service users who present with challenging behaviour dated 2013 which detailed prevention, training requirements, duty of care, use of medication, follow up, intervention plan and programme plan. Comprehensive management plans were seen in residents' person-centred plans for those residents who did present with behaviours that challenge. However, staff training records showed that although staff had received training on dealing with behaviours that challenge this was out-of-date for a number of staff. Further training is required to ensure all staff have up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour as is required by legislation. The inspectors saw that a restraint free environment was promoted and none of the residents required any physical restraints.

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
All of the residents attended their own GP and were supported to do so by staff that would accompany them to appointments and assisted in collecting the medication prescription as required. Out-of-hours services were provided by the local on call doctor service who attended the resident at home if necessary. The inspectors saw that as part of their person-centred plans, each resident has an annual medical and an A1 health

check to ensure a proactive approach to monitoring the residents' health. All other medical concerns and issues are dealt with as they arise. Residents were seen to have appropriate access to a multi-disciplinary team, including, doctors, dentist, psychiatrist, liaison nurse, chiropodist, physiotherapist, occupational therapist and opticians. A number of these services are available via referral to the HSE and visits were organised as required by the staff. As the houses were in two different locations some of the services were provided by different services providers. There was evidence in residents' person-centred plans of referrals to and assessments by allied health services and plans put in place to implement treatments required.

There were a number of centre-specific policies in relation to the care and welfare of residents and care management. Inspectors reviewed a selection of personal plans and noted that each resident's health and welfare needs were kept under formal review as required by the resident's changing needs or circumstances. Inspectors noted that the care delivered encouraged and enabled residents to make healthy living choices in relation to exercise, weight control and dietary considerations. Staff informed inspectors that the level of support which individual residents required varied and was documented as part of the resident support plan.

The person in charge and staff demonstrated an in-depth knowledge of the residents and their needs this was reflected in the person-centred plans for residents'. In one of the houses the person-centred plans had only been implemented recently and staff had received training and education in relation to same. The plans seen were person-centred but the care planning aspect required further development particularly in relation to care needs.Inspectors generally were satisfied that facilities were in place so that each resident's well-being and welfare was maintained by a good standard of evidence-based care and appropriate medical and allied health care.

Inspectors saw that residents were fully involved in the menu planning. Weekly meetings were held with the residents to plan the meals for the following week. The staff demonstrated an in-depth knowledge of the residents' likes, dislikes and special diets. Inspectors noted that easy to read formats and picture information charts were used to assist some residents in making a choice in relation to their meal options in one house these were further developed than the other house. The food was seen to be nutritious with adequate portions. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was very good.
The residents where possible, assisted in the food preparation and in the cleaning afterwards. Residents weights were recorded on a regular basis and a number of the residents were on reducing diets inspectors viewed the monitoring and documentation of some residents' nutritional intake and noted that appropriate referrals to the GP and speech and language were made but staff reported they had little access to a dietician or dietetic service which would be recommended. Some of the residents were seen to have nutritional plans and swallow plans as required with some residents requiring a soft diet. Inspectors observed that residents had access to fresh drinking water at all times.

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There were centre-specific medication management policies and procedures in place which were viewed by the inspector and although they were found to be comprehensive they were dated 2009 and required review. Inspectors saw that the GP prescribes all residents medication and this is obtained from the residents' local pharmacist for each resident. One house had medication supplied in a monitored dosage systems in a blister pack system and other house had boxes of medications supplied.
The inspector saw that references and resources were readily accessible for staff to confirm prescribed medication with identifiable drug information. This included a physical description of the medication and a colour photograph of the medication which is essential in the event of the need to withhold a medication or in the case of a medication being dropped and requiring replacement.

As there were no nursing staff working in this centre staff have undergone a two day training on safe medication administration and are assessed as competent by a nursing staff prior to any administration of medications to residents. Inspectors saw evidence of this training in staff files. The staff told the inspectors that the pharmacist gives advice to the residents and staff in relation to the medications provided. Staff who spoke to the inspectors were knowledgeable about the resident's medications and demonstrated an understanding of appropriate medication management and adherence to professional guidelines and regulatory requirements Residents' medication were stored and secured in a locked cupboard and the medication keys were held by the staff on duty. The prescription sheets reviewed were clear and distinguished between PRN (as required), short-term and regular medication.
The inspector did not see any residents that required their medications to be crushed and the staff informed the inspector they endeavoured to get liquid medication wherever possible. They demonstrated an awareness of the requirement of the GP to prescribe crushed medications as drugs which are crushed are used outside their licensed conditions and only a medical practitioner is authorised to prescribe drugs in this format. There were no residents that required scheduled controlled drugs.

Medication audits had been completed by the person in charge from which a number of changes and recommendations were made to the medication charts and practices which

were currently being actioned.

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
A written statement of purpose was available and it reflected the day-to-day operation of the centre and the services and facilities provided in the centre. The person in charge confirmed that she kept the statement of purpose under review and provided inspectors with a copy of the most up-to-date version. Inspectors noted that there was a copy of the statement of purpose in each of the residents' bedrooms and in communal areas in the centre.
The statement of purpose contained floor plans of the centre, and contained all the required information to meet the requirements of legislation.

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Judgement:
Compliant

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
The centre is one of a number of designated centres that come under the auspice of the Ard Aoibhinn services. It is a not for profit organization and is run by a board of

directors and delivers services as part of a service agreement with the HSE. The board usually meet every six to eight weeks and inspectors reviewed minutes of the meetings where issues of finance, staffing, development updates, fundraising and any other issues are discussed. The manager of services reports directly to the board of directors and is a nominated provider for the service.

The Clinical Nurse Manager 2(CNM2) for the residential services is the person in charge. The person in charge works full-time and has been involved in the management of the service for over 7 years. She is a registered nurse intellectual disability (RNID) and has undertaken a certificate in management. There was evidence that the person in charge had a commitment to her own continued professional development and had completed a number of managerial and clinical education days and kept her knowledge base current through education and liaison with other services. Inspectors formed the opinion that she had the required experience and clinical knowledge to ensure the effective care and welfare of residents in the centre.

The nominated provider and the person in charge were actively engaged in the governance and operational management of the centre, and based on interactions with them during the inspection, they had an adequate knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors saw that there was a copy of the standards and the regulations were available to staff along with other relevant documentation.

Inspectors noted that residents were familiar with the person in charge and approached her with issues and to chat during the inspection. Residents and staff identified the person in charge as the one with overall authority and responsibility for the service. Staff who spoke to the inspectors were clear about who to report to within the organisational line and of the management structures.
The CNM2 for the day services deputised for the absence of the person in charge in the past and is available to do so at any time as they always take separate holidays. The inspectors met the CNM2 for day services during the inspection and she was aware of the responsibility of acting up in the absence of the person in charge and said she was supported by the provider and the operational house managers.

Inspectors noted that prior to and throughout the inspection the provider, the person in charge and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for residents. The person in charge had commenced an audit programme commencing with medication management and residents records. There were evidence of actions taken in February 2014 and further actions recommended that further training is required in maintenance of all resident records.
Overall the inspectors were satisfied that there was a commitment to quality review and continual improvement which will be further developed.

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There was a policy on recruitment and selection of staff and the person in charge stated that a large proportion of the staff had been employed in the centre for a significant period of time and there was a high level of continuity of staffing. This was confirmed by staff that inspectors met who had worked in the centre for long periods. The policy for volunteers was dated 2011 which required volunteers to be Garda vetted, have training and supervision. There was evidence that new staff received a comprehensive induction programme.

During the inspection inspectors observed the person in charge and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Based on observations of inspectors staff members were knowledgeable of residents individual needs and this was very evident in the very personalised person-centered plans seen by the inspectors. Residents spoke very positively about staff saying they were caring and looked after them very well and a number of residents asked if they could have their key worker or another member of staff present when they met with inspectors which was facilitated. The inspectors spoke to staff on duty during the inspection and found the staff were competent and experienced staff who were aware of their roles and responsibilities. Although many staff worked alone they stated they felt well supported by the person in charge and could call her for advise or assistance at any time. Inspectors were satisfied that the staff available during the inspection was appropriate to meet resident's needs. However there was no lone worker policy available and as one of the houses was geographically distant from the main centre and other house supervision of staff was limited.

As discussed in previous outcomes based on a review of training records viewed by inspectors, not all staff had received up-to-date mandatory training in fire and moving and handling and adult abuse. Training records confirmed that a number of staff had recieved training in infection control, medication management, training on person-cantered plans, personal development relationships and sexuality, management of

behaviour that challenges, first aid, preceptorship training, nutrition and peg feeding. A number of the care staff had under taken a Further Education Training Awards Council (FETAC) level 5 qualification in healthcare.

Inspectors reviewed a sample of staff files and noted that most of the documents under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 were available. However, not all staff files viewed contained the following:
· details and documentary evidence of any relevant qualifications or accredited training of the person
· written references, including a reference from a person's most recent employer (if any) in a format specified by the Chief Inspector.

There was evidence that staff and team meetings were held regularly and the minutes were recorded of issues that were discussed. A sample of the minutes showed that the topics discussed included all issues relevant to the further development of the centre. Staff who spoke to inspectors confirmed that such meetings were held on regular basis and that they received good support from the person in charge however, they had not received any formal support or performance management in relation to their performance of their duties or personal development. The provider confirmed that no staff had received an appraisal to date which is a requirement of the regulations.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Ard Aoibhinn Services
Centre ID:	ORG-0008254
Date of Inspection:	08 April 2014
Date of response:	09 May 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inspectors reviewed copies of the current written agreements in relation to the terms and conditions of residents residing in the centre. They noted that such documents did not detail the support, care and welfare of the resident and details of the services to be provided for that resident and the fees to be charged in relation to residents care and welfare in the designated centre as required by the Regulations.

Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

[1] The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:
Residents currently have documentation that outlines the care they can expect and the charges that will apply however this information is held in different locations/documents. Ard Aoibhinn will begin a consultation process with Residents and their families to develop a single document that will serve as an agreement in line with Regulation 24 (4) (a). The process will commence by July 2014 with an target date of completion by October 2014

Proposed Timescale: 31/10/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were a number of issues identified with the premises in both houses.

Communal space is limited with two small sitting rooms and a small kitchen with dining facilities.

In the house with the twin bedrooms the inspectors noted there was limited space between the beds particularly in one room where the resident was unable to have a bedside locker and chair beside the bed. Some of the bedrooms in both houses were observed to be small in size.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
Temporary measures are currently being looked at to ensure the continued safety of residents and to provide further privacy arrangements for those in shared bedrooms. Temporary arrangements will be in place for bedrooms by end of June 2014

Longer term options include location to different premises within the next 12-15 months which would not include shared bedrooms.

Proposed Timescale: 30/06/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In one house the inspectors were concerned about a large step down from the kitchen area to the utility area where the second bathroom is located. There were residents in this house with poor mobility and they could be at risk of falling.

Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
Measures are currently in place to reduce risk and support the safety of every resident. A further Risk assessment will be completed and where necessary temporary additional measures will be put in place while a longer term solution is sought. Temporary measures end of May 2014, longer term on-going discussions with the HSE.

Proposed Timescale: 31/05/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspectors noted that in one of the bathrooms the paint was coming off the walls and ceiling and there were black patches on the ceiling.

Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
Maintenance department have outlined work to be carried out on the bathroom area. Estimated costs to be provided by end of May 2014, work to commence as soon as possible.

Proposed Timescale: 31/07/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
In one of the houses, there was a clinical sharps disposal box with used needles and other sharps stored on the window in the kitchen within easy access of any of the residents. This posed a risk to residents and should be stored safely.

Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

Discussed this with staff in the home. The importance of sharps box being stored correctly and safely in secure location was reiterated to all staff. This will be stored at all times in the staff sleep over room which is secure as per procedure.

Proposed Timescale: 09/05/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency plan detailed the procedure in the event of fire but this required to be further developed to ensure it details the actions to be taken in all emergency situations.

Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
Procedures in relation to emergencies, other than fire exist and are understood by staff however are not contained within the Emergency Plan. The current emergency procedure will be updated to ensure all aspects of emergency planning are covered.

Proposed Timescale: 13/06/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Training records confirmed that staff did not have up to date training in infection control.

Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
All residential staff have been prioritised for Training in infection control. Expected competition of all training requirements November 2014. Completed by September 2014

Proposed Timescale: 30/09/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Training records confirmed that fire training was last held on the 01 April 2014 however there were a number of staff that had not received up to date fire training as is a requirement of legislation.

Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
The remaining staff who have not completed the recent fire training will complete this training by August 2014

Proposed Timescale: 31/08/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff training records showed that although staff had received training on dealing with behaviours that challenge this was very out of date for a number of staff.

Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
All residential staff have been prioritised for an update in Training to deal with Behaviours that challenge. This training is part of the 2014 Training schedule. Expected completion of all training requirements November 2014

Proposed Timescale: 30/11/2014

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no training provided to staff on abuse detection and prevention this training is a mandatory as a requirement of legislation.

Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
All residential staff has been prioritised for formalised Training in relation to safeguarding residents in the prevention and detection and response to abuse. The programme for this training is currently being sourced. Expected completion of all training requirements November 2014

Proposed Timescale: 30/11/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff reported they had little access to a dietician or dietetic service which was required for a number of residents.

Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
The process for dietetic referral and review has been discussed directly with the dietetic services in Wexford. It has now been agreed that residents initial referral will continue to be made by the GP to the Consultant, however all reviews will be referred directly to the dietician by PIC of Ard Aoibhinn services.

Proposed Timescale: 09/05/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors reviewed a sample of staff files and noted that most of the documents under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 were available. However, not all staff files viewed contained the following:
· details and documentary evidence of any relevant qualifications or accredited training of the person
· written references, including a reference from a person's most recent employer (if any) in a format specified by the Chief Inspector.

Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
Appropriate documentation is being sought where required. Completion Date June 2014

Proposed Timescale: 30/06/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
On a review of training records viewed by inspectors, not all staff had received up-to-date mandatory training in fire and moving and handling and adult abuse.

Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
Fire training
The remaining staff who have not completed the recent fire training will complete this training by August 2014

Training for adult abuse:
All residential staff has been prioritised for formalised Training in relation to safeguarding residents in the prevention and detection and response to abuse. The programme for this training is currently being sourced. Training for adult abuse November 2014

Moving and handling
All residential staff who have not had an update in moving and handling will be prioritised for a training update. Moving and handling November 2014

Proposed Timescale: 30/11/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff had not received any formal support or performance management in relation to their performance of their duties or personal development. The provider confirmed that no staff had received an appraisal to date which is a requirement of the Regulations.

Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
We are currently establishing a format for the formal supervision of Staff within

residential services Expected start date July 2014
Proposed Timescale: 31/12/2014