



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

## Issued by the Chief Inspector

Name of designated centre:	Ard na Veigh
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	18 and 19 September 2023
Centre ID:	OSV-0001725
Fieldwork ID:	MON-0032475

## 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 can provide full-time residential care to male and female adults, who are over the age of 18 years with an intellectual disability. The designated centre is located in a residential area in a rural city with local amenities being easily accessible on foot, taxis and public transport. The designated centre is a semi-detached two-storey house with a kitchen dining room, sitting room, resident bedrooms, shared bathroom and a separate toilet. Residents also have access to rear and front garden areas. Staff support is provided in line with the assessed needs and preferences of residents.

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

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 19 September 2023	10:00hrs to 15:30hrs	Jackie Warren	Lead
Monday 18 September 2023	17:00hrs to 18:15hrs	Jackie Warren	Lead

## What residents told us and what inspectors observed

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported with personal development, and were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that residents received a person-centred service which maximised their independent lifestyles.

Residents told the inspector that they were very much in control of how the house was run and managed, and had good and meaningful involvement in the local community. They also discussed how their rights were supported and talked about some of the social and leisure activities that they took part in and enjoyed.

On arrival at the centre, residents welcomed the inspector, and requested that the hand sanitising gel be used and the visitors' book filled in. Residents were very clear about what the inspection involved and why it was taking place. A resident showed the inspector around the house. Residents then sat with the inspector in the sitting room for a chat. During this time, residents told the inspector that they were very comfortable and happy in the centre and enjoyed their daily lives there.

Activities that residents were involved in were worthwhile and meaningful to them. Resident said that they enjoyed going out in the community for meals, outings to places of interest, meeting up socially with friends, gardening, concerts, social farming, working in a charity shop, cooking, and going for walks. They also enjoyed taking part in everyday community activities such as going to the hairdresser, bank, recycling centre and church, attending medical appointments and going to the supermarket for grocery shopping. On the day of inspection, activities that residents took part in included, using an electronic tablet, attending a literacy class, going for a medical appointment and knitting. A resident showed the inspector a knitted handbag that they had made and residents talked about a knitting project where they had knit squares to make a quilt which had been donated. Two residents had opted to have their lunch out in the town and took a taxi back afterwards as it was raining. Another resident had a lie in in bed and got up and had breakfast at the time that suited them.

Social interaction was very important to these residents and family visits and communication were being supported by staff. Residents also told the inspector that they enjoyed the local community, that they had good neighbours and were they were included in neighbourhood social activities. Residents had use of a laptop computer for communication and information, and also had personal mobile phones and electronic tablets for communication. A resident told the inspector about attending training on getting the best use from the mobile phone which they now use for searching information and for enhanced communication. Although residents liked to get around independently, transport was also available so that they could go for appointments or take lifts to leisure activities as they wished.

During the inspection, residents spoke about their rights and how they were supported. They explained how attitudes to rights had changed for the better over the years. They were very aware of their rights and explained how they made choices, and had access to support and advocacy. Relevant information was also being made available to residents in appropriate ways. For example, all residents had attended fire safety training and were scheduled to attend safeguarding training in the coming month. Residents had rights to partake in healthcare supports as they wished. They talked about receiving information on healthcare, medication, health screenings, and vaccinations, and that they had choices around their involvement in these. Residents had also the right to agree the level of staff support that they required. Improvement was, however, required to residents' service agreements, although this did not impact negatively on the quality of service delivered to residents.

Residents told the inspector that they had good relationships with staff. They stressed that they had no complaints or concerns, but also knew and that they could raise any issue with staff and were confident that it would be addressed. Residents knew who was in charge in the centre, and they said that they trusted the staff. They also knew the arrangements for getting additional support should this be required and clearly explained how they would achieve this.

Food was bought prepared and cooked in line with residents' preferences and was appropriately served. Residents told the inspector that they enjoyed their meals in the centre. They explained that they had choices around their food shopping and meals, and that staff prepared meals that they liked, at the times that suited them. They also said that they often went out to the town for a meal, coffee or a drink and that they enjoyed this. On the day of inspection, staff had prepared a home cooked meal that appeared nutritious, tasty and well presented. Residents explained that they had agreed in advance what they would have for dinner each day, and said that they had enjoyed this meal.

Residents said that they all get on well together, and it was clear during the inspection that there was a good rapport between the residents themselves and between residents and staff. Holidays and outings were important to residents and they discussed holidays that they had been on, and they were planning to go on holidays again this year. They also talked about places of interest that they go to for outings.

Staff were observed spending time and interacting warmly with residents, supporting their wishes, and ensuring that plans were in place for doing things that they enjoyed. Throughout the inspection, all residents were seen to be at ease and comfortable in the company of staff, and were relaxed and happy in their home.

The centre consisted of one house and was centrally located close to a busy city, which gave residents good access to a wide range of facilities and amenities. However, there were plans in place for residents to move to another house to support their future needs. Residents understood why this was happening and had been very involved in the process of sourcing and choosing another house. They

said that their priorities had been taken into account and acted upon.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how this impacts the quality and safety of the service and quality of life of residents.

## Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents who lived in this centre, and that residents' quality of life was well supported. There were arrangements in place to ensure that residents were supported to live their lives as independently as possible, while having regard for their assessed needs and preferences. Improvement was, however, required to residents' service agreements.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team, and was very knowledgeable regarding the care and support needs of residents. The person in charge was based adjacent to the centre and was present there frequently. There were effective arrangements in place to support staff when the person in charge was not on duty. The person in charge was very clear about the requirement for notification of certain absences of the person in charge to the Chief Inspector of Social Services.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, appropriate insurance cover, and adequate staffing levels to support residents' preferences and assessed needs.

Although residents required minimal support, there were sufficient staff on duty during the inspection to support them in a way that they preferred, such as for attending medical appointments and meal preparation. A variety of training had taken place to guide and inform staff. Staff told the inspector that they had good access to staff training and that the training that they received had been beneficial and informative. All staff had attended human rights training & felt very confident that they were delivering a rights-based service to residents. Staff who met with the inspector had worked with these residents for a long time and demonstrated in depth knowledge and understanding of the residents, their preferences and their support needs. Staff ensured that residents maintained their independence, in line with their own preferences.

The service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. Unannounced audits of

the service were carried out twice each year on behalf of the provider. These audits showed a high level of compliance and any identified actions had been addressed, or were being completed in a timely manner as planned. A review of the quality and safety of care and support of residents was being carried out annually. Consultation with residents was included in the report. This feedback indicated a high level of satisfaction with the service.

Documents required by the regulations were kept in the centre and were available to view. The records viewed were clear, informative, up to date and well organised. Documents viewed during the inspection included personal profiles and plans, healthcare plans, risk assessments, audits, staff training information, the statement of purpose and service agreements. A wide range of policies, including those required by schedule 5 of the regulations, were also available to guide staff and were up to date. While documents and records were being managed to a high standard, service agreements required improvement to ensure that they fully reflected the service to be provided to residents.

#### Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services as required.

Judgment: Compliant

#### Regulation 14: Persons in charge

The role of person in charge was full-time and the person who filled this role had the required qualifications and experience. The person in charge visited the centre frequently and was very knowledgeable regarding the individual needs of each resident.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels and skill-mixes were suitably allocated to meet the assessed needs of residents at the time of inspection.



Judgment: Compliant

### Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. Staff had also attended other training relevant to their roles, such as medication management, manual handling, food hygiene, human rights and hand hygiene. There was a training plan to ensure that training was delivered as required.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

### Regulation 21: Records

The provider had ensured that records were maintained in a clear and orderly fashion and were kept up to date.

Judgment: Compliant

### Regulation 22: Insurance

There was a current insurance policy in effect for the service.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern

the centre and to ensure the provision of a good quality and safe service to residents.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place for all residents. However, these agreements required review as some information about the service to be provided was not inaccurately stated, and some agreements had not been signed by residents.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose which described the service being provided to residents and met the requirements of the regulations. The statement of purpose was available in the centre, was being reviewed annually and was up to date.

Judgment: Compliant

### Regulation 30: Volunteers

The provider does not use volunteers in their services.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of the absence of a person in charge.

Judgment: Compliant

### Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The provider was aware of the requirement to notify the Chief Inspector of the procedures and arrangements that would be in place for the management of the centre in the absence of the person in charge.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies required by schedule 5 of the regulations were available to guide staff and were up to date.

Judgment: Compliant

## Quality and safety

The provider ensured that residents received a good level of person-centred care that allowed them to enjoy activities and lifestyles of their choice in a way that suited their preferences. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents. However, some improvement to fire evacuation assessment was required.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. Residents also had the choice of staying at home during the day, and the service was staffed to accommodate this. Residents preferred to avail of minimal support from staff and this was being supported.

Assessments of the health, personal and social care needs of each resident had been carried out and individualised personal plans had been developed accordingly and were accessible to residents. Residents had been very involved in the development of these plans and had identified the levels of support that they wished to receive.

Involvement with family and friends was seen as an important aspect of the service. The visiting restrictions which had been in place during the earlier part of the COVID-19 pandemic had been discontinued, and visiting has now fully returned to normal in line with national public health guidance. Arrangements were in place for

residents to have visitors in the centre as they wished and also to meet family and friends in other places. There were also arrangements in place to manage any record any temporary absences of a resident from the designated centre, and there was an up-to-date policy to guide this practice.

The centre suited the needs of residents, and was warm, clean, comfortable and well maintained. There was a well equipped kitchen and dining area where residents could gather and eat. The kitchen had recently been fully refurbished and was bright, modern and comfortable. There were also gardens to the back and front of the house where residents could spend time outdoors. The centre was located in a residential area and residents could access their preferred activities independently on foot or by taxi. Transport was also available for residents to use when staff support was required.

Residents' civil, political and religious rights were being supported. Arrangements were in place for the safe management of residents' property and valuables. Information was supplied to residents through ongoing interaction with staff and the provider had also provided a written guide for residents with information about the service. Important information was made available to residents in clear and accessible written format. Residents also communicated with each other and with staff at weekly house meetings where they made plans and discussed topics of interest.

Residents had access to medical and healthcare services to ensure their well-being. All residents had access to general practitioners (GPs) and other health professionals and could choose to attend annual health checks and to take part in vaccination programmes if they wished to. Residents were also informed about national health screen programmes and were supported to attend these if they chose to. Furthermore, there were safe practices in the centre for the management, storage and disposal of medication. Risk assessments had been carried out to assess residents' capacity to manage their own medication, and medication was being managed in line with these assessment outcomes.

Residents' nutritional needs were well met. Residents chose, and were involved in shopping for, their own food. Suitable foods were provided to cater for residents' preferences.

There were arrangements in place to safeguard residents from harm, including the risk of fire. These included safeguarding training and the support of a designated safeguarding officer should it be required. Staff had also received training in managing behaviours of concern. There was a system for the identification and management of risks in the service. Since the last inspection of the centre, the risk register had been updated to include risk assessment of staffing arrangements in the centre. Personal emergency evacuation plans had been developed for each resident, and residents took part in regular fire evacuation drills, all of which had taken place in a timely manner. Residents were very clear on the evacuation process and told the inspector that the fire alarm was very loud and that it would waken them at night. However, there was no record that recent fire evacuation drills had been carried out while residents were sleeping to test the effectiveness of the

process in this situation.

### Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 11: Visits

Residents could receive visitors in the centre, and they were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents kept control of their own valuables, and there were secure arrangements for residents' belongings.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents took part in a range of social and developmental activities both at the centre, at day services and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and

the needs of residents. The house was comfortable, well maintained, clean and suitably decorated.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The resident chose, and were involved in shopping for, their own food. Suitable foods were provided to cater for residents' preferences.

Judgment: Compliant

### Regulation 20: Information for residents

Information that was relevant to residents was provided in user friendly formats. There was also an informative residents' guide that met the requirements of the regulations.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements in place to ensure that where a resident was temporarily absent from the designated centre that the hospital or other place was supplied with relevant information about the resident, including infection status. All such absences were being recorded, and there was an up-to-date policy to guide this practice.

Judgment: Compliant

### Regulation 26: Risk management procedures

This regulation was not examined in full at this inspection. However, since the last inspection, the risk register had been suitably updated to include risk assessment of staffing arrangements in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

This regulation was not examined in full at this inspection, although it was found that residents were very clear and confident about fire safety and evacuation processes, and there were clear procedures in place to reduce fire related risks. All residents and staff had attended up-to-date fire safety training. Fire evacuation drills were examined and it was found that the fire drill process required improvement:

- night-time or night simulation evacuation drills had not recently been carried out to test the effectiveness of evacuation while residents were sleeping.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was good access to a local pharmacist.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Assessments of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs. These plans reflected that residents had a high level of involvement in planning their own lifestyles and decision making.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners and medical consultants. Access to healthcare professionals was arranged as required. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

This regulation was not examined in full at this inspection, but staff training in positive behaviour support was reviewed. All staff had up-to-date training in behaviour support and there was a policy to guide practice.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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	Compliant

# Compliance Plan for Ard na Veigh OSV-0001725

Inspection ID: MON-0032475

Date of inspection: 18/09/2023 and 19/09/2023

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: <ul style="list-style-type: none"> <li>• The Person in Charge has reviewed and updated all the Contracts of Care for all five residents in line with their financial assessment and regulation.</li> <li>• The Person in Charge has ensured that all residents understand the contents, and have now signed their contract of care’s in line with regulation. Completed 18/10/2023</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> <li>• The Registered Provider has ensured by means of fire safety management that all residents, are aware of the procedure to be followed in the case of fire.</li> <li>• The Person in Charge has completed a fire drill while residents were sleeping and has recorded the outcome of the drill in line with regulation. Completed 18/10/2023</li> </ul>	

## 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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	18/10/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	18/10/2023

