



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

Issued by the Chief Inspector

Name of designated centre:	Aras Aoibhinn Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	02 June 2021
Centre ID:	OSV-0001751
Fieldwork ID:	MON-0032837

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 2 June 2021	09:50hrs to 16:30hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the health, wellbeing and social care needs of residents who lived at Aras Aoibhinn was promoted, and that care was provided in a person-centred manner. Residents who the inspector met with during the day appeared happy and relaxed in their environment, with staff and with each other.

During this time of the COVID-19 pandemic, the inspector spent time in an office location that was not part of the designated centre while reviewing documentation and meeting with members of the management team. The inspector visited the house towards the latter part of the inspection, and while there met with all four residents and the staff team supporting them while adhering to the public health guidelines of the wearing of a face mask, limiting time spent and social distancing.

Residents appeared to be relaxed and comfortable in their environment. Residents interacted with the inspector on their own terms and were observed to be supported by staff members in a dignified and respectful manner. One resident spoke with the inspector about what activities they had done that day, which included baking. They spoke about various family members and when asked if they kept in contact with family, they said that they did, and that they had their own mobile phone in their bag. The resident appeared happy, and was observed to be smiling while interacting with staff. Two residents were observed to be having a snack at the kitchen table and while they did not communicate verbally with the inspector, they acknowledged the inspector in their own way. They were observed to be supported by staff who appeared familiar with their care and support needs. One resident was later observed to be freely moving around their home, and observed to be relaxed in the living area while playing a board game as the inspector was leaving. Another resident was having a snack and beverage in the front sitting-room, and they were noted to be supported in line with their care plans. With staff support, they spoke briefly with the inspector, and appeared happy by smiling when staff asked them questions and spoke about their preferred activities. They were later noted to be watching a movie of choice on a technological device and appeared happy and relaxed.

The house appeared homely and had a nice atmosphere, with the radio playing in the background in the kitchen. The communal areas were decorated with art work and photographs of residents, which added to the homely atmosphere. The furniture appeared comfortable and relaxing with an 'egg chair' located in one of the communal areas. The inspector was informed that residents had been spending time during the COVID-19 pandemic, making their garden space into a more sensory friendly and relaxing space. The inspector was shown the garden area, and noted that it was beautifully decorated with garden ornaments, shrubs and flowers, a bird house, colourful flower boxes and hand painted stones, all of which created a nice relaxing space for residents to sit in and also to view from the living area. In addition, an exterior shed had been decorated and made comfortable for use as an area for residents to receive visitors, if this is what they wished and in line with

public health guidance.

Staff spoken with said that, in general, residents had adapted very well to the public health restrictions as a result of COVID-19. All residents were now receiving day services from their home, with day service staff redeployed to support residents during the day. The inspector was informed that this was going well. One resident was reported to be missing going out for meals, to coffee shops and visiting family. However, staff members said that the resident had adapted well overall to the changes in their life at present. Residents were reported to be engaging in a range of activities in their home including; gardening, artwork, baking, playing board games, receiving hand massages, listening to music and going for drives and walks. The inspector was informed that some residents had gone to a nearby seaside amenity for a drive that day and some had participated in table top activities and baking scones.

Staff members who the inspector met with appeared very knowledgeable about residents' support needs, likes and personal preferences. In addition, they were observed to be treating residents with dignity and respect, and residents appeared comfortable and happy around staff.

The inspector also reviewed documentation such as residents' support plans, daily records, the annual review of the service and management audits to get a more detailed view of the lived experiences of residents. Residents meetings were held regularly, where various topics were discussed such as; easy-to-read policies, COVID-19 public health advice and where residents were supported to make choices about activities and meals. In addition, the inspector noted that residents were supported with making choices about what goals they wanted to achieve in the future; to include learning new skills to enhance their independence and taking part in new activities such as pottery and online classes. The inspector noted through documentation, discussions with staff that the staff team were supporting residents to try to maintain the links with their family at this time of the public health restrictions, in line with residents' wishes and needs. One resident was reported to have set up a WhatsApp group with their family at this time, and had plans to get a new mobile device.

Overall, residents appeared happy and content in their home and with the supports provided. The service was found to promote individual choices and individuality, and staff supporting residents appeared to know them very well. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There was a good governance and management structure in place in the centre which ensured that the care delivered to residents met their needs and was

delivered in a person-centred manner. The provider ensured that there were good systems in place for effective monitoring and oversight of the centre.

A full application to renew the registration of the centre had recently been submitted by the provider, and documents including the Statement of Purpose and Residents' Guide were reviewed as part of the inspection process and found to comply with the requirements of the regulations.

The person in charge worked full-time and had responsibility for one other designated centre which was located nearby. She commenced in her role in recent months and had the experience and qualifications to manage the centre. She was supported in her role by a person participating in management and a team of front-line staff that consisted of social care workers and social care assistants. The centre appeared to be effectively resourced to deliver care to the residents, with three staff available during day time hours and a waking night and sleepover cover provided at night to support residents with their needs. There was a planned and actual rota in place which was reviewed, and demonstrated that there was a consistent staff team in place to ensure continuity of care to residents.

The person in charge completed a training needs analysis for the service, which had been reviewed recently and identified mandatory and discretionary training requirements to meet the needs of residents. A review of the training records demonstrated that staff received training in areas such as; fire safety, behaviour management, safeguarding, infection prevention and control including use of personal protective equipment (PPE) and hand hygiene in line with the training needs assessments. Staff were provided with support and supervision sessions throughout the year and a schedule was maintained and available for review. Staff with whom the inspector spoke said that they felt well supported in their role and could raise any concerns to the management team at any time. In addition, there was a comprehensive induction folder in place and available to staff which covered a range of topics about the centre; including important information about residents' personalities and routines, emergency plans in the event of adverse events and a list of emergency numbers. This supported staff to have a summary of important information to hand in the event of an emergency.

There were systems in place for auditing the care and support delivered to ensure that areas for improvements were identified. The person in charge maintained a schedule of internal audits which were carried out regularly in areas such as; finances, health and safety, medication management and also ensured that regular reviews of incidents took place, where trends were analysed. The provider ensured that six monthly unannounced visits and an annual review of the quality and safety of care and support of residents were completed as required by the regulations. The annual review of the service provided for consultation with residents and families, and findings from audits identified areas for quality improvement for the centre. In addition, the provider ensured that staff were facilitated to raise any concerns on the quality and safety of care delivered, through regular team meetings, which had been held online throughout the pandemic, and records reviewed demonstrated good participation and attendance by the staff team.

In summary, the management team demonstrated that they had the capacity and capability to effectively run the service and ensured that the quality of safety and care were monitored on an ongoing basis to comply with the regulations.

Registration Regulation 5: Application for registration or renewal of registration

A full application to renew the registration of the centre was made.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had taken over responsibility of this centre in the previous few months, and was found to have the appropriate qualifications, skills and experience to manage the centre.

Judgment: Compliant

Regulation 15: Staffing

The centre was found to be suitably resourced for the needs of the residents at this time. The rota was reviewed and demonstrated that there were consistent staff in place. Residents were observed to be familiar with, and comfortable around the staff supporting them. Staff files were not reviewed by the inspector at this time.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with a range of mandatory and refresher training programmes. In addition, a training needs analysis was completed which identified specific training required to best support residents. The person in charge had a schedule in place for supervision and development meetings with staff throughout the year.

Judgment: Compliant

Regulation 22: Insurance

Up-to-date insurance was in place in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a good governance and management structure in place with clear lines of accountability for members of the management team. The provider ensured that there were systems in place for the ongoing review of the quality and safety of care in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that was reviewed recently, and contained all the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received a good quality, safe and person-centred service where rights and individuality were respected. Residents who the inspector met with appeared comfortable in their environment and with staff supporting them, and staff appeared to be knowledgeable about residents' individual support needs. Some improvements were required in the documentation and assessment of risk, which would further enhance the quality of care provided.

Residents had personal profiles in place which included comprehensive information regarding their personality, likes, dislikes, routines, communication preferences and protocols for supporting them with their individual needs. The inspector reviewed a sample of residents' files and found that assessments of needs were completed and had recently been reviewed. Residents were supported to identify personal goals through annual planning meetings and a sample of files reviewed demonstrated that goals were regularly reviewed and updated with progress notes. Residents' annual

meetings ensured maximum participation with residents and families, and where family representatives could not attend these meetings, consultation had occurred prior to the meeting.

Residents were supported to achieve the best possible health outcomes by being facilitated to attend a range of allied healthcare services such as general practitioners, dentists, opticians and chiropodists where this need had been identified. Residents were also supported to understand the public health advice around COVID-19 through regular discussion at resident meetings and the use of easy-to-read documents. Residents also received information about vaccines and were supported to avail of this service in line with their choices. In addition, residents had access to multidisciplinary supports such as psychiatry, physiotherapy and psychology services, and referrals were made for other health care services where this need was identified and agreed.

The inspector found that residents rights were promoted through regular resident meetings and making available a a range of easy-to read documentation about health care, COVID-19 restrictions, complaints and staying safe. Residents' rights were kept under regular review and residents were supported to be as independent as possible and learn new skills that had been identified with them through the personal planning process.

There were no active safeguarding concerns in the centre at the time of inspection. However, the inspector found that safeguarding of residents was promoted through staff training, discussion at staff and residents' meetings about safeguarding and through comprehensive intimate and personal care plans for residents, which clearly documented the supports that residents required in this area.

Residents who required supports with behaviours and stress management had plans in place, which detailed supports to be provided for particular behaviours. However, one resident's support plan required review to ensure that the protocol in place was relevant and up-to-date with what supports were required. In addition, the documentation regarding restrictive practices required updating to ensure that it was clear about what restrictive practices were in place currently. For example; one checklist for reviewing human rights noted that a particular intervention was in place. However, on discussion with the management team, they confirmed that this was no longer used, yet the form had not been updated to reflect this. This presented a risk that staff might not have ready access to the most up-to-date information to guide practice and supports required.

The provider ensured that there were good systems in place for the prevention and control of infection including systems for the prevention and management of risks associated with COVID-19. This included contingency plans in the event of staff shortages, up-to-date outbreak management plans, hand hygiene equipment, posters, personal protective equipment (PPE), staff training and discussion with residents about COVID-19. There was a system in place for ongoing monitoring of resident and staff symptoms, as part of a prevention strategy and the inspector noted that hand hygiene equipment was readily available in the centre.

There was a procedure in place for the identification, assessment and management of risk. Risk assessments were completed for service and individual residents' risks where risks had been identified. However, the inspector found that one risk for a resident had not been appropriately identified and assessed in line with the organisation's procedures. This related to a risk of adverse health outcomes for a resident with a healthcare need who did not consent to recommended medical interventions. The person in charge acknowledged this was a risk and undertook to assess and update the resident's personal risk management plan.

Overall, the inspector found that residents received good quality care and support where their rights, choices and individuality were promoted and supported. The management systems that were in place ensured ongoing review of the quality and safety of care delivered to residents.

Regulation 20: Information for residents

A residents' guide was in place, which had been recently reviewed and contained all the information required as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and ongoing review of risks in the centre. However, improvements were required, as one risk relating to a resident had not been identified as risk, and therefore had not been assessed in line with the organisation's risk management procedures.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that there were systems in place for the prevention and control of infection, including the risk of COVID-19, and that these systems were reviewed on an ongoing basis and in line with national public health guidance.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and kept under regular review. Support plans were in place, where this need had been identified. In addition, residents were supported to set personal goals for the future, and progress notes were maintained to ensure that the goals identified were met in a timely manner, where appropriate.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health by being facilitated to attend a range of health related appointments where this was identified and required. Residents were supported to have the knowledge and awareness to promote their health during the COVID-19 pandemic.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents who required supports with behaviours and stress management had support plans and protocols in place. However, documentation relating to a support plan and restrictive practice documentation for one resident required review to ensure that the information was up-to-date and relevant.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, discussion with residents about how to stay safe and how to make complaints. In addition, residents had comprehensive personal and intimate care plans in place, which were kept under review.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted in the centre, and a review of documentation, observations and discussion with staff and residents demonstrated that residents were consulted about choices in their daily lives with regard to activities, meals and practicing their religious faith.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Aras Aoibhinn Residential Service OSV-0001751

Inspection ID: MON-0032837

Date of inspection: 02/06/2021

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: PIC has risk assessment for taking bloods completed and on file for the resident since 22/06/2021	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Resident's morning routine has been updated and on file to include support plan reflecting for day service to be based at home since 22/06/2021 Resident's rights checklist has been updated and all references to any medications no longer prescribed removed since 22/06/2021	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	22/06/2021
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	22/06/2021