



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

## Issued by the Chief Inspector

Name of designated centre:	Ardcuan Group - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	13 November 2023
Centre ID:	OSV-0004041
Fieldwork ID:	MON-0041688

## About the designated centre

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

Ardcuan is a community-based centre that provides respite service and an additional residential service to one individual in an adjacent apartment building. The centre is comprised of a three-story house and is located in a central area of a city in close proximity to local shops and other amenities. The premises of the centre is made up the main detached building with an apartment attached to the side of the premises. There are five bedrooms in the main building and two bedrooms in the attached apartment. The service provides planned and respite care to male and female adults with an intellectual disability and long-term residential supports to one individual in the apartment. There is a large secure garden at the rear of the property which contains an external laundry room. There is a service transport vehicle that brings residents to their daily activities. Residents and respite users are encouraged and supported to participate in the local community in line with their own wishes and preferences. Staff support is offered 24 hours a day, seven days a week and rosters are changed in line with respite users' care and support needs.

**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
Monday 13 November 2023	11:10hrs to 16:30hrs	Marie Byrne	Lead
Monday 13 November 2023	11:10hrs to 16:30hrs	Michael Keating	Support

## What residents told us and what inspectors observed

This unannounced inspection was completed to follow up on concerns about the provider's response to allegations of abuse. The Chief Inspector of Social Services was requesting and receiving regular updates from the provider since November 2021 in relation to an allegation of abuse and had issued a Section 65 request for information in September 2023 due to the protracted nature of an external investigation which was commissioned by the provider.

Overall inspectors found that this was a well-managed and well-run designated centre. However, inspectors could not be assured that the required actions had been taken as the outcome of the aforementioned investigation was not available.

Ardcuan group provides 24-hour care and support for up to six residents with an intellectual disability. There is one resident living in the self-contained apartment and there are five respite beds available in the centre. There was one resident in the self-contained apartment and four residents availing of a respite break at the time of the inspection and the inspectors of social services had an opportunity to meet and speak with each of them over the course of the inspection.

Residents were supported by a staff team who were familiar with their care and support needs and who were motivated to ensure they were happy and felt safe in the designated centre. There were a small number of staff vacancies and one staff on long term unplanned leave. While it was evident the provider was attempting to ensure continuity of care and support for residents, this was not always proving possible as different relief and agency were covering the required shifts. A number of works had been completed to the premises since the last inspection which had contributed to the house appearing more homely and comfortable, and in some furniture and surfaces being easier to clean.

The centre is comprised of a large three-story house close to Dublin city centre. There is a self-contained apartment to the side of the house which has its own front door. The apartment has two bedrooms, a living room and a kitchenette. The main house has five bedrooms, three of which have ensuite bathrooms. There is also a large kitchen/dining room, a games room, a living room, a main bathroom, a staff office and there were two storage rooms on the third floor. There is a driveway to the front of the house and a small well maintained garden to the back of the house. There is also a shed in the back garden which contains storage and the washing machine and dryer.

The resident living in the apartment met with inspectors in their home at a time that suited them. They showed inspectors around their apartment and told them they were very independent and living a good life. They spoke about the important people in their life and how they liked to spend their time. They knew staff were there if they required support and said they would feel comfortable contacting them if they needed any support. They had their own front door and entrance to their

apartment and used public transport to get where they wanted to go.

The four residents availing of a respite break were relaxing in the sitting room when inspectors had an opportunity to chat with them. They were just back from day services and had given their preferences for their evening meal to a staff member who was in the process of preparing and cooking it in the kitchen. Residents could choose to prepare or cook food if they wished to. Each resident appeared comfortable and they each spoke about enjoying their time in respite. They spoke about how great the staff team are and about the things they liked to do when they were in respite. They spoke about how they had all known each other for years as they had went to school together or grown up close to each other. They also spoke about some of their shared interests such as football, gaming, and playing pool. They spoke about some of the "good times" they had with each other over the years.

Residents described how important it was to them and their families to avail of respite. They made comments such as "I love coming here", "I just like it a lot", and "it gives everybody a break". They described some of the things they liked to do when they come into respite such as, relaxing, watching television, listening to music, playing with games consoles, and playing pool. They also spoke about how much they enjoyed spending time with each other and staff. They all said they had known staff a long time and made comments like, "they all treat us well", and "they look after us". Staff on duty were observed to be very familiar with residents' assessed needs and residents appeared very comfortable in their presence. Two of the staff on duty had worked in the centre for over 20 years. Staff were very familiar with residents communication preferences and were observed to spend time listening to residents and to pick up on their verbal and non-verbal cues and to respond appropriately. Residents spoke about what they would do if they had any complaints or concerns.

A number of staff spoke with the inspectors about the activities that residents liked to take part in, and about their talents and skills. Staff had completed online human rights training. Resident and keyworker meetings were occurring regularly and agenda items included areas such as, safeguarding, rights, complaints and fire safety.

Residents and their representatives' input was captured as part of the provider's annual reviews of care and support. A summary of the information gathered from family surveys was included in the annual review. Five surveys were returned in the 12 months prior to the annual review. They indicated that for the most part residents' representatives were satisfied with care and support in the centre. Residents' representatives also included areas where they would like to see improvements. For example, some representatives indicated they would like to see more respite breaks available, or to be more aware of residents' goals. One representative indicated the survey was not applicable to respite services and the provider identified an action to develop a respite specific survey. In the latest report two residents availing of respite breaks were consulted with about care and support in the centre. One resident spoke about enjoying spending time in respite and described staff as "nice". Another resident indicated using their preferred

communication method that they enjoyed spending time in Ardcuan, had choices in relation to meals times, and liked their bedroom.

In summary, residents indicated that they were happy with care and support in the centre. Residents described meaningful opportunities to engage in activities they enjoyed. They were busy, and had things to look forward to. They were supported to stay in touch with the important people in their lives and to make choices and decisions about their day-to-day lives.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

Overall the findings of the inspection were that the local management team were implementing the provider's systems effectively to ensure they had good oversight in the centre. A number of improvements had been brought about since the last inspection including premises works which had a positive impact on infection prevention and control.

A significant allegation of abuse had been made in the centre in November 2021. The provider had taken significant action to safeguard residents following this allegation and had also commissioned an external investigation into the management of the allegation. The provider had provided the Office of the Chief Inspector with regular updates on the progress of the investigation. However, due to the time taken for the investigation to be completed, the inspectors could not be assured that the required actions had been taken by the provider on foot of an allegation of abuse, as the outcome of the investigation was not available.

There were effective systems in place for the day-to-day management of the centre. Regular audits were being completed and the actions from these were leading to improvements in relation to residents' care and support and their home. Examples of audits that were regularly completed included audits in relation to residents' finances, house finances, fire, first aid, complaints, IPC, and incidents and accidents. The provider's systems to monitor the quality of care and support for residents included six-monthly reviews and an annual review. The provider referred to the aforementioned ongoing investigation and the regular updates they were providing to the Chief Inspector in both their annual and six monthly reviews.

The staff team were working with each resident to develop and maintain their independence. They were also supporting them to identify and record their likes, dislikes and preferences, and to set goals. Residents described staff as nice, helpful, and easy to talk to. There were planned and actual rosters and they were well maintained. There were staff vacancies in the centre and at times this was found to be impacting continuity of care and support for residents. Regular staff were

completing additional hours and relief staff and agency staff were covering the remaining shifts. The provider was in the process of recruiting to fill the vacancies.

Staff had access to training and refresher training in line with the organisation's policy and residents' assessed needs. From a review of a sample of staff files, they were found to contain the required information. Staff were in receipt of regular formal supervision. A number of staff told inspectors they were well supported in their role, and aware of who to escalate any concerns they may have in relation to the quality and safety of care and support for residents. Staff meetings were occurring monthly and agenda were varied and resident focused.

## Regulation 15: Staffing

There were planned and actual rosters in place and they were well maintained. Inspectors reviewed a sample of staff files and found that they contained the required information and documentation specified in Schedule 2 of the Regulations.

There was a 0.5 whole time equivalent vacancy at the time of the inspection. In addition, one staff was on long term unplanned leave, one staff was about to reduce their hours and a staff had just been promoted within the organisation. Inspectors found there was a reliance on relief or agency staff to fill shifts on a regular basis in the centre. While some weeks no relief or agency staff were required and staff from the centre were completing additional hours to cover some shifts, there were some weeks where a number of shifts were being covered by different relief and agency staff. Inspectors were informed that the provider was recruiting to fill existing and upcoming vacancies with interviews planned just after the inspection.

Staffing numbers were changed to meet the needs of residents using respite services. For example, an additional sleepover staff or waking night staff were rostered in line with residents' assessed needs. However, on occasions it was not demonstrated that staffing was arranged around the needs of residents. For example, inspectors were informed that there were some shifts being completed by staff to make up their contracted hours rather than to support the number and needs of residents using respite.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

Overall, staff had completed training in line with the provider's policies and residents' assessed needs. There was a training matrix in place which demonstrated the mandatory and area specific training being completed by staff. Staff had completed a number of trainings in areas such as safeguarding, child protection, positive behaviour support, open-disclosure, human rights, IPC, manual handling,



safe administration of medicines, managing behaviours of concern, food safety and fire safety. Records for relief and agency staff were also available.

The person in charge was not on duty on the day of the inspection so inspectors could not access staff supervision records; however, staff who spoke with inspectors stated they were in receipt of formal supervision at least twice per year. They also stated they were having an annual performance review with the person in charge.

Judgment: Compliant

### Regulation 21: Records

Records set out in the schedules of the Regulations were well-maintained, accurate and available for inspection. The sample of records reviewed were kept secure but easily retrievable.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure and staff had specific roles and responsibilities for all areas of service provision. There were management systems in place to monitor the quality of care and support in the centre including local audits and annual and six monthly reviews by the provider. Inspectors found that the local management systems were proving effective in relation to oversight and monitoring at the time of the inspection. The provider was providing updates to the Chief Inspector in relation to an independent investigation relating to allegations of abuse in this centre, as requested. However, due to the protracted nature of the aforementioned independent investigation inspectors could not be assured that the provider had taken the required actions to ensure that the service provided was safe, appropriate to residents' needs or effectively monitored.

Judgment: Not compliant

### Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained and the Chief Inspector was notified of any incidents required by the Regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints policy and the complaints procedure was made available to residents and their representative. It was on display in an easy-to-read version in the centre. There was a complaints register in place and this was well maintained. A review of a sample of complaints demonstrated that there was good oversight of complaints by senior management and actions identified on foot of complaints were being completed. Learning following the review of complaints was shared at staff meetings.

Judgment: Compliant

### Quality and safety

From what the inspectors read, observed, and were told, it was evident that residents were in receipt of a good quality and safe service. They were being supported by a staff team who they were familiar with and were engaging in activities of their choice. Residents were being supported to be independent and to be aware of their rights. Inspectors reviewed a sample of residents assessments and personal plans and found that they were detailed in nature and guiding staff practice in relation to the care and support residents may require.

Residents were actively supported and encouraged to connect with their family and friends. The provider had a visitors policy in place and visiting arrangements were detailed in the statement of purpose and residents guide. Residents and their representatives were complimentary towards visiting arrangements in the centre in family surveys.

The premises was designed and laid out to meet the number and needs of residents living in the centre. As previously mentioned a number of works had been completed in the centre since the last inspection. These will be detailed further under Regulation 17. In the main house each resident had their own bedroom and they had access to a number of communal spaces such as a large kitchen/dining room, a sitting room, and a games room. The apartment was spacious and well maintained.

Residents, staff and visitors were protected by the policies, procedures and practices relating to infection prevention and control (IPC) in the centre. The provider had developed procedures and contingency plans in relation to emergencies, and outbreaks of infection. Their IPC policy was detailed in nature, and clearly guiding staff practice. The last inspection of this centre was completed to assess the

providers the provider's compliance with Regulation 27 (Protection against infection), and the National Standards for infection prevention and control in community services, Health Information and Quality Authority 2018 (HIQA). A number of areas where improvements were required were identified during this inspection. The provider had taken the required actions to bring about these improvements.

Inspectors found that residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. The provider had detailed policies in relation to the protection and welfare of vulnerable adults and the management of allegations of abuse, the provision of personal and intimate care, garda vetting, conducting investigations involving employees, and staff lone working. There were also risk assessments in place and there is a respite bed allocations folder in place. To minimise risks relating to safeguarding a review of resident compatibility, staffing levels and staffing preferences (male/female) was completed. There was an atmosphere of friendliness and there were guidelines in place to ensure that residents' privacy and dignity were maintained in the centre. For example, inspectors reviewed a number of residents' intimate care plans and assessments which were very detailed and guiding staff in relation to the type of supports residents required. These plans detailed residents wishes and preferences in relation to the type of support they required. Residents were also protected by the practices that were promoting their safety such as recruitment, selection, training and supervision of staff in line with the provider's policies and procedures.

### Regulation 11: Visits

The provider had a visitors policy in place and arrangements for visits was also detailed in the statement of purpose and residents' guide in the centre. Residents were being supported to contact their relatives by phone or video call and could receive visitors if they wished to and if it did not pose a risk. There were a number of private and communal spaces available for residents to meet with visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents could retain access to and control over their belongings while using respite if they wished to. They could store their belongings in their bedroom and were offered cash boxes with a key by staff on admission. They could also choose to store their valuables in the staff office if they wished to. There were laundry facilities available should residents choose to use them.

Judgment: Compliant

### Regulation 17: Premises

A number of improvements had been made to the premises since the last inspection including painting in the interior of the house, painting and repairs to kitchen cabinets, the replacement of kitchen counters, the main bathroom had been refurbished, the installation of a path to the laundry shed at the back of the house, and plastering in the shed and the installation of flooring.

The premises was clean, warm and appeared homely and comfortable. A number of pieces of furniture were due to be replaced after the inspection. Funding had been secured and some of the furniture had already been ordered at the time of the inspection. There was plenty of private and communal spaces available for residents.

Judgment: Compliant

### Regulation 27: Protection against infection

Residents, staff and visitors were protected by the infection prevention and control policies, procedures and practices in the centre. The premises was found to be very clean at the time of this unannounced visit. Staff had completed a number of IPC-related trainings and there was information on how to keep safe from infection available to residents and staff. There were stocks of personal protective equipment available and contingency plans in place should there be an outbreak of an infection in the centre.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and the staff on duty spoke with inspectors about their roles and responsibilities should there be an allegation or suspicion of abuse. They were found to understand their role in adult protection and discussed scenarios and how they would respond following the procedures outlined in the provider's and national policy.

A review of allegations of abuse in the centre over a number of years demonstrated that staff had reported and followed up on them in line with the provider's and

national policy. When necessary the provider had initiated an investigation and implemented a number of immediate control measures including reporting allegations to the Chief Inspector of Social Services and to the Garda Síochána. There was an ongoing investigation at the time of the inspection and this was discussed further under Regulation 23.

The provider had an intimate care policy in place and residents had intimate care assessments and plans in place which detailed their level of independence in relation to self-care, their support needs if applicable, and their wishes and preferences when it came to aspects of their personal and intimate care.

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>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Ardcuan Group - Community Residential Service OSV-0004041

Inspection ID: MON-0041688

Date of inspection: 13/11/2023

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The Nominee Provider will ensure that the roster is in line with the needs of supported individuals accessing the centre, the PPIM has oversight of the roster to ensure the effective use of resources.            The nominee provider will source a core group of relief staff to fill vacancies created within the centre ensuring consistency for supported individuals during the gap created by the recruitment process.            A Social Care Leader has been appointed for the centre and is due to commence in the centre, A Social Care Worker position has been advertised.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            The Provider acknowledges the significant length of time taken to complete the independent investigation and remains committed to ensuring a final report will be available at the earliest opportunity. The Provider remains committed to providing the regulator with updates in this respect as requested .</p> <p>Throughout the independent investigation process the Provider had measures in place ensuring the safety of supported individuals through regular staff supervision and regular visits to the centre by the local senior management. The Provider is assured in relation to the governance and oversight of the centre, that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored through local and senior</p>	



Management Team meetings.

On receipt of the final report the Provider will ensure a governance and oversight group is established specifically to oversee the development of an action plan and implementation of recommendations from the independent investigation report and that recommendations are implemented in a timely manner.

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	28/02/2024
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	28/02/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in	Not Compliant	Orange	30/04/2024

	place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
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