



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

## Issued by the Chief Inspector

Name of designated centre:	Ard Solus
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	28 January 2025
Centre ID:	OSV-0006451
Fieldwork ID:	MON-0037692

## About the designated centre

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

Ard Solus is a two-storey house located in a quiet suburban area of County Meath. Single bedroom accommodation is provided for up to five men or women over the age of 18 years with intellectual disabilities, autism or acquired brain injury, who may also require mental health or behavioural support. The house includes multiple shared sitting rooms, a kitchen come dining room, and a secure private garden. The house is located near facilities for grocery shopping and eating out, and the service has multiple vehicles to support residents to go into the community. There are also public transport options nearby. The house is staffed by a person in charge, two team leads and a team of direct support workers.

**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 28 January 2025	09:30hrs to 16:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place over the course of one day and was to monitor the designated centres level of compliance with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). It was also to make a decision on the renewal of the registration of the centre. At the time of this inspection, there were five residents living in the centre and the inspector met with all of them over the course of the day. Written feedback on the quality and safety of care from both residents and family representatives was also viewed by the inspector as part of this inspection process. Additionally, the inspector met and spoke with one family representative on the day of the inspection so as to get their feedback on the service provided

The centre comprised of a large detached two storey house in a residential area close to a large town in Co. Louth. It was also in walking distance to a shopping centre and a number of restaurants. Garden areas were provided to the front and rear of the property for residents to avail of in times of good weather.

On arrival to the centre the inspector observed that the house was spacious, clean, warm and welcoming.

The inspector observed that all residents had their own individual bedroom (two ensuite) and they were decorated to their individual style and preference. The house also had two lounges/sitting rooms, a large kitchen cum dining room, a bathroom, a utility facility and a staff office.

The inspector met with two of the residents on arrival to the house. One resident liked to make their own jewellery and showed the inspector some of the pieces they made. They also showed the inspector their room, which was decorated to their individual style and preference. For example, they has personalised the room with pictures of their favourite singers and family members. When asked were they happy with their room and living in the house and they responded to the inspector by giving a 'thumbs up'.

The other resident was busy creating a picture using diamond art. The resident was observed to be very skilled at this craft and showed the inspector one of their finished pieces (which took take several months to complete). The resident also invited the inspector to view their room and said that they were very happy with their bedroom, very happy living in the house and got on well with the staff team. The resident also explained to the inspcetor that they liked to cook/bake and, were completing a college course in hospitality and catering. Later in the day the inspector observed the resident making dinner for everyone in the house. They said that this was something they enjoyed doing and the inspector observed that they seemed happy and content at this time. Staff were observed to be supportive and encouraging of residents being involved in the day-to-day running of the house such

as meal planning and preparation and participating in the weekly grocery shop.

On review of the residents individual plans and the annual review for 2024 the inspector noted that residents were supported to participate in community-based activities such as attend concerts/pantomimes/theatre, visit pubs and restaurants, go for drives and walks and go for a coffee and meals out. One resident also liked to volunteer with a national organisation from time to time.

Residents were also being supported to engage in activities of interest such as visiting an alpaca farm, engage in sporting activities such as football, charity walks, swimming and bowling, visit horse stables, go to see a horse racing event on a nearby beach, recycling, relaxation and massage, go to beauty salons and hairdressers/barbers, go to the zoo, go on train journeys and celebrate important occasions such as birthdays, Christmas and Halloween. The inspector saw pictures of residents engaged in all these activities and they all appeared to have enjoyed themselves very much.

Staff had undertaken training in human rights. One staff member spoken with who had this training said it was important to respect and support the individual choices and preferences of the residents. The inspector observed examples of how staff put this into practice over the course of the day. For example, residents chose their daily routines and what social/recreational and or learning activities to engage in. Residents that liked arts and crafts were engaged in such activities on the morning of the inspection. Residents also liked to be involved in the running and management of their home and supported staff with the weekly grocery shop. Residents also liked to choose the weekly menus and some liked to prepare and cook their own meals. They also decorated their bedrooms to their individual preferences choosing their own furnishings and colours of paint.

On the evening of the inspection the inspector met with three other residents on their return from day services. All three appeared in very good form, smiled and greeted the inspector. One said that they had a nice day and were very happy living in the house. Another shook the inspectors hand and then proceeded about their daily routine and preferred activities. For example, they had a cup of tea and sat down to watch television.

The third resident sat and spoke with the inspector for a short period of time. They said that they were very happy in the house and very happy with their room (which was decorated to their individual style and preference). For example, they were a supporter of Liverpool and had pictures of the football team on their bedroom wall. They told the inspector that they were looking forward to going out later with staff and some of their housemates for a cup of coffee and chocolate cake. They also showed the inspector pictures of themselves and their housemates on various social and recreational activities and appeared very happy in these photographs. They in very regular contact with their family and spoke about going on holidays with them later on in the year.

Staff had supported four residents to provide written feedback on the quality and safety of care provided in the centre. One resident compiled their own feedback.

This feedback was both positive and complimentary. For example, all five residents reported that their home was a nice place to live, they liked the food options available to them and they chose their own meals and menus. They also liked their individual bedrooms with some saying they chose their own colours, pictures/posters on their walls and furnishings. Residents also said that they made their own decisions and choices and felt safe living in the house. There was also adequate space available to them to see visitors and family members in private and, to make a phone call in private. All residents reported that staff were helpful, supportive and very nice to be with and that they got along with the people they lived with. They also said that they liked the atmosphere in the house, liked chatting and having a cup of tea with staff, they were happy living there and that they were included in decisions made about the house

One family member spoken with while visiting the house on the day of this inspection with was equally as positive and complimentary about the quality and safety of care. They said that they couldn't be happier with the service and that staff were excellent. They said that staff go beyond the call of duty in ensuring the residents were safe and happy in their home and that they had no complaints whatsoever about any aspect of the service. They said their relative was very happy and settled living there and saw it as a 'home from home'. They also said that their relative had a great social life and got to go out and about a lot with staff support. They also said that the healthcare needs of their relative were very well provided for and had good communication with the house. The family member said that their relative loved their room and, that they couldn't praise staff enough for the work they do. They also rang their relative every evening for a chat and said that they were doing very well living in the house.

A number of compliments received from family members about the service provided was also viewed by the inspector. Family members reported that staff were friendly, they did a wonderful job and were kept informed of how their relatives were getting on in the house. One family member said that they were very happy with the care and support provided and that when their relative visited home, they were always happy going back to the service once the visit was over. This family member also said that they had nothing negative to say about the service. Another family member said that their relative always looked well and received a high standard of care in the house. They also said that staff were professional, friendly and accommodating and ensured that a range of meaningful activities were available to the residents to participate in. One family member also reported that the standard of care in the service could not be improved upon.

Over the course of this inspection the inspector observed staff supporting the residents in a professional, person-centred and caring manner. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home. For example, just before leaving the house the inspector saw staff and some of the residents enjoying each others company over a cup of tea at the kitchen table. One resident (who loved cooking and baking) was also preparing and cooking the evening meal and appeared very happy and content doing this activity and was observed enjoying the company of staff. Other residents were relaxed watching television in the sitting room on their return from day

services. The inspector also observed that staff were respectful of the individual choices and preferences of the residents and feedback from family members on the quality and safety of care was positive and complimentary.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge and a team leads. The person in charge was a qualified health/social care professional, demonstrated a good knowledge of the residents' assessed needs and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from December 2024/January 2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The inspector observed that a number of staff had undertaken training in human rights. Examples of how staff put this additional training into practice so as to further support the individual choices and preferences of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out in January 2025. On completion of these audits, an action plan was developed and updated as required to address any issues identified in a timely manner.

## Regulation 14: Persons in charge



The person in charge was a qualified health/social care professional, demonstrated a good knowledge of the residents' assessed needs and were aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They also met the criteria as stipulated in the Regulations for the role of person in charge holding qualifications in disability studies and management.

They were also well prepared for this renewal of registration inspection and were found to be responsive to the inspection process.

Judgment: Compliant

### Regulation 15: Staffing

A review of a sample of rosters from December 2024/January 2025 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the staff team and house manager on the day of this inspection.

For example:

- two staff worked from 8 am to 8pm each day
- two staff provided live night cover from 8pm to 8am each night
- the person in charge also worked three days a week in the centre

Over the course of the inspection staff were observed supporting the residents in a professional, person-centred and caring manner. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home and in the company and presence of the staff team.

Additionally, feedback from family members regarding the staff team was positive and complimentary. For example, family members said staff were professional, friendly and approachable.

The person in charge reported that they had a full staff team in situ and, they maintained copies of actual and planned rosters in the centre in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

From a sample of two staff files viewed, the inspector observed that the person in charge also obtained in respect of staff working in the centre the information and documents as specified in Schedule 2 of the Regulations.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector viewed the training records for three staff members and found that they were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- safeguarding of vulnerable adults
- children's first
- fire safety
- manual handling/people handling
- safe administration of medications (to include the administration of emergency medication)
- infection prevention and control
- communicating effectively through open disclosure
- positive behavioural support
- health, safety and security (to include food safety)
- feeding, eating, drinking and swallowing (FEDs)
- first aid
- trust in care
- understanding autism/supporting people on the autistic spectrum

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: '*What residents told us and what inspectors observed*'.

It was observed that staff also had training in the following

- assisted decision making - guiding principles
- putting people at the centre of decision making

Judgment: Compliant

## Regulation 22: Insurance

The provider had up-to-date insurance for the centre as required by S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the

Regulations).

Judgment: Compliant

### Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre as managed by a qualified and experienced person in charge. They were supported in their role by a qualified and experienced assistant director of services, two team leads and a team of direct support workers.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2024 and, a six-monthly unannounced visit to the centre had been carried out in January 2025. Additionally, localised audits were also being facilitated in the centre. On completion of these audits, action plans were developed and updated as required to address any issued identified in a timely manner.

For example, the auditing process identified the following:

- all staff had to have training completed in human rights and open disclosure
- the person in charge was to follow up with residents regarding activities they wished to complete/participate in
- a medication kardex required updating
- the flooring in the utility room required replacing

All these issues had been actioned and addressed at the time of this inspection.

Additionally, systems were in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to the residents. Two staff members spoken with on the day of this inspection informed the inspector they would have no issues discussing any concerns (if they had one) about the service with the person in charge

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of Chief Inspector of any adverse incident occurring in the centre in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

Judgment: Compliant

### Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health, emotional and social care needs.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to engage in social, recreational and learning activities of their choosing and to frequent community-based activities.

Residents were being supported with their emotional and healthcare-related needs and had as required access to a range of allied healthcare professionals.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was no open safeguarding plans on file. Systems were also in place to manage and mitigate risk and keep residents safe in the centre.

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting.

The house was found to be spacious, clean, warm and welcoming on the day of this inspection and laid out to meet the assessed needs of the residents

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home.

## Regulation 10: Communication

Residents were supported and assisted to communicate in accordance with their assessed needs and wishes.

Residents preferred style of communication was documented in their personal plans with input from a speech and language therapist where required.

Residents also had access to a telephone, radio and Internet.

Additionally, staff made information available to the residents on upcoming activities and events in the community such as information on concerts in the nearby theatre and other community events.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents had access to a range of facilities for occupation, education and/or recreation. Additionally, they had opportunities to participate in social activities of their choosing and in accordance with their interests and preferences.

They were also supported to develop and maintain relationships and links with their community in accordance with their wishes and to maintain regular contact with their family members.

Examples of social, educational and recreational activities that the residents chose to participate in were included in the first section of this report: *'What residents told us and what inspectors observed'*.

Judgment: Compliant

## Regulation 17: Premises

The house was found to be spacious, clean, warm and welcoming on the day of this inspection. It was also laid out to meet the assessed needs of the residents.

Each resident had their own bedroom (some were ensuite) which were decorated to their individual style and preference. Communal facilities included two large sitting rooms/TV rooms, a large kitchen cum dining room, a downstairs toilet, a bathroom and a staff office.

There were garden areas to the front and rear of the property with ample private and on-street parking available.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where a resident was at a possible risk of choking the following controls were in place:

- the resident was on a specialised diet
- staff provided support at meal times
- staff had training in feeding, eating, drinking and swallowing (FEDs) and first aid
- access to a speech and language therapist was required was provided for

Where a resident was at risk of a fall the following controls were in place:

- staff encouraged the resident to take their time walking and to wear appropriate footwear
- garden paths were gritted/salted in times of bad weather
- as required access to physiotherapy and/or occupational therapy was provided for

The person in charge informed the inspector that all orange rated risks were reviewed every six months as required by the policy on risk management and, that there were no red rated risks in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers, a fire blanket and emergency lighting. Equipment was being serviced as required by the regulations.

For example,

- the fire fighting system was serviced in June and September 2024 and again in January 2025.
- the emergency lighting was also service in June and September 2024 and again in January 2025.
- the fire extinguishers were last serviced in June 2024

Staff also completed as required checks on all fire equipment in the centre to include the following:

- daily checks on all escape routes
- weekly checks on the emergency lighting
- weekly checks on the fire alarm system

From a sample of three staff files viewed, the inspector observed that staff had training in fire safety. The person in charge also confirmed that all staff working in the centre had up-to-date fire safety training.

Fire drills were being conducted as required. For example:

- a fire drill conducted on the 15.01.2025 informed that it took the five residents and two staff one minute and 22 seconds to evacuate the centre with no issues documented
- another fire drill conducted on the 21.01.2025 informed that it took five residents and two staff one minute and 59 seconds to evacuate the centre again with no issues documented.

Each resident had an up-to-date personal emergency evacuation plan in place which detailed the support and guidance they required to evacuate the house.

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- occupational therapy
- dentist
- chiropody/foot clinic
- speech and language.

Residents were also supported to have an annual health check up with their GP.

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and one staff spoken with were familiar with these plans.

Hospital appointments were facilitated as required and one staff member spoken with was familiar with an epilepsy care plan in place for one resident.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience positive mental health and where required, had access to psychiatry and behavioural support.

Positive behavioural support plans where required, were also in place which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

One staff spoken with was aware of how to support residents in a person-centred manner and in line with their positive behavioural support plans.

Judgment: Compliant

### Regulation 8: Protection

Policies, procedures and systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was no open safeguarding plans.

The inspector also noted the following:

- two staff spoken with said they would have no issue reporting a safeguarding concern to management if they had one.
- easy-to-read information on safeguarding was available in the centre
- feedback from one family member on the service was positive and complimentary. Additionally, they raised no concerns about the quality or safety of care provided to their relative
- there were no complaints on file about any aspect of the service at the time of this inspection
- safeguarding and advocacy was discussed with residents at their meetings
- in their feedback on the quality and safety of care provided in the centre, residents said they felt safe in their home



- the importance of being knowledgeable on safeguarding was also discussed at staff meetings

From reviewing three staff training files, the inspector observed that they had completed the following:

- safeguarding of vulnerable adults
- communicating effectively through open disclosure
- Children's First
- trust in care

Additionally, the person in charge informed the inspector that all staff had up-to-date training in safeguarding of vulnerable adults and from reviewing two staff files, the inspector observed that they had vetting and references on file as required by Schedule 2 of the Regulations.

Judgment: Compliant

## Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by management and staff.

Residents were supported to choose their daily routines and engage in social/recreational and learning activities they liked and enjoyed.

Staff were observed to be respectful of the individual communication style and preferences of the residents.

In their feedback on the quality and safety of care provided in the centre, residents said that staff were respectful of their choices and that they chose their own individual daily routines.

A service user council was available to the residents so as to ensure residents voice was heard in the running and management of their service.

Staff had also undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: '*What residents told us and what inspectors observed*'.

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 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
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant