Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Ait Aoibhinn Service
Name of provider:	Health Service Executive
Address of centre:	Mayo
Type of inspection:	Short Notice Announced
Date of inspection:	01 May 2024
Centre ID:	OSV-0008660
Fieldwork ID:	MON-0042323

About the designated centre

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

Ait Aoibhinn comprises one spacious bungalow which is located in a rural location. The service provides full-time residential support to four adults with a moderate to severe intellectual disability. Staff support is provided by a team of nurses, healthcare assistants and health and social care workers. A waking night-time support arrangement is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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
Wednesday 1 May 2024	10:00hrs to 17:00hrs	Úna McDermott	Lead

What residents told us and what inspectors observed

This was a short-notice announced inspection. It was the first inspection of a newly registered centre was completed to monitor and review the arrangements that the provider had in place to ensure compliance with the Care and Support of Residents in Designated Centres for Persons with Disabilities Regulations (2013). It was completed over one day and during this time, the inspector met with three residents and spoke with three staff. From what the inspector observed, it was clear that the residents were settling into their new home and were happy living there. They enjoyed a good quality of life, their human rights were respected and they were supported to be active participants in the running of their home and to be involved in their community.

Ait Aoibhinn Service opened in December 2023. It is located in a scenic rural area within driving distance of shops and other community amenities. This centre comprised one property which was bright, spacious and suitable to the assessed needs of the resident. The entrance hall was welcoming. The kitchen and dining room were well-equipped and there was a plentiful supply of nutritious food. The sitting room was comfortably decorated with items of interest to the residents. The bedrooms were warm and welcoming with sufficient space for storage of clothing and personal items. At the rear of the house there was a large garden with a patio and lawn area provided.

On arrival, the inspector met with the person in charge and three staff members. There were three residents living at Ait Aoibhinn Service at the time of inspection. The inspector met with all residents during the course of the inspection.

One resident was sitting at the table enjoying their breakfast. Although they did not hold a conversation with the inspector, they were observed smiling and speaking fondly about a resident that they lived with, and about their family members. This resident required support with a respiratory condition. It was clear that the staff on duty were familiar with this person and their needs. They understood the way the resident liked to communicate their needs and they were competent in the management of their medical condition. Later, they left their home on the transport provided. They planned to attend a day service and to go for a haircut if they wished to do so.

The second resident was in their bedroom. They invited the inspector into their room. It was cheerfully decorated with pictures of flowers and butterflies which the resident was reported to like. This resident was feeling unwell on the day of the inspection. The inspector observed the staff as they provided support to the resident, which was prompt, kind and caring.

The third resident was observed moving freely around their home. They did not wish to engage in a conversation with the inspector. However, they smiled widely from time to time and they appeared to enjoy being involved in the activities of the

inspection. For example, they sat at the table during discussions and joined the feedback meeting at the end of the inspection.

As outlined, the inspector met with all three staff on duty on the day of inspection and with the person in charge. When asked, they spoke about using a human rights approach to their work. They said that they completed training modules in human rights and the information gained acted as a reminder of the importance of using a person-centred and rights-based approach in their work. They said that they felt privileged to support the resident as they moved from a congregated setting to their new home. They spoke about the fact that the centre was their home and they had the right to choose the life that they lived there. They said that it was important that new staff coming to the service were supported to understand this.

Overall, the inspector found that Ait Aoibhinn Service provided a warm and welcoming home for the residents, where their rights were respected and where they participated in decisions about their day-to-day life. The care and support provided was good quality and was person-centred. The staff employed were familiar with the residents and their support needs, and were attentive to their requirements.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service provided.

Capacity and capability

The inspector found that the provider had the capacity and capability to provide a safe and person-centred service. There were good governance and management arrangements in place in the centre. This ensured that the care delivered to the residents met their needs and was regularly reviewed.

The inspector reviewed the policies and procedures held at the centre and found that in the main, they met the requirements of Schedule 5 of the regulation. However, the policy on resident's personal property, personal finances and possessions was due for review in December 2023 and this was ongoing at the time of inspection. The provider had prepared a statement of purpose and this was displayed at the entrance. It was in line with the requirements of Schedule 1 of the regulation.

The provider had a directory of residents which was reviewed by the inspector. It required some amendments to ensure that it met with Schedule 3 of the regulation. These were completed in full on the day of inspection. In addition, the admissions policy provided was up to date. It included information on the transition plan that took place prior to the residents' move to their new home and that time that was allowed to ensure that the move was successful. Tenancy agreements were

available in writing which outlined the terms of the service provided.

The management structure consisted of a person in charge who reported to the area manager. The person in charge had responsibility for the governance and oversight of two designated centres, which were located close to each other were reported to have the capacity to do so. They worked full-time and had the qualifications, skills and experience necessary to manage the designated centre and for the requirements of the role.

The staffing arrangements in place were reviewed as part of the inspection. A planned and actual roster was available and it provided an accurate account of the staff present at the time of inspection. The staffing levels were found to be suitable to the assessed needs of the residents during the day and at night. Although agency staff were employed, they were consistent and familiar with the resident's needs. An on-call system was used, which was reported to work well.

Staff had access to training, including refresher training, as part of a continuous professional development programme. A staff training matrix was maintained which included details of when staff had attended training modules and the inspector found that these were up to date. Where additional training was required, this was provided.

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. The good quality management systems used ensured that the service provided was streamlined, appropriate to the needs of the residents and effectively monitored. A review of the documentation systems found that they were well organised and the information was easily accessed. This meant that clear guidance was provided to the staff team. A range of audits were in use in this centre. The unannounced audit (which occurred every six months) and annual review of care and support were not yet due. Team meetings were taking place on a regular basis and were well attended by the staff team.

Overall, the inspector found that the staff recruited and trained to work in this centre, along with good governance arrangements ensured that a safe and effective service was provided. This led to good outcomes for the resident's quality of life and for the care provided

Regulation 14: Persons in charge

The provider had appointed a person in charge who worked full-time and had the qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed the planned and actual staff rosters for the period 01/04/2024 to 30/01/2024. The provider ensured that the number and skill-mix of staff was appropriate for the needs of the service. Where additional staff were required this was planned for and facilitated.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme. Where additional bespoke training was required, this was provided. For example, staff had access to training in respiratory support and administration of daily and emergency medicines. A formal schedule of staff supervision and performance management was in place and meetings were ongoing.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had a directory of residents which was reviewed by the inspector. It required some amendments to ensure that it met with Schedule 3 of the regulation. For example, admission dates to the new centre were required and records relating to self administration of medicines required review. These were completed in full on the day of inspection.

Judgment: Compliant

Regulation 23: Governance and management

A review of governance arrangements found that there was a defined management structure in place with clear lines of authority. The good quality management systems used ensured that the service provided was streamlined, appropriate to the needs of the residents and effectively monitored. A review of the documentation systems found that they were well organised and the information was easily accessed. This meant that clear guidance was provided to the staff team. A range of audits were in use in this centre. The unannounced audit (which occurred every six

months) and annual review of care and support were not yet due. However, the management team completed a quarterly audit on 20/03/24 and the actions identified were included in the centre's quality improvement plan. Team meetings were taking place on a regular basis and were well attended by the staff team.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The admissions policy provided was up to date. It included information on the transition plan that took place prior to the residents' move to their new home and showed that time that was allowed to ensure that the move was successful. The provider ensured that the residents and their families (where appropriate) were supported by familiar staff throughout this period and at the time of inspection. Tenancy agreements were available in writing and in an easy to read format to assist the resident with their understanding. These clearly outlined the terms of the service provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which was subject to regular review and was in line with the requirements of Schedule 1 of the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured that notifications as specified by the Chief Inspector were submitted within the required timeframes.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector reviewed the policies and procedures held at the centre and found that in the main, they met the requirements of Schedule 5 of the regulation.

However, the policy on resident's personal property, personal finances and possessions was due for review in December 2023. The person in charge told the inspector that this policy was in draft form and that the provider was undertaking a review to ensure that the policy met with the necessities of the Assisted Decision-Making (Capacity) (Amendment) Act 2022

Judgment: Substantially compliant

Quality and safety

The inspector found that a good quality service was provided in Ait Aoibhinn Service and that it was person-centred and safe. As outlined, the residents living here moved from a congregated setting to their new home in December 2023. The inspector found that the premises provided was comfortable and homely, and the residents were actively involved in shaping the service that they received.

Residents living at Ait Aoibhinn Service had comprehensive assessments of their health, personal and social needs. The provider had an individual assessment process and residents and their representatives were involved in this process. Personal plans were documented and subject to regular review.

The provider ensured that the health and wellbeing of each resident was promoted and supported in line with their assessed needs. Access to a general practitioner (GP) was provided along with the support of allied health professionals in accordance with the resident's needs. For example, residents had the support of a speech and language therapist, an occupational therapists and a physiotherapist at the time of inspection. In addition, residents attended consultant-led care if required.

Residents that required support with behaviours of concern had the support of a nurse specialist. Where behaviour support plans were used, they were reviewed recently. In addition, the provider's policy on behaviour support was up to date. Restrictive practices were in use in this centre. These practices were reviewed by quarterly audit and were monitored by the provider's human rights committee.

As outlined, this was a new service which was provided in a renovated premises. The property provided was of high standard. It was designed to meet with the assessed needs of the residents living there. It was of sound construction and in a good state of repair. It was clean, suitably decorated and provided a comfortable home for the residents.

The provider had effective management systems in place to reduce and manage risk in the designated centre. These included a risk management policy and arrangements for the assessment, management and ongoing review of risk. Residents had risk assessments with actions in place to reduce the risks identified. Where concerns arose, these were identified by the provider and associated risk

assessments were reviewed and updated. However, some control measures required review to ensure they were addressed in line with the risk posed and the due dates documented.

The provider had fire protection arrangements in place, which included arrangements to detect, contain and extinguish fire. All staff had completed fire training. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis using both daytime and night-time scenarios. All residents had a personal emergency evacuation plans some of which required amendments which were completed on the day of inspection. In addition, the fire arrangements in the centre were reviewed by a competent fire professional on the morning of inspection. This identified a fault that required repair. This will be further outlined in the regulation below.

In summary, the residents at this designated centre was provided with a good quality and safe service, and their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for resident's quality of life and care provided.

Regulation 17: Premises

The premises provided was designed and laid out to meet with the aims and objectives of the service and the needs of the resident. It was of sound construction and in a good state of repair. It provided a comfortable home for the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place in the centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. These included corporate, provider level and centre level safety statements which were reviewed by the inspector and were up to date. There was a risk register which listed centre level risks and the inspector reviewed six associated risk assessments. In addition, the inspector reviewed five resident risk assessments and found that in the main, they correctly identified risk, control measures were documented and they were reviewed regularly. However,

- a risk assessment relating to two steps, one on the rear patio and one at the front of the house required review to ensure that the control measures agreed were provided to mitigate against the risk posed and in line with the dates documented.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire protection arrangements in place, which included arrangements to detect, contain and extinguish fire. All staff had completed fire training. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis using both daytime and night-time scenarios. All residents had personal emergency evacuation plans some of which required amendment. For example,

- a plan to evacuate a resident using their bed required review to ensure that it was a suitable means of evacuation to a safe place.
- In addition, the fire arrangements in the centre were reviewed by a competent fire professional on the morning of inspection (01/05/2024). This identified a fault with one of two emergency lights which were located at the rear of the house. The second light was working effectively. The person in charge contacted the maintenance department on the day of inspection and plan was in place to address this.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents living at Ait Aoibhinn had comprehensive assessments of their health, personal and social needs. The provider had an individual assessment process and residents and their representatives were involved in this process. Personal plans were documented and subject to regular review. The staff team supported the residents to identify their life goals which included a range of home and community-based activities. At the time of inspection, the residents were settling into their home. In order to support this, staff arranged home-based activities for the residents in line with their preferences. For example, a traditional music session was due to take place later in the month.

Judgment: Compliant

Regulation 6: Health care

Residents was supported to achieve the best possible health and wellbeing. Where health care support was recommended and required, this was provided and the recommendations actioned. For example, residents had access to speech and

language therapy, occupational therapy and physiotherapy. They also attended consultant-led care such as neurology and respiratory clinics. In addition, a resident had that support of specialist vascular nursing care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required support with behaviours of concern had the support of a nurse specialist in behaviour support. One resident had a positive behaviour support plan and this was reviewed on 03/04/2024. Restrictive practice were used in this centre and they were documented on a register. The inspector found that a resident was prescribed chemical restraint for use prior to medical procedures. However, as the resident had recently moved to a new house, their circumstances had changed. Therefore, the use of this restriction was reviewed and the dosage reduced significantly. This meant that the provider was proactive in ensuring that restrictions were the least restrictive possible and used only as required.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Ait Aoibhinn Service OSV-0008660

Inspection ID: MON-0042323

Date of inspection: 01/05/2024

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The policy on resident's personal property, personal finances and possessions has been reviewed and was signed off at the CHW Quality and Safety meeting on May 29th. This policy will be made available on the policy portal.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk assessment has been updated. Steps to the rear and front of the house have been blocked off with planters to mitigate risk. Permanent plans have been put in place to block these steps off.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Evacuation plan for one resident was reviewed and updated on date of inspection. It was	

deemed that a wheelchair would be a more suitable and safe means of evacuation.

Emergency light located to the rear of the house was replaced on May 28th. No faults noted with other emergency lights. Interim plan was put in place whilst awaiting repair of emergency light and this worked well.

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	30/06/2024
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	04/06/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3	Substantially Compliant	Yellow	30/06/2024

	years and, where necessary, review and update them in accordance with best practice.			