



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

Issued by the Chief Inspector

Name of designated centre:	The Arches
Name of provider:	Health Service Executive
Address of centre:	Monaghan
Type of inspection:	Short Notice Announced
Date of inspection:	31 March 2021
Centre ID:	OSV-0002449
Fieldwork ID:	MON-0032369

About the designated centre

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

This centre comprised of one house and a one bedroom apartment (to the back of the main house) providing care and support to five individuals with disabilities. The house is staffed by a person in charge who is a qualified nurse and a team of healthcare assistants. Two staff work during the day and there is one waking staff at night. Each resident has their own individual bedroom and communal facilities include 2 sitting rooms, a kitchen cum dining room, a utility facility and gardens to the front and rear of the property. There is also on-street parking to the front of the house. There is also a small staff office on the first floor. The house is situated in walking distance to a large town and transport is also provided for trips further afield and other social outings.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 31 March 2021	10:00hrs to 16:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met and spoke directly with three residents so as to get their feedback on the service provided. Written feedback on the quality and safety of care from one family member and from two residents was also reviewed as part of this inspection. While the house was in need of some painting and redecorating, it was observed to be warm, welcoming and very homely. Residents appeared very happy and content in the house, their rights and individual choices were respected by the staff team and they were happy to speak with the inspector about their home.

One resident showed the inspector their room which was observed to be personalised to their individual style and preference. The resident informed the inspector that they were getting their room painted and renovated in a couple of weeks, to include a new floor, curtains and TV bracket. They said they were looking forward to this and that they were very happy with their room. The resident also said that they were happy in the house and would speak to any staff member if they had any issues or complaints.

Another resident spoke with the inspector about things they like to do throughout the day such as go for walks in their community and have a cup of tea and a chat with staff. The resident was well known and had friends in the local town and was very much part of the community. They reported that they loved their home, were very happy living there and liked the staff team.

Over the course of the inspection staff were observed interacting with the residents in a positive, person centred, professional and caring manner. Residents appeared very much at home in this service and relaxed in the presence and company of staff. A number of social, recreational and learning activities were being provided for in the house during lockdown. For example, residents were involved in weaving, knitting, arts and crafts projects and some showed the inspector the work they were currently doing or had recently completed. Residents were very proud of their achievements with regard to these projects and the skills they developed in completing this work.

Some residents had an interest in gardening and had revamped their garden over the current lockdown. This was a small garden to the front of the house and the residents took pride in maintaining it and were very happy to show it to the inspector. The garden was observed to be maintained to a very high standard and over the course of this inspection, staff were also observed supporting residents with gardening activities in both the front and back garden areas.

One resident recently bought a new laptop and staff were supporting them with setting it up and using it. The resident showed the inspector their new computer and said they were delighted with it. Staff informed the inspector that the computer would support the resident to maintain contact with friends and to participate in

online learning/social activities. This resident also said that they were very happy with the standard of care provided in the house and got on very well with the staff team.

Written feedback on the service from one family representative informed that they were very satisfied with the service and with the staff team as a whole. Residents were consulted with about the running of their home and, in a sample of written feedback viewed by the inspector, residents reported that they were very happy with the service, they liked their rooms, they were satisfied with the menu options available, staff were helpful and they felt safe living there.

While this inspection found issues with regard to the premises, risk management and aspects of health-care related documentation, residents reported that they were happy with the quality and safety of care provided and appeared content in their home. These matters will be discussed further in part three of this report Quality and Safety.

Capacity and capability

Residents reported that they were very happy and content in their home and the provider ensured that appropriate supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis with the organisation and was supported in their role by the director of nursing and assistant director of nursing. The person in charge was an experienced and qualified nurse and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately which meant that the individual and assessed needs of the residents were being provided for.

They also ensured staff were appropriately qualified, trained, supervised so as they had the required skills to provide a responsive service to the residents. The person in charge was also 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) and was responsive to the inspection process.

Of the staff spoken with, the inspector was assured that they had the skills, experience and knowledge to meet the assessed needs of the residents. A small sample of staff files viewed also informed that they had undertaken a suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, manual handling and infection control. This meant they had the knowledge and skills necessary to respond to the needs of the residents in a consistent manner.

The person in charge and senior management team ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020 along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre. For example, the annual review for 2020 informed that a safety protocol in place for the centre required review. This issue had been addressed by January 21, 2021. The auditing system also identified that a training matrix was to be developed and introduced to the centre and that staff were to receive clinical supervision on a six monthly basis. These systems were in place in the centre on the day of this inspection.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Overall, residents appeared happy in their home, feedback on the service from residents and one family representative was positive and the provider had ensured that appropriate supports and resources were in place to meet their assessed needs.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nurse with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire training, manual handling and infection control and received clinical supervision on a six-monthly basis.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in their role by the director of nursing and assistant director of nursing. The person in charge and senior management team ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020 along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs. Some minor issues were found with the upkeep of some healthcare documentation, premises and risk management.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve goals and to maintain links with their families and community. While a number of goals and work and community based activities were on hold due to COVID-19, residents were being supported to engage in social, recreational and learning activities in their home. For example, residents were engaged in arts and crafts programmes to include weaving and knitting and some showed the inspector their completed works on the day of this inspection. Residents also liked to go for walks in the local town where they were well known among the local community. It was also observed that they liked to garden they maintained the gardens to a high standard. Transport was also available so as they could go for scenic drives and walks further afield.

Residents were supported with their health care needs and as required access to a

range of allied health care professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy, occupational therapist and chiropody services. Hospital appointments were also facilitated as required. It was observed however, that some healthcare plans required review and updating to reflect changes in some residents healthcare-related needs.

There were currently no safeguarding issues in the centre however, if required residents had access to the safeguarding officer and information was available on how to contact an independent advocate. From a small sample of files viewed, staff also had training in safeguarding of vulnerable persons and Children's First. There was a safeguarding protocol in place (that had recently been reviewed) with regard to keeping the front door locked for residents safety. The house opened up onto a main road and one resident left the house and was involved in a minor road traffic accident in 2020. Since then, there is a protocol in place to keep the front door locked at all times. However, this intervention was recorded in the centres restrictive practice log and, four of the five residents have their own hall door key on their person and can come and go as they wish. Residents also informed the inspector that they would talk to a staff member if they had any concerns about the service.

There were systems 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. However, a number of the control measures in place to manage risks related to independent community access and risks related to one resident being supported to ascend and descend the stairs in their home required review so as to ensure they were adequate and appropriate to their needs.

The house was homely, warm and welcoming on the day of this inspection and residents reported that they loved living there. However, it was observed that the premises were in need of painting and some refurbishment. The person in charge and director of nursing were aware of this and the inspector saw evidence that this work would commence in mid April 2021.

There were systems in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand washing facilities available and there were hand sanitising gels in situ around the house. Enhanced cleaning schedules were also in place as were COVID-19 related contingency plans.

Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, from a small sample of staff files viewed, they had training in infection prevention control and donning and doffing of personal protective equipment (PPE) and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand washing facilities and there were hand sanitising gels available

throughout the house.

Overall, while some issues were identified regarding risk management, healthcare-related documentation and the premises, residents reported to the inspector that they liked living in their home, liked the range of activities on offer and were very happy with the staff team in place.

Regulation 17: Premises

Parts of the premises were in need of painting and some refurbishment. The person in charge and director of nursing were aware of this and the inspector saw evidence that this work would commence in mid April 2021.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. However, a number of the control measures in place to manage risks related to independent community access and risks related to one resident being supported to ascend and descend the stairs in their home required review so as to ensure they were adequate and appropriate to their needs

Judgment: Substantially compliant

Regulation 27: Protection against infection

The person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to engage in learning, social and recreational activities of their

choosing and to maintain links with their families and community.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP services formed part of the service provided. However, it was observed that some healthcare plans required review and updating to reflect changes in some residents healthcare-related needs.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Staff had training in safeguarding of vulnerable adults and information was available on how to access to an independent advocate if required.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to promote the rights of the residents living in the centre. Residents were consulted with about the running of their home and made their own choices regarding their daily routines (with support if 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 - 2015 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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Arches OSV-0002449

Inspection ID: MON-0032369

Date of inspection: 31/03/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: In order to meet compliance with Regulation 17: Premises the following actions have/will been undertaken:</p> <ul style="list-style-type: none"> • One residents floor covering in his bedroom has been replaced on 9th April 2021 • Painting of the interior of will be completed on the 15th May 2021 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to meet compliance with Regulation 26: Risk Management the following actions has been undertaken:</p> <ul style="list-style-type: none"> • The Occupational therapist reviewed one residents using the stairs and the risk assessment rating has been updated to reflect the recommendations – Completed on 16-04-2021 	
Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
In order to meet compliance with Regulation 6: Healthcare the following actions has been undertaken:

- All health care plans have been reviewed and updated to reflect the resident current healthcare needs. Completed 7-04-2021

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	15/05/2021
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	16/04/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that	Substantially Compliant	Yellow	07/04/2021

	resident's personal plan.			
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