

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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Rithe
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	12 March 2024
Centre ID:	OSV-0005511
Fieldwork ID:	MON-0038267

About the designated centre

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

Ard Na Rithe is a five-bedroom full-time residential service located in Co. Louth. It is situated close to local amenities. Residents can either walk to or avail of the centre's vehicle or public transport if required. The centre supports male residents over the age of 18 years. Each resident has their own bedroom. The facilities include two communal areas, a kitchen cum dining room with a utility room to the side. Adequate bathroom facilities are also available. There is a garden at the back of the property. Management and staff work in partnership with families, allied health professionals, and the wider community to ensure the service delivered to the residents is based on their assessed needs, individual preferences, and community inclusion.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 12 March 2024	09:15hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector arrived at the residents' home during a busy period. Some of the residents were preparing to leave to attend their day service programmes and staff were supporting them.

The residents said hello to the inspector but carried on with their routines. The staff members in their interactions with the residents demonstrated that they had strong understanding of the resident's communication skills and were observed to interact with the residents in a respectful manner.

Through observations and the review of information the inspector was assured that the residents were receiving a service that was tailored to their needs and was focused on supporting the residents to live active and fulfilling lives. The group of residents were on the go in their community attending groups, going out for coffee, food, going on day trips and also going out for a drink in a local pub if they wished.

The inspector reviewed a sample of daily notes, there was evidence of the residents choosing the activities they wanted to engage in on a regular basis. Some of the residents had recently been on overnight breaks in Dublin city and had attended attractions such as the Guinness storehouse during their break. Two of the residents had also gone overseas in late 2023 visiting Euro Disney.

The inspector had the opportunity to chat to the other two residents later in the day. The residents said hello to the inspector and chose to have limited interaction with the inspector. The inspector did observe that the residents appeared happy in their home. One of the residents requested to contact family members on a number of occasions via the house phone and this was facilitated. The residents also requested an activity in the community and this was also completed.

Some of the residents were attending conventional day service programmes whereas others were engaging in programmes tailored to their needs. For example one resident was receiving one-to-one support from a staff member for periods each day. This was allowing the resident to engage in a social farming project three days a week and other scheduled activities that the resident enjoyed. Another resident was engaged in a re-occurring schedule that supported the resident's diagnoses. Staff members reported that the individualised programmes for both residents' were proving to be very successful.

In summary the inspection found that the provider was ensuring that the care and support provided to the residents was maintained to a good standard. However, the inspector did find issues with aspects of the residents' home, and concerns were raised regarding the provider's lack of response to the issues. This will be discussed in more detail later in the report.

The next two sections of the report present 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 the service being delivered.

Capacity and capability

The inspector reviewed the provider's governance and management arrangements. These effectively ensured that the service provided to each resident was appropriate to their needs, consistent, and effectively monitored.

However, the inspector found that the provider's arrangements relating to the residents' home needed improvement. Mould was found growing in one of the residents' en-suites. The management and maintenance team had not been alerted to the issue. Therefore, the systems regarding reporting and responding to concerns with the residents' home and premises required review.

The inspector reviewed the provider's arrangements regarding staffing, staff training, complaints, and incident reporting systems. The review found that these areas comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The skill mix of staff members was also appropriate.

The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the residents.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred, but improvements were required to the provider's arrangements for ensuring that the residents' home was adequately maintained.

Regulation 15: Staffing

The person in charge maintained planned and actual rosters, and the inspector reviewed the current staff roster and previous rosters and found that the provider had ensured that safe staffing levels were maintained. The staff team comprised a clinical nurse manager, staff nurses a social care worker and health care assistants.

There was a consistent small staff team that were well known to the residents. The inspector spoke with two of the staff members. They spoke of some of the residents recent achievements such as going on an overseas holiday and overnight breaks.

The staff also informed the inspectors that the one-to-one support provided to one resident had significantly enhanced the resident's daily life. As mentioned earlier the

staff members were observed to have interacted with the residents in a respectful manner.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had developed a staff training matrix that captured the staff members' completed training. Following the matrix review, the inspector was assured that the staff team had access to appropriate training, including refresher training, as part of a continuous professional development programme.

For example, staff members had completed numerous training programmes, including ones focusing on the specific needs of the resident:

- children's first training
- Safeguarding of vulnerable adults
- dementia
- basic life support
- manual handling
- training in the management of behaviour that is challenging, including de-escalation and intervention techniques
- fire safety
- infection prevention and control
- safe administration of medication
- training focused on feeding, eating and swallowing difficulties

The inspector was provided with examples of the house manager reviewing staff training records and ensuring that training was complete within an appropriate time frame.

The inspector did request to review supervision records but the house manager did not have access to these during the inspection. This is an area that requires review and improvement.

Judgment: Compliant

Regulation 23: Governance and management

For the most part a review of the provider's governance and management arrangements found them to be appropriate, however, the inspector found mold growing on the roof of a resident's en-suite. This had not been identified as a concern prior to the inspector's discovery and demonstrated that improvements

were required to ensure that all issues regarding the premises were identified and addressed.

The inspector does note that in general the governance and oversight of the service provided to the residents was strong. The group of residents were living active lives and were engaging in the things they wanted to do.

There was a clearly defined management led by the person in charge, who was supported in their duties by a clinical nurse manager and the staff team.

A schedule of audits in place ensured that the care and support provided to residents were maintained at a high level. Peer audits were also conducted on topics such as medication, residents finances, fire safety and hygiene. There was a further audit tool called the monthly statistic report. The person in charge updated information under headings which included:

- Adverse incidents
- Risk management
- Restrictive practices
- Safeguarding incidents
- Rights restrictions
- Complaints
- Staffing matters

When completed, the statistic report was made available for review by the provider's senior management and multidisciplinary team members. The provider had also ensured that the required annual review and the six-monthly reports, which focused on the safety and quality of care and support provided in the centre, had been completed.

Actions that arose from the above audits and reports were added to the services quality improvement plan. The appraisal of this showed that the service's management team were responding to the actions and that there were two actions in progress.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

In accordance with the regulations, the person in charge and house manager notified the Health Information and Quality Authority of any adverse incidents occurring in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents had been provided with information regarding the provider's complaints procedures during resident meetings. The inspector reviewed the complaint and compliments log and found that there had been no recent complaints.

There were however, a number of compliments submitted by residents family members regarding the standard of care provided to their loved ones.

Judgment: Compliant

Quality and safety

The inspector found that the residents were receiving a good standard of care and support, however, concerns were identified regarding the residents' home and the response to issues. This was discussed in more detail later in the report.

While there were issues with the residents home (premises) they were receiving a service tailored to their needs and supporting them in a manner that promoted and respected their rights. As discussed earlier, the staff team were responding to residents' wishes and supporting them to engage in the activities they wanted to do.

The inspector found that there were a number of documents that gave the reader an insight and guidance on how to best communicate with each resident. The staff members were observed to interact with residents in a respectful and supportive manner and the residents appeared happy during the conversations.

The residents had access to allied healthcare professionals including those providing positive behaviour supports. The inspector reviewed a sample of positive behaviour support plans and found them to be focused on understanding the residents' behaviours and to give the reader information on how to respond to and reduce incidents. The inspector reviewed the adverse incident log and found that there had been a reduction in incidents in recent months and staff members spoke of the positive progress some residents were making.

The inspector reviewed the provider's arrangements regarding risk management, fire safety, general welfare and development, safeguarding, rights, personal possessions and food and nutrition. The review found that these arrangements were compliant with the regulations.

In summary the provider had ensured that the rights of residents were promoted and respected by those supporting them. The residents were getting to engage in activities of their choosing and appeared happy in their home.

Regulation 10: Communication

The inspector found through the review of the residents' information that a number of documents addressed how the residents communicated and how they liked others to communicate with them.

There were documents such as the "*communication and personal passports*" and "*communication profiles*". The documents gave the reader clear and concise guidance on interacting with the residents.

The residents had varying communication abilities but all used some verbal communication. It was evident when observing interactions between residents and staff that the staff members had a developed knowledge of the residents verbal and non-verbal communication and mannerisms. Staff members were observed to put residents at ease and support them with their requests.

There was also a documents called "*all about me*" it gave information on how residents communicated when happy or upset and also how residents gave and chose not to give consent.

One resident relied on a re-occurring routine and there was guidance on how staff members could support and reassure the resident during times of confusion or distress.

Visual aids were utilised by some residents and these were displayed in the dining area.

Judgment: Compliant

Regulation 12: Personal possessions

Financial passports had been created for the residents. They contained information on residents understanding of their finances and also information on items or activities they like to spend their money on.

As mentioned earlier, audits of residents finances had been completed. Daily checks were also completed by two staff members to ensure that residents were safeguarded from potential safeguarding concerns. The inspector reviewed a sample of records and found that they were well maintained.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector reviewed a sample of the residents' information including daily notes, individual personal plans and person centred plans. The review identified that residents were encouraged and supported to be the decision makers in their daily lives. As mentioned earlier, residents were active members of their community and were observed by the inspector to make choices about what they wanted to do.

For example one of the residents enjoyed physical activities and was completing farm work three days a week and other labour tasks with the support of staff. Other residents liked to go to local shops and go for walks.

All residents liked to go for scenic drives and would choose the location of where they wanted to go and often stop for coffee. There were two vehicles available to the residents and this was positive in ensuring there were no delays in residents engaging in their plans.

Judgment: Compliant

Regulation 17: Premises

On arrival to the residents' home the inspector noted that some enhancements had been made since the last inspection in 2022. The kitchen had been updated and the downstairs of the residents home was in a good state of repair and there was a homely atmosphere.

The previous inspection had identified issues on the first floor of the residents home in particular two of the residents bedrooms and ensuite bathrooms required repair. The inspector found that works had been carried out.

However, during the walk through of the house, the inspector found that mold was growing on the roof of one of the residents' en-suites. The inspector checked to see if the extractor fan was working in the bathroom and it was not. The house manager who was with the inspector at this time, was not aware of either issue.

The house manager contacted the maintenance team and a plan was put in place to address the issues, however, the systems in place to identify and respond to all issues or concerns regarding the residents' home required review.

Judgment: Not compliant

Regulation 18: Food and nutrition

The residents were choosing the types of food they had during the resident meetings. The review of records identified that the residents had a varied diet and that their nutritional needs were met.

Some residents needed support with eating and drinking, and care plans, along with risk assessments, had been developed to guide staff on how to support the resident best. The inspector observed staff members prepare food and fluids for a resident per the guidance documents’.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk assessments had been conducted for each resident. The assessments were linked to the residents care and support plans and guided the reader on the steps to take to ensure the safety of the residents.

There were systems in place to identify risk and also respond to adverse incidents. The house manager explained the process where incidents were reviewed by them and by senior management if required.

Incidents were also reviewed at team meetings and learning was identified in order to reduce the likelihood of them reoccurring and the level of risk.

The inspector reviewed the adverse incident log for 2024 and found that there was a low number of entries.

The house manager explained that a resident had had a brief difficult period but steps had been taken to reduce the risk and there had been no further incidents since January.

Judgment: Compliant

Regulation 28: Fire precautions

The provider and person in charge had ensured that there were effective fire safety management systems.

Staff members had received appropriate training. The fire detection and fire fighting equipment had been serviced on a regular basis.

Emergency lighting and fire containment measures were also found to be appropriate. The review of fire evacuation drills demonstrated that the residents and

staff team could evacuate under day and night time scenarios.

The review of information also showed that if issues were identified with equipment that they were promptly addressed by appropriate persons.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans had been developed for some of the residents. The inspector reviewed a sample of these. The review showed that the plans were specific to each resident, gave the reader critical information regarding the resident and why they may present with challenging behaviours and also how best to respond to incidents but to also take steps to prevent such scenarios.

The inspector found that 'resident's behaviour support plans had been recently reviewed and that the residents were supported by members of the providers multidisciplinary team when required. When speaking about residents routines staff members spoke of the reduction in incidents for one resident following changes to their behaviour support plan and level of staff support.

Judgment: Compliant

Regulation 8: Protection

The review of information identified periods when residents had negatively impacted one another. There was evidence of residents being provided with information regarding maintaining their safety and also promoting positive interactions between them.

The provider and person in charge had responded appropriately to such occasions. The person in charge or house manager had conducted reviews of the incidents, and safeguarding plans were developed when required. The person in charge had also submitted the required notifications for review per the regulations.

Judgment: Compliant

Regulation 9: Residents' rights

As discussed in earlier parts of the report, the inspector found that the residents were doing the things they wanted to do. Staff members respected and where

possible, responded to residents' requests, and the residents appeared happy in their daily lives and routines.

The staffing increase for one resident positively impacted the residents and those they lived with. The increased staff had reduced adverse or challenging incidents, which lent to a more relaxed environment for the residents.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Ard Na Rithe OSV-0005511

Inspection ID: MON-0038267

Date of inspection: 12/03/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A robust communication system is now in place for reporting all maintenance issues to include management of house.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Mould has been removed of ensuite ceiling and area is painted. Extractor fan has been repaired and is operating effectively.	

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)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	19/04/2024
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	24/03/2024