



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

Name of designated centre:	Aras Aoibhinn Residential Service
Name of provider:	Western Care Association
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	13 June 2018
Centre ID:	OSV-0001751
Fieldwork ID:	MON-0021604

## About the designated centre

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

Aras Aoibhinn provides day and residential supports to four adults aged between 40 and 54 years of age. The centre consists of a five bedded bungalow in a quiet residential area, close to shops, restaurants and parks. Residents living in the centre have a diagnosis of intellectual disability and/or autism. In addition, some of the people Western Care Association support in this centre have complex health needs, and are provided with care and support 365 days a year. The service is a high quality standard, that is responsive to individual needs of those living in the house. Residents are encouraged and supported to participate in everyday activities by creating an awareness of their local environment. There are always two staff on duty day and night to support residents individually assessed needs.

**The following information outlines some additional data on this centre.**

Current registration end date:	15/11/2018
Number of residents on the date of inspection:	4

## How we inspect

To prepare for this inspection the inspector or 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
13 June 2018	10:00hrs to 18:30hrs	Thelma O'Neill	Lead

## Views of people who use the service

On the day of inspection the inspector met with the four residents living in this centre. One resident spoke to the inspector and was complimentary of the staff and was happy with the care and support received in the centre. The inspector reviewed the satisfaction questionnaires completed by the residents and their family members. They stated that the residents were happy living in the centre and with the service provided to them by Western Care Association.

## Capacity and capability

The provider had the capacity and capability to ensure that a good quality and safe service was provided for residents living at this centre. In addition, the inspector found that the provider had addressed the actions from the previous inspection.

The provider ensured that the service was subject to ongoing monitoring, review and development. This had resulted in a good standard of care, support and safety being provided to residents who lived at the centre. Six-monthly audits of the centre's practices were being carried out by the management team and staff carried out regular audits of areas such as, medication management and residents' finances. Records showed that audit findings had been addressed in a timely manner.

The person in charge worked closely with staff and was known to all residents in the centre and was very familiar with their up-to-date care and support needs. There was suitable cover arrangements in place to ensure that staff were adequately supported when the person in charge was off duty.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their roles, in addition, to mandatory training in fire safety management, Safe moving and handling, protection and positive behaviour management. There was also a range of policies, including all required Schedule five policies, to guide staff in the delivery of a safe and suitable service to residents.

The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to carry out their roles and responsibilities. They ensured that all staff had undergone vetting as a primary safeguarding measure for ensuring that residents were safe and protected from abuse.

### Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation, required for the renewal of designated centre's registration, was submitted to the Chief Inspector as required.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge worked full-time in this centre and had the qualifications and experience required for the post.

Judgment: Compliant

### Regulation 15: Staffing

The inspector found that the registered provider had ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose, and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received all of the required training to meet the needs of the residents.

Judgment: Compliant

### Regulation 21: Records

The provider had maintained records of the information and documents required in relation to staff as specified in Schedule 2.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured that there was a contract of insurance against injury to residents and against other risks in the centre, including loss or damage to property. This document was made available to the inspector.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements to govern the centre. The person in charge worked in the centre and shared her responsibilities between two designated centres. The person in charge had a systems in place to ensure there was robust management arrangements in place, such as, operational audits, staff supervision and management meetings to ensure that the service was provided in line with residents' needs and as described in the statement of purpose.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each application for admission to the designated centre was determined on the basis of transparent criteria in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose as set out in Schedule 1 of the Regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had submitted written reports to the chief inspector as required by the regulations

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had a complaints procedure for residents, which was in an accessible and age-appropriate format and included an appeals procedure.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had written policies and procedures in place as required by Schedule five of the regulations. The policies were available to all staff and had been reviewed by the provider within the last three years.

Judgment: Compliant

## Quality and safety

The inspector found this was a well-managed and safe service and the provider had measures in place to ensure there were robust quality and safety procedures in place in this centre. The inspector reviewed the actions from the previous inspection and found they were complete. In addition, the inspector found that all of the regulations with the exception of the residents rights to access advocacy service on this inspection were compliant.

The inspector found the policies and procedures in place in this centre had ensured that residents' well-being was promoted at all times and that they received a good quality service. Residents' received person centred care and support that allowed them to enjoy activities and lifestyles of their choice.

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. There were procedures in place for the management



of fire safety equipment and fire safety training for staff in the in the centre.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. There was a policy and all staff had received specific safeguarding training. This ensured that they had the knowledge and skills to treat each resident with respect and dignity and to recognise the signs of abuse and or neglect.

Monthly house meetings were held in the centre and this provided residents with the opportunity to express their views and preferences. The inspector noticed that staff discussed views and preferences with residents on an ongoing basis and this was evident in the minutes of house meetings and from discussions observed during the inspection.

Personal planning arrangements ensured that each residents' needs were subject to regular reviews both annually and more frequently if required. Recommendations from annual reviews and multidisciplinary supports were included in residents' personal plans to ensure a consistent approach to supporting their needs. Residents' personal plans were also formulated in an accessible version to increase residents' knowledge and understanding of their own goals for the coming year. The personal planning process ensured that sufficient supports were in place to assist residents in achieving their chosen goals.

The provider had ensured that residents had access to medical and services to ensure that they received a good level of healthcare. All residents had access to allied health professionals including their general practitioner, who completed annual health care checks for each resident. Plans of care for good health were developed for residents' which identified their specific care needs and these needs were addressed as required.

The registered provider supported residents to make decisions about his or her care in this centre. However, the inspector found one resident and their family members had made several written and verbal expressions of interest that the resident return to live independently at their family home with staff support. The inspector found that although the provider had made a number of submissions on their behalf to the funding agency in 2015 & 2016, the resident had not received the support of advocacy services and information about their options to progress their wish to choose where they live.

## Regulation 12: Personal possessions

Residents were supported to access and retain control of their personal property and possessions. Records were maintained of all residents personal possessions, including their finances.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured all residents had access to facilities to meet the residents occupational and recreational needs. Residents were supported to participate in activities in accordance with their interests, capacities and developmental needs and were supported to develop and maintain personal relationships and links with the wider community.

Judgment: Compliant

### Regulation 17: Premises

The designated centre was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. Actions from the last inspection were complete. A renovated hallway, and a newly designated bathroom with Jacuzzi had been recently installed in the centre.

Judgment: Compliant

### Regulation 18: Food and nutrition

The inspector observed residents being supported to prepare and cook their own meals. There were adequate provisions for residents to store food in hygienic conditions, and residents were offered choices at mealtimes and staff were familiar with each residents individual dietary needs and preferences.

Judgment: Compliant

### Regulation 20: Information for residents

The provider had prepared a guide for residents which outlined a summary of the services provided, the terms and conditions of their residency, and the arrangements for residents involvement in the running of the centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured that risk management arrangements were robust and were identified, monitored and managed effectively. These arrangements were reflected in staff practices and knowledge.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of all fire equipment, internal and external fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills involving residents and staff. All residents had individualised emergency evacuation plans in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre and there was an up-to-date policy to guide staff. Residents' medication was securely stored at the centre and staff who administered medication received training in safe administration of medication.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal plans had been developed for all residents and were based on each resident's assessed needs. Annual personal planning meetings, which included the resident or their representatives had taken place. Residents' personal goals were agreed at these meetings and short-term goals were developed at six monthly intervals. These were made available to residents in a user friendly format where required.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

### Regulation 8: Protection

The provider had systems in place to ensure that each adult was protected from abuse and their safety and welfare was promoted.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that residents' access to advocacy services was not adequate to support them choose where they live.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	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 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Aras Aoibhinn Residential Service OSV-0001751

Inspection ID: MON-0021604

Date of inspection: 13/06/2018

## 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 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p><b>In order to provide further support to the individual who wishes to change their living arrangement, a re-referral has been forwarded to the Independent Advocate. This is a re-referral as the input of the advocate had been sought on this issue and in seeking funding for same in April 2015, however at that point the advocate indicated that given the degree of family advocacy present for this person, there was no additional role for the advocate. However, as the issue of her living preferences remains unresolved to the individual's satisfaction, a re-referral will be made to update the advocate on progress to date and to seek her opinion on enhancing the advocacy supports available to this person in order to progress this matter.</b></p>	

## 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 09(2)(d)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has access to advocacy services and information about his or her rights.	Substantially Compliant	Yellow	27/08/2018