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Ard Na Mara, OSV-0001710, 15 October 2019

Item Type	report
Citation	Ireland. Health Information and Quality Authority, 'Ard Na Mara, OSV-0001710, 15 October 2019', [report], Health Information and Quality Authority, 2020-02-11, Designated Centre for Disabilities
Publisher	Health Information and Quality Authority
Download date	2026-04-13 04:35:02
Link to Item	https://hdl.handle.net/20.500.14765/98979



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

Issued by the Chief Inspector

Name of designated centre:	Ard Na Mara
Name of provider:	Sunbeam House Services Company Limited by Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	15 October 2019
Centre ID:	OSV-0001710
Fieldwork ID:	MON-0027101

About the designated centre

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

Ard Na Mara is a designated centre operated by Sunbeam House Services CLG located in an rural town in County Wicklow. It provides a residential service for four adults with disabilities. The centre is a large detached two storey house which consisted of kitchen/dining room, utility room, games room, sitting room, conservatory, five bedrooms, a staff sleepover room, a toilet and two shared bathrooms. The centre is located close to amenities such as public transport, shops, restaurants, churches and banks. The centre is staffed by a person in charge and social care workers.

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 - 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
15 October 2019	09:30hrs to 18:00hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with four of the residents living in the designated centre during the course of the inspection. The inspector observed care practices and staff interactions with residents over the course of the inspection.

Overall, on the day of the inspection, the residents appeared relaxed and comfortable in their home. One resident was looking forward Halloween and spoke to the inspector about how they enjoyed this day. The inspector also had a cup of tea with the residents and staff and it was observed they appeared relaxed and at ease in the presence of staff members.

The inspector also observed residents as they returned home from work/day services and engaged in activities of preference in the house. This included discussing the events of the day, listening to music and watching sports. One resident had requested a move to another house to live with peers of similar age and interests and this request was being explored at the time of the inspection.

Throughout the course of the inspection, staff were observed to interact with the residents in a professional, caring, warm and dignified manner.

Capacity and capability

While residents appeared relaxed and comfortable in this centre on the day of the inspection, the provider's governance and management arrangements in relation to resources required improvement. The staffing arrangements in place were insufficient and impacted on a number of areas of the quality and safety of the service provided to residents. In addition, some improvements were also required with contracts of care and implementing improvements in response to complaints.

There was a clearly defined governance and management structure in place. The centre was managed by a full-time person in charge who was appropriately qualified and experienced and demonstrated good knowledge of the residents and their assessed needs. The person in charge was also responsible for the management of another designated centre and a day service. They were supported in their role by a deputy client service manager, who formed part of the local management structure for the centre. There were quality assurance audits in place including six monthly unannounced provider visits and an annual review for 2018. In addition, there was evidence of local audits being facilitated on personal plans, finances and health and safety. The quality assurance audits identified areas for improvement and developed

action plans to address these areas.

However, while the person in charge was utilising the resources available to provide care and support to residents, the inspector found that the provider had not ensured that the centre was adequately resourced to ensure for the effective delivery of care and support in line with residents assessed needs at the time of this inspection. From a review of the staffing rosters, it was observed that for the majority of time there was only one staff member on duty in the centre. There was an additional staff member available for five hours a week to provide support for social activities. However, access to the community was restricted for all residents and their choice of accessing social activities was limited due to the assessed needs of some residents. While the provider had self-identified that there was insufficient staffing levels to meet the assessed needs of residents and submitted a business case to their funder to address this issue, it remained ongoing at the time of this inspection.

There were systems in place for staff training and development and from a sample of files viewed, staff had training in safe administration of medication, safeguarding and de-escalation and intervention techniques. This meant that they had the knowledge and skills required to support the residents in a competent manner. However, some gaps were identified in refresher training to include people handling and fire safety. This had been identified by the person in charge and there was a plan in place to provide refresher training to these staff.

There were systems in place for the management of complaints. The inspector observed that some complaints had been made by family representatives over the last year. While these complaints were promptly responded to, the measures required for improvement were not always effectively implemented. For example, a complaint was made by a family representative in relation to insufficient staffing levels in the centre. As noted above, this issue remained ongoing at the time of the inspection and was discussed in greater detail under Regulation 15: Staffing.

The previous inspection identified that the contracts of care did not set out the services and supports the provider offered residents and the fees payable by residents. While, this had been addressed by the provider, the contracts of care reviewed did not accurately outline the rent to be paid by residents due to an increase in rent in May 2019.

Regulation 14: Persons in charge

The centre was managed by a full-time person in charge who was appropriately qualified and experienced and demonstrated good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements required review so as to ensure the assessed needs of residents were provided for at all times in the centre. The provider had also self-identified that there was insufficient staffing levels to meet some of the assessed needs of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

There were some gaps in refresher training to include people handling and fire safety. However, this had been identified by the person in charge and they had arrangements in place to provide refresher training to address these gaps.

Judgment: Compliant

Regulation 23: Governance and management

While there was a clearly defined governance and management structure in place and systems to audit the service, the inspector found that the provider had not ensured that the centre was adequately resourced to ensure the assessed needs of the residents was provided for at all times.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The contracts of care did not accurately set out the rent to be paid by residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider maintained a statement of purpose which contained all of the information as outlined in Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

At the time of the inspection, some complaints had not been brought to an effective resolution by the provider.

Judgment: Substantially compliant

Quality and safety

Staff were observed to support residents in a person centred manner at all times over the course of this inspection and residents appeared comfortable and relaxed in their home. However, ongoing compatibility issues between some residents and insufficient staffing levels had resulted in some safeguarding concerns which were impacting negatively on residents rights, quality of life and safety of care provided.

The systems in place to safeguard residents were not effective at times. From a review of adverse incidents occurring in the centre, it was noted that some issues arising between residents impacted on their quality of life and the safety of care provided. While the provider had safeguarding plans in place to help address some of these issues and had submitted a business case to their funders for additional resources, this inspection found that compatibility issues between some residents and insufficient staffing levels meant that at times, residents were not adequately safeguarded in the centre.

The provider maintained a register of rights restrictions in use in the centre which included restriction on freedom of movement for some residents. The person in charge demonstrated that rights restrictions were reviewed and some efforts were made to reduce the impact of the rights restrictions. However, due to inadequate staffing arrangements, the inspector found that some residents did not have the freedom to exercise choice and control in aspects of their daily life.

The inspector reviewed a sample of personal plans and found that there was an assessment of need in place which consisted of a well-being review and personal plan. The assessment of need informed the development of care plans. However, the inspector found that care plans were not in place for each identified need. For example, a mental health care plan was not in place for one resident

that required it. While supports were in place for to support this resident, there was no care plan in place to guide staff. However, the residents had access to a General Practitioner and a range of allied health professionals as required. In addition, there was evidence of engagement with national cancer screening programmes.

There were positive behaviour supports in place for residents where required. Positive behaviour support plans were up-to-date and guided the staff team in supporting residents manage their behaviour. There was also evidence that residents had access to psychology as required. However, as noted in the previous inspection, it was not evident that all positive behaviour supports plans were reviewed by a relevant allied health professional. This issue was discussed under Regulation 5: Individual Assessment and Personal Plans.

The inspector completed a walk through of the centre accompanied by the person in charge. The centre was well maintained and decorated in a homely manner. The centre comprised of a large detached two storey house which consisted of kitchen/dining room, utility room, games room, sitting room, conservatory, five bedrooms, a staff sleepover room, a toilet and two shared bathrooms. Each resident had their own room which were decorated in line with their own personal tastes.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a Personal Emergency Evacuation Plan (PEEP) in place which outlined the supports for each resident to evacuate the designated centre if required. There was evidence of regular fire drills occurring in the designated centre.

There were systems in place for the assessment, management and review of risks in the designated centre. The centre maintained an up-to-date risk register which detailed centre specific risks. In addition, individual risk assessments were in place for risks including falls and choking. For example, where a resident may be at a risk of choking, they were supported to access a Speech and Language Therapist and guidance was in place to manage this risk.

Overall, while staff were observed to support residents in a person centred manner at all times over the course of this inspection and residents appeared comfortable and relaxed in their home, ongoing compatibility issues between some residents and insufficient staffing levels had resulted in some safeguarding concerns which were impacting negatively on residents rights, quality of life and safety of care provided.

Regulation 17: Premises

The centre was well maintained and decorated in a homely manner.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and review of risks in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector observed that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was an up-to-date assessment of need completed for each resident. However, not all identified needs had plans in place to appropriately guide staff. There was a lack of evidence of allied health professional input or review for some plans for example, positive behaviour support plans.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to a General Practitioner and a range of other allied health professionals as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour supports were in place for residents where required. Behaviour support plans were up-to-date and guided the staff team in supporting residents manage their behaviour

Judgment: Compliant

Regulation 8: Protection

Due to inadequate staffing issues and compatibility concerns between some residents, residents were at times, not adequately safeguarded in the centre.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents did not always have the freedom to exercise choice and control in his or her daily life.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ard Na Mara OSV-0001710

Inspection ID: MON-0027101

Date of inspection: 15/10/2019

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Provider has allocated 35hrs extra per week to provide additional staffing support. This will ensure there is a second staff member on each shift seven days per week. The second staff member will allow for extra supports to ensure clients can choose to go out or do activities of their choice, this will also ensure there is extra supports around busy times of the day such as mealtimes. The current staffing arrangements will be reviewed on a three-monthly basis to review the effectiveness of the level of staffing supports.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider has allocated 35 hrs extra per week to provide additional staffing support each day at the Centre. This staffing arrangement will be reviewed on a three-monthly basis to ensure staffing is sufficient to meet the needs of the residents until a time when this is satisfactory. The provider has in place a system to review all incidents which occur in the Centre, these are recorded immediately and reviewed by the PIC and Manager, should an incident of a safeguarding concern occur this is notified to the Safeguarding and Protection team and to HIQA. There is currently an overarching safeguarding plan in place to cover areas of peer to peer verbal interactions between residents, this will be reviewed quarterly with input from the Social Worker.</p>	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: All contracts of care have been updated and reflect current rent prices.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: An increase in staffing resources has been provided and the complainant will be notified of this change. The provider has a complaints process in place where there is a local complaints officer and an organization complaints officer who reviews all complaints and the process taken in handling complaints. For responses that the complainant finds unsatisfactory there is an appeals process in place. In instances where there cannot be a satisfactory resolution the complaint will remain open. The complaints officer reports to the CEO on all opened complaints on a quarterly basis and communication remains open to the complainant until a satisfactory resolution can be found. As part of the complaints workflow there is a section for organizational learning recorded and reviewed by the senior management team.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Care plans have been reviewed and updated. There has been input from allied health professionals in these plans.</p>	

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>There has been an overarching safeguarding plan implemented for residents at this Centre. The social work team has inputted to this plan at all stages and has been approved by the HSE Safeguarding and Protection team, this safeguarding plan is reviewed on a quarterly basis by the Social Worker, PIC and Senior Manager.</p> <p>Any incidents are recorded immediately on the organisations Data base and are reviewed by the PIC and the Senior Manager. Each quarter there is a full review of all incidents.</p> <p>There was a case review meeting held to review and explore the compatibility of residents at this centre, the outcome of this meeting was that residents are compatible but at times incidents can occur when residents may become upset with each other. Staff are working closely with residents to ensure residents interact with each other in a respectful manner.</p> <p>There have been changes made at the centre to provide an alternative seating arrangement should all residents be present at mealtimes; this has had a positive outcome for residents.</p> <p>There are plans in place to ensure one resident has some one to one time with a staff member on their return from day services in order to reflect on their day and pass on their news.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>There will be additional staffing resources each evening to facilitate clients to engage in more activities of their choice. These hours can be flexible to meet the needs of the residents to support them in achieving goals or participating in events of their choice.</p> <p>There is a plan in place to work with one resident to remain at home at times unsupported by staff should they chose not to go out.</p> <p>Each Resident has a keyworker who creates a personal plan and goals with the resident and plans are implemented around achieving these goals for residents.</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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	27/11/2019
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	27/11/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and	Substantially Compliant	Yellow	25/11/2019

	welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Substantially Compliant	Yellow	27/11/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	25/11/2019
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	27/11/2019
Regulation 09(2)(b)	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 the freedom to exercise choice and control in his	Not Compliant	Orange	27/11/2019

	or her daily life.			
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