



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

## Issued by the Chief Inspector

Name of designated centre:	Ard Solus
Name of provider:	Dundas Unlimited Company
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	20 January 2022
Centre ID:	OSV-0006451
Fieldwork ID:	MON-0027570

## About the designated centre

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

Ard Solus is a two-storey house located in a quiet suburban area of County Meath. Single bedroom accommodation is provided for up to five men or women over the age of 18 years with intellectual disabilities, autism or acquired brain injury, who may also require mental health or behavioural support. The house includes multiple shared sitting rooms, a kitchen come dining room, and a secure private garden. The house is located near facilities for grocery shopping and eating out, and the service has multiple vehicles to support residents to go into the community. There are also public transport options nearby.

**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 (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
Thursday 20 January 2022	10:10hrs to 15:40hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

Overall, the residents reported that they were very happy living in this centre and the supports they received from the staff team. The quality and safety of care provided was to a very good standard as evidenced in the high levels of compliance found at this inspection.

The inspector met three of the residents over the course of the inspection who gave some feedback on the services provided here. Written feedback on the services received by the inspector from residents and some family members was also reviewed.

The home was large spacious and had been finished to a very high standard. All of the residents were happy for the inspector to visit their bedrooms as permission had been sought from the residents who were not there on the day of the inspection.

Two residents showed the inspector their bedrooms themselves. Each bedroom was spacious, had plenty of storage and was decorated in a style that the residents liked and with items that were important to them. One resident who supported a particular football team had their favourite team player's picture framed on their bedroom wall and spoke of a plan to visit their football teams home ground in England this year.

This resident had their own key to their bedroom which they liked to keep locked. This informed the inspector that the resident's right to privacy was respected in the centre.

Another resident went through their personal plan with the inspector and spoke about some of the things they liked to do. They spoke about their family, the staff and some activities they had planned this year. One activity was to attend a concert this summer in Dublin and the tickets for the concert had already been purchased.

There was information available to the residents throughout the centre to inform them about some practices. For example; easy read documents were available as a reminder about fire drills and some health and safety issues. One resident explained these to the inspector. Another resident had labels on their wardrobes as a way to remind them of where their items were stored. The resident said they liked this as it helped them to keep organised.

Another resident was only moving into this centre on a phased basis. At the time of the inspection, they were only staying in the centre at the weekends. Again the inspector did not get to meet this resident. However, they were able to review feedback provided by the resident and some of the residents records. These records indicated that the resident was happy moving here and had been provided with supports from allied health professionals and staff to support them with their move

to the centre.

The inspector asked some of the other residents if they were happy with their new house mate moving in. They all reported that they were very happy with this.

All of the residents were involved in a number of activities every day. Some of them went to a local "hub" where different activities were planned every day. One resident went there every day. The inspector did not get to meet this resident as they had planned to go for a coffee after also.

The other residents did not attend the hub full time and chose to go in specified days. One of them was going on the afternoon of the inspection and they reported to the inspector that they loved going there.

Residents were also supported to keep in contact with family and friends. Some spoke about going home for weekend trips to visit family. One resident was going out for the day with their friend on the day of the inspection. They said they were looking forward to this and having dinner out and catching up with their friend.

A sample of written feedback from residents on the service provided viewed by the inspector showed that, residents were generally happy in their home, happy with their bedrooms, they felt their daily choices and routines were respected by staff, they were happy with the level of social activities on offer and they felt safe in the house.

Three questionnaires were also received from family representatives and overall the feedback was very positive. One raised a concern regarding staff changes which they said affected consistency of care. The inspector spoke to the person in charge who advised that this had been an issue last year but that since August 2021 this had improved. This was verified through a review of a sample of rotas viewed over the last number of months which indicated that a consistent team were employed in the centre. The inspector was satisfied that this was not a concern at the time of this inspection.

Resident meetings were also held weekly where residents were included and informed about things that were happening in the centre. This informed the inspector that residents' right to information was being respected in the centre.

Some of the residents were supported with social stories to educate them about things that were happening. For example one resident was informed through social stories about how to isolate in their bedroom and why it may be necessary.

There were no complaints recorded in the centre, however; a number of compliments of the services provided were recorded. For example; some family representatives had complimented the care being provided to their family member during the pandemic.

There were a number of examples where residents were supported to exercise their rights over the course of the inspection. Easy read information was available to them to inform them of their rights about complaints or to inform them about

different things going on in their lives. Residents could have a key to their room to ensure their privacy if they wanted to. One resident spoke about this being important to them. The residents had received their COVID 19 vaccinations and told the inspector they were happy to have gotten this. Key working meetings were also held with residents. These meetings were an opportunity for residents to share any concerns they may have or plan activities they may wish to do.

The house was centred around meeting the assessed needs of the residents and staff were observed to know their needs very well. The inspector also observed that residents were very much at ease in the company of staff and staff were respectful, warm, caring and professional in their interactions with the residents.

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 to each resident living in the centre.

## Capacity and capability

Overall, this centre was well managed and both the person in charge and the staff team demonstrated a committed, person centred approach in supporting the residents living here.

There was a clearly defined management structure in place, led by a person in charge who provided good leadership and support to their staff team.

The person in charge was employed full time in the organisation. They were a qualified professional with a number of years management experience working in disability settings. They demonstrated a good knowledge of the residents' needs in the centre and were aware of their responsibilities under the regulations. The person in charge was also responsible for another designated centre under this provider. To support them with the oversight of this centre, two team leaders were employed. The inspector found that this was effective and that the team leaders also demonstrated good oversight of the centre.

There was a consistent staff team employed and sufficient staff on duty to meet the needs of the residents. The staff team consisted of direct support workers and two team leaders. The team leaders had some responsibilities for the running of the centre, particularly when the person in charge was off duty. A shift leader was also assigned each day in the centre.

Staff met said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis.

The provider had arrangements in place to monitor and review the quality of care in the centre. An unannounced quality and safety review had been completed along

with an annual review for 2021. The inspector also reviewed some other records pertaining to the safety and quality of care, for example a fire drill had been conducted to ensure a safe evacuation of the centre. There were arrangements in place to review risks. There had only been one adverse incident since the last inspection in August 2021. Actions had been taken to support the resident and mitigate future risks.

The person in charge met with their line manager who was the assistant director of care every month to review the quality of care provided. These meetings were bringing about improvements for residents. For example; it was identified at a recent review that a new kitchen blind and new flooring was required in the kitchen and these improvements were either completed or in progress at the time of the inspection.

Residents had a contract of care in place which outlined the services provided to them in the centre and what fees they may incur for some services. The contracts had been signed by a resident or their representative. The provider had an admissions policy in place which included the procedures followed when a resident was being admitted to the centre. The inspector found that this procedure had been adhered to with a resident who was currently moving into the centre. For example; the resident had got to visit the centre and meet the people they were planning to live with prior to moving in.

The provider maintained a copy of the policies and procedures required under the regulations to be available in the centre. All of the policies had been reviewed every three years. This is required to be done under the regulations. The provider had a schedule in place to ensure that this review was completed every three years. From a sample of policies viewed all staff had signed the policies as read and understood.

The inspector reviewed the providers complaints policy and procedure and found that it contained the requirements of the regulations. The procedure was displayed in an easy read version in the kitchen. Residents were regularly informed at residents meetings about how they could make a complaint. Of the residents met and the feedback reviewed from residents and family representatives, they indicated that they knew how to make a complaint.

The inspector was satisfied that the person in charge was aware of their responsibilities to notify the chief inspector when an adverse incident occurred in the centre.

The Statement of Purpose contained all of the requirements of the regulations. Some minor improvements were required however, the person in charge was aware of the improvements required and these improvements did not impact the residents at the time of this inspection.

## Regulation 14: Persons in charge



The person in charge is a qualified social care professional who worked full time in the organisation. They demonstrated a good knowledge of the regulations and the needs of the residents in the centre. The provider had systems in place to ensure effective oversight of this centre as the person in charge was also responsible for another designated centre managed by this provider.

Judgment: Compliant

### Regulation 15: Staffing

There was a consistent staff team employed in the centre to meet the needs of the residents at the time of this inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had arrangements in place to monitor and review the quality of care in the centre. An unannounced quality and safety review had been completed along with an annual review for 2021. The inspector also reviewed some other records pertaining to the quality and safety of care, for example a fire drill had been conducted to ensure a safe evacuation of the centre. There were arrangements in place to review risks. There had only been one adverse incident since the last inspection in August 2021. Actions had been taken to support the resident and mitigate future risks.

Judgment: Compliant

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

Residents had a contract of care in place which outlined the services provided to them in the centre and what fees they may incur for some services. The contracts had been signed by a resident or their representative. The provider had an admissions policy in place which included the procedures followed when a resident was being admitted to the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose contained all of the requirements of the regulations. Some minor improvements were required, however the person in charge was aware of these improvements and these improvements did not impact the residents at the time of this inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector was satisfied that the person in charge was aware of their responsibilities to notify the chief inspector when an adverse incident occurred in the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place which contained the requirements of the regulations. The procedure was displayed in an easy read version in the kitchen. Residents were regularly informed at residents meetings about how they could make a complaint. Of the residents met and the feedback reviewed from residents and family representatives, they indicated that they knew how to make a complaint.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider maintained a copy of the policies and procedures required under the regulations to be available in the centre. All of the policies had been reviewed every three years. This is also required under the regulations. The provider had a schedule in place to ensure that this review was completed every three years. From a sample of policies viewed all staff had signed the policies as read and understood.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the residents had a good quality of life and were being supported to have active lives in line with their personal wishes.

The premises as discussed was large spacious and clean. There was a large garden to the back of the property which was well maintained.

Residents were supported to have active meaningful activities in the centre. As discussed earlier in the report on the day of the inspection the residents were busy engaging in numerous activities.

Residents had access to plenty of storage to store their personal belongings. A list of residents' personal possessions was maintained by staff. Residents had bank accounts and bank cards in order to access their own money with staff support. The inspector was informed that residents could spend their money as they wished and there was no limits on the residents withdrawing money from their accounts if they wanted to buy something.

All staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The residents said they felt safe in the centre and would talk to staff if they felt unsafe. The inspector also reviewed the measures in place to keep residents finances safe. For example; two staff had to sign when money was withdrawn from accounts. The team leader or person in charge reviewed residents bank statements to ensure that they were correct and that money had not be taken out. An audit had been conducted by a financial auditor in the organisation. While the findings from this were not available on the day of the inspection, general feedback was provided to the inspector from the auditor on the day of the inspection to say that no anomalies were noted in this centre following their audit.

## Regulation 12: Personal possessions

Residents had access to plenty of storage to store their personal belongings. A list of residents' personal possessions was maintained by staff. Residents had bank accounts and bank cards in order to access their own money with staff support.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were supported to have active meaningful activities and maintain links with their community.

Judgment: Compliant

### Regulation 17: Premises

The premises were large spacious, clean and maintained to a very good standard. There was a large garden to the back of the property which was well maintained.

Judgment: Compliant

### Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. The residents said they felt safe in the centre and would talk to staff if they felt unsafe. There were measures in place to keep resident's finances safe.

Judgment: Compliant

### Regulation 9: Residents' rights

There were number of examples where residents were supported to exercise their rights over the course of the inspection. Easy read information was available to them to inform them of their rights about complaints or to inform them about different things going on in their lives. Residents could have a key to their room to ensure their privacy if they wanted to. One resident spoke about this being important to them. The residents had received their COVID 19 vaccinations and told the inspector they were happy to have gotten this. Key working meetings were also held with residents. These meetings were an opportunity for residents to share any concerns they may have or plan activities they may wish to do.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant