



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

## Issued by the Chief Inspector

Name of designated centre:	Ardfern House
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	08 February 2021
Centre ID:	OSV-0007774
Fieldwork ID:	MON-0030749

## About the designated centre

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

Ardfern can accommodate 3 residents. The designated centre provide full time residential care to both female and male residents over 13 years of age and under the age of 21 years. Ardferrn is open throughout the year. The centre provide care and support for children with Autism and /or Intellectual Disability who present with behaviour which challenges and who have medium to high dependency levels. Ardferrn is a bungalow style house located on the outskirts of Charleville town in North Cork. It has a small garden area to the front of the house and private parking. There is a large enclosed garden to the rear of the house. Each resident has a single bedroom. All residents have access to the kitchen, sitting room and dining room. There is one main bathroom and two shower rooms in the residence. Staff support is provided by social care workers/leaders and care assistants.

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

Number of residents on the date of inspection:	3
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## How we inspect

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
Monday 8 February 2021	10:00hrs to 15:30hrs	Cora McCarthy	Lead

## What residents told us and what inspectors observed

On the day of inspection the inspector had the opportunity to meet with two of the three residents residing in the designated centre. The third resident had left for day activities and did not return until evening. The two residents with whom the inspector interacted appeared very comfortable in their home. The residents had limited verbal ability but interacted with the inspector through gestures and facial expressions. The residents were getting ready for the day ahead, having breakfast and about to do a video class with their school. Both residents were very relaxed in the presence of staff and indicated through smiles and facial expression that they were happy with the care and support provided. The inspector observed the interactions between residents and staff and they were respectful in nature. The staff facilitated the residents to be as independent as possible in their morning routine. The residents home and bedrooms were decorated to their personal taste and there were family photographs of occasions such as siblings first communion. One resident was observed relaxing on the sitting room sofa with a blanket and they were very happy. In general the residents seemed very content in their home and the atmosphere during the morning was very positive and relaxed.

## Capacity and capability

The care and support provided to residents in the centre was to a very good standard and was safe. The provider was in the process of notifying HIQA of changes in the governance and management structure for the centre. The person participating in management had ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had undertaken an unannounced inspection of the service in November 2020. This audit resulted in action plans being developed for quality improvement and all actions identified had been completed. This unannounced inspection included an analysis of incidents which resulted in a multi-disciplinary team meeting being scheduled for one resident. It also identified that a self assessment questionnaire was to be completed, this action was completed in November 2020. Records indicated that the implementation of these action plans was monitored on an ongoing basis.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

The person in charge had a training matrix for review and the inspector noted that all staff had received mandatory training. It was noted that some mandatory training had been cancelled due to the COVID-19 pandemic, however, the person in

charge had ensured that staff members were scheduled to access appropriate online trainings until face-to-face training could recommence. Discussions with staff demonstrated that staff were supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, medication management, fire safety and infection control.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the residents and with the statement of purpose. The inspector reviewed the actual and planned staff rota which indicated continuity of care from a core staff team. The staff members whom the inspector spoke with were very knowledgeable around the residents' assessed needs and their abilities and were very person centred in their approach.

During the course of the inspection the inspector viewed notifications and it was clear that the person in charge had notified the Chief Inspector of all incidents that occurred in the designated centre.+

The registered provider had ensured that an effective complaints procedure was in place for resident's which is in an accessible and in age appropriate format. There were no open complaints at the time of inspection.

### Regulation 15: Staffing

The person in charge had an actual and planned rota which was in line with the statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had a training matrix for review and the inspector noted that staff had received all the mandatory training.

Judgment: Compliant

### Regulation 23: Governance and management

The provider was in the process of notifying HIQA of changes in the governance and management structure. A range of audits were carried out.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of incidents that occurred in the designated centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had an effective complaints procedure for residents in place which was accessible.

Judgment: Compliant

## Quality and safety

The inspector reviewed the quality and safety of care received by the the residents in the centre and found it to be of a good standard. The inspector noted that the provider had implemented the necessary protocols and guidelines in relation to good infection prevention and control to ensure the safety of all residents during the COVID-19 pandemic. These guidelines were in line with the national public health guidelines and were reviewed regularly with information and protocols updated as necessary.

The provider had ensured that there was a comprehensive needs assessment in place for the residents. The assessment of needs included review of the residents' behaviour support needs and communication supports. The support plans gave clear guidance for staff on how to support the residents. The staff were able to tell the

inspector of the supports and strategies put in place for the resident and how they were implementing such supports. For example one resident used visual cards such as 'I need help' or 'here and now' to support their communication and the staff were very knowledgeable about this communication support and were able to tell the inspector about how they modelled use of the visuals.

As part of the assessment of need an occupational therapy sensory report was completed, this included a review of the main concerns and observations around toileting, proprioception and tactile considerations. This resulted in a clear plan of care been developed to support the resident to achieve the best possible health and well being.

Overall the health and well-being of the resident was promoted in the centre. Staff demonstrated a good knowledge of the residents health care needs and how to support them. For example the inspector noted there were support plans in place for healthy eating. The resident had access to a GP and other health care professionals.

The provider had ensured that the premises were designed and laid out to meet the needs of the residents. The centre was clean and warm and personalised throughout with the residents belongings. There were beautiful family photos of the residents at family occasions such as siblings first communion. However the outside of the centre required attention as the gutters were full of grass and the front door required painting. The oil boiler also required servicing as there was a distinct smell of kerosene in one end of the house. This was scheduled for the next morning after the inspection.

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies. The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control. The person in charge had ensured that the risk control measures were proportional to the risk. In this sense the resident was still able to engage in activities such as walks and drives. Staff were observed to wear masks and practice appropriate hand hygiene during the inspection. There was adequate supply of personal protective equipment in the centre and hand sanitizer while all staff were trained in infection prevention and control. There was a very clear COVID-19 contingency plan in place which included where the residents would self isolate in the event of them contracting COVID-19.

The person in charge had ensured that all fire equipment was maintained and that there was emergency lighting and an L1 fire alarm system in place. The inspector reviewed evacuation drills which was carried out in January and February 2021 and found that they indicated that the residents could be safely evacuated in 1 minute. Fire doors were in place and the automatic magnetic closers were placed on doors.

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with



training in the safeguarding of vulnerable persons. The inspector spoke with the team leader regarding safeguarding of residents. They were able to clearly outline the process of recording and reporting safeguarding concerns.

### Regulation 10: Communication

There was a comprehensive communication assessment and support plan in place. In addition residents had access to the Internet and television.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider ensured that each resident received appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and their wishes.

Judgment: Compliant

### Regulation 17: Premises

The provider had ensured that the premises were laid out to meet the needs of the residents. However there were some outside areas that required attention.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had ensured that residents who may be at risk of an infection such as COVID-19 were protected by adopting procedures consistent with the standards for infection prevention and control.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider ensured that effective fire management systems were in place in the designated centre.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The provider had ensured that a assessment by the appropriate health care professional was carried out for the residents.

Judgment: Compliant

## Regulation 6: Health care

Overall the health and well-being of the resident was promoted in the centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The person in charge had ensured every effort was made to identify the function of behaviours that challenge and supports were provided where necessary. However it was stated clearly by a clinician that communication and sensory assessments

were necessary to augment the behaviour support plan.

Judgment: Compliant

### Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Ardfern House OSV-0007774

Inspection ID: MON-0030749

Date of inspection: 08/02/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

**Section 1**

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

**Compliance plan provider’s response:**

<b>Regulation Heading</b>	<b>Judgment</b>
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Cleaning of gutters- completed on 08/02/2021 2. Servicing of oil boiler- 08/02/2021 3. Painting of front door- to be completed on 19/03/2021	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	19/03/2021