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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>An Diadán</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>St John of God Community Services Company Limited By Guarantee</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Louth</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>05 March 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0005654</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0023065</td>
</tr>
</tbody>
</table>
About the designated centre

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

An Diadán is a community residential house situated in a small village in Co. Louth. This house is home to four gentlemen over the age of eighteen some of who have health care and emotional needs. The house is a large bungalow with four bedrooms (one of which is en-suite), one bathroom, a large kitchen dining area, utility room and two communal areas. There is a garden to the back of the property and a driveway to the front. The gentlemen are supported by a team of staff 24 hours a day. The team consists of social care workers, nurses and health care assistants. There are three staff on duty all day and one waking night staff. The person in charge is responsible for three other centres under this provider. In order to assure oversight of the centre they are supported by a clinic nurse manager who works 19.5 hours in this centre. The gentlemen do not attend a formal day service and are supported by staff to access meaningful activities during the day. A bus is provided in the centre in order to facilitate this.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 4 |
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:**
<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday 5 March 2020</td>
<td>10:30hrs to 18:10hrs</td>
<td>Caroline Meehan</td>
<td>Lead</td>
</tr>
</tbody>
</table>
## What residents told us and what inspectors observed

The inspector met with four residents during the inspection and observed that residents appeared comfortable and happy within their home. Residents were observed to be supported by staff to attend to various activities of their choice in the community, and the inspector found staff interactions with residents were warm and respectful. It was also evident that staff knew the residents well, and provided reassuring and confident support, enabling these residents to enjoy a varied and fulfilled lifestyle.

The achievements of residents were acknowledged and celebrated in the centre. For example, one staff member spoke of an achievement of residents attending a dinner with local residents in the community for the first time, and photographs were widely displayed of activities residents had engaged in in the past number of years. The person in charge and staff had also included a narrative in the annual review, in recognition of residents' achievements over the past year.

The centre was well maintained, and it was evident that residents felt at home in the centre. Residents' personal choices were reflected in the decoration of the centre. For example, some residents displayed sports team memorabilia and personal photographs, while one resident was supported by a staff member to communicate their meaningful friendships via a photo album to the inspector. Residents were also supported with a structured day and picture schedules of activities were displayed for residents in their bedrooms, facilitating communication for residents and predictability of events for the coming week.

Family members reflected their views of the services provided to residents in the annual review of the centre. On review of this document it was evident that family members were very happy with the quality of service provided to residents and with the support of the staff team. Compliments recorded in the centre log reflected similar views, in that families were complimentary of the support the residents received. The inspector reviewed two questionnaires completed by family members on behalf of residents, as part of this inspection. Families expressed they felt residents were happy with the services and facilities in the centre and that their rights were protected.

## Capacity and capability

Residents appeared to be comfortable and well supported by staff in the centre. The management arrangement in place had ensured services were safe and effective and met the needs and goals of residents, while embracing an approach of
continuous improvement.

The service had employed a person in charge on a full time basis. The person in charge was responsible for three additional designated centres within the St John of God community services. The person in charge attended the centre on a weekly basis or more frequently should the need arise and was available by phone to staff on a daily basis. They were knowledgeable on the needs of the residents and their support requirements, and the inspector observed the person in charge had a good rapport with the residents. The centre also employed a Clinical Nurse Manager who had responsibility for managing two designated centres within a short driving distance of each other.

The person in charge provided effective leadership to staff and was in attendance regularly in the centre. Regular staff meetings were held in the centre, providing staff with the opportunity to review residents’ care and support, review safety in the centre and to raise issues or concerns if required. For example, safeguarding, risks and restrictive practices were reviewed as standing issues at each staff meeting. From a sample of three recent staff meeting, the inspector found appropriate actions were taken to identified issues.

The staffing arrangement comprised of social care workers, nurses and health care assistants, with three staff on duty during the day and one waking night staff. These arrangements ensured the needs of the residents were met in a consistent manner, and ensured opportunities for residents to attend community activities and events of their choosing.

From speaking with staff it was evident they knew the residents well and were skilled in identifying their needs and responding consistently and appropriately in accordance with agreed plans and protocols. Staff had been provided with a range of mandatory and specific training, meaning the support provided to residents was safe, effective and met their needs in a holistic person-centred manner.

The management arrangement in the centre had ensured that consistent and effective services were provided to residents, and these services were monitored on a continuous basis through audits. For example, financial, medication management and infection control audits had recently been completed in the centre and issues identified through this auditing process had been resolved or were in the process of being completed. An unannounced visit by the registered provider had also recently been completed and all outstanding actions had been completed. The outcomes of all auditing processes, formed the basis of a quality enhancement plan, with all issues risk rated and actioned accordingly. The quality enhancement plan was used as a tool to monitor issues and progress of actions with the team in the centre, and between the person in charge and the director of care and support. This allowed for continuous review of issues and improvement plans, and onward reporting of those issues outside the scope of the person in charge.

An annual review of the quality and safety of care and support had been completed for 2019. The annual review had considered the views of residents' families and reflected the individual views and achievements of residents in the centre. There
was also a system in place to manage complaints in the centre and information was displayed for residents on advocacy services. There had been no complaints in the centre, however a number of compliments had been received from family members relating to their satisfaction with the service provided to residents.

From observation of the support provided and discussion with staff on the day of inspection, and from reviewing questionnaires and compliments provided by family members, the inspector was assured the service was effective and safe in meeting the needs of the residents, and ensuring the residents enjoyed a meaningful, happy and healthy life.

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of this centre had been received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

Regulation 14: Persons in charge

A full time person in charge was employed in the centre. The person in charge was suitably qualified and had the necessary skills and experience to manage the centre given the size of the centre and the individual needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

There were suitable numbers of staff employed with the appropriate skill mix and qualifications to meet the assessed needs of the residents. A planned and actual roster was maintained indicating staff on duty at any one time. A sample of staff files reviewed indicated all of the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

Regulation 16: Training and staff development
Staff had been provided with all of the training required to meet the residents' needs and to provide a safe and effective service. Staff training included Safeguarding, Children's First, Medication Management, Fire Safety, Positive Behaviour Support, Basic Life Support, and Infection Control and Food Hygiene.

The inspector spoke with two staff members during the inspection and was assured that they had the skills and knowledge required to meet the needs of the residents and to ensure their safety.

Judgment: Compliant

**Regulation 22: Insurance**

The registered provider had ensured a contract of insurance was available in the centre on the day of inspection.

Judgment: Compliant

**Regulation 23: Governance and management**

Suitable management arrangements were in place to ensure the service was safe and effective, and monitored on an ongoing basis. The provider had ensured the service was appropriately resourced to ensure effective delivery of services to residents. Regular audits were completed in the centre, for example, fire safety, medication management, financial and infection control audits. The inspector found all issues identified in audits were followed up, with actions either completed or in the process of being completed. An six monthly unannounced visit had been completed by the provider, and actions had been taken to address the issues identified.

An annual review of the quality and safety of care and support was completed and considered the views of the residents and their representatives.

There was a clearly defined management structure, and roles and responsibilities were identified within this structure. There was an experienced person in charge employed in the centre, and a Clinical Nurse Manager 1, supporting the person in charge in managerial functions in the centre.

Judgment: Compliant

**Regulation 3: Statement of purpose**
The statement of purpose met the requirements of the regulations, outlining the aims and objectives of the centre, and the facilities and services to be provided to residents.

Judgment: Compliant

**Regulation 31: Notification of incidents**

Notifications had been made to HIQA as required by the regulations, in relation to incidents in the centre.

Judgment: Compliant

**Regulation 34: Complaints procedure**

A policy and procedure was in place for the management of complaints in the centre. Information was available to residents in order for them to access advocacy services should they require.

Judgment: Compliant

**Quality and safety**

Residents in the centre were supported through a holistic person-centred approach, which enabled them to enjoy fulfilling and active lives, while actively participating in, and contributing to community life. However, some improvement was required in external works to the premises, and in guidance on a therapeutic intervention to support a resident's emotional needs.

The support provided to residents reflected their assessed social, personal and health care needs. The individual choices of residents were acknowledged, respected and acted upon, and were reflected in personal goals and plans, in daily activities and lifestyle for residents, and in the running of the centre as a whole. The ethos of the centre reflected a continuous drive for improvement in the support provided to residents, which had enabled residents to benefit from community living, and to experience new and diverse activities and relationships.

Residents were enabled to develop and maintain relationships both with their families and with the local community. Personal plans set out individual goals and
aspirations of residents and the support required to meet those goals. On review of personal plans, it was evident that social and personal goals were acted upon, which had enabled residents to experience new opportunities, meet new people and develop new skills. For example, residents participated in the local Tidy Town event, attended sporting events, availed of local restaurants, pubs and shops, were learning horticultural skills and had been facilitated with trips away. New goals were developed for the upcoming year and detailed plans set out the support residents required to achieve these goals.

Residents’ healthcare needs were comprehensively supported through a timely and holistic model of care. Residents were facilitated to attend a general practitioner, a range of allied health care professionals and general hospital services as their needs required. The recommendations arising from medical and multidisciplinary team reviews, formed the basis of health care plans, which guided practice. The inspector found health care plans were implemented and residents’ healthcare was monitored both in the centre, and with relevant professionals on an ongoing basis, enabling resident to achieve and maintain good health.

Residents were also supported with their emotional wellbeing and had access to a psychiatrist and a clinical nurse specialist in behaviour. Staff had been provided with relevant training, and from speaking with one staff member, it was evident that they had the necessary knowledge to support residents with their emotional needs. However, some improvement was required to ensure the indications for use of a prescribed therapeutic intervention was set out in plans in order to guide a consistent and up to date response.

Systems were in place to ensure residents were safeguarded and staff had received up to date training in safeguarding. Staff were knowledgeable on the forms of abuse and on the appropriate response in the event of a safeguarding concern.

There was a system in place for reporting and managing incidents in the centre. In addition, individual and system risks had been assessed, and the inspector observed control measures were implemented to mitigate risks identified. For example, where a resident was at risk of the effects of a fire, additional fire drills had been undertaken, and measures put in place to support the resident to evacuate the centre should that be required.

The centre was spacious and comfortable, and well maintained. Rooms were decorated with residents’ personal items and photographs. Residents accessed a spacious rear garden however, external fencing to an adjoining site was in disrepair. This was noted in a previous inspection, and in the interim secure temporary fencing was erected to mitigate the risk of injury to residents, staff or visitors. The person in charge outlined that arrangements were in place to address this issue.

Appropriate fire safety systems were also in place in the centre. Regular fire drills were carried out, with additional fire drills completed to address issues identified during regular drills. Fire safety equipment such as fire extinguishers, emergency lighting, fire alarm and smoke detectors were provided and had been serviced as per the requirements of the regulations. The inspector viewed documentation
related to fire door certification, as identified at the previous inspection

Overall residents appeared to be happy, and were supported to enjoy fulfilling and meaningful lives. The quality of support and care provided in the centre had enabled residents to be active members of their community and to continue to develop new skills, exercise choice and achieve goals.

**Regulation 11: Visits**

Suitable facilities were available for residents to receive visitors including private and communal spaces and the centre had an open visiting policy.

Judgment: Compliant

**Regulation 13: General welfare and development**

Appropriate care and support was provided to residents, enabling residents to participate in activities and events of their choice. Person centred goals for residents reflected residents wishes, choices and focused on developmental skills and new opportunities for residents.

Judgment: Compliant

**Regulation 17: Premises**

Overall the premises were clean well maintained and met the needs of the residents in a homely and comfortable way. However, an outstanding issue with regards to unstable external fencing had yet to be resolved. In the interim, the registered provider had taken action to ensure the area around the fencing was secure and hence mitigating the risk presented. Evidence was available to confirm the person responsible to manage the associated works had attended the centre and the person in charge informed the inspector of the intended plan of works. Maintenance work on a bathroom, identified as an issue on the previous inspection was complete on the day of inspection.

Judgment: Substantially compliant

**Regulation 26: Risk management procedures**
The registered provider had ensured the health and safety of residents, visitors and staff was promoted and protected, and demonstrated a responsive approach to managing risks in the centre.

Judgment: Compliant

**Regulation 27: Protection against infection**

Suitable arrangements had been put in place for the prevention and control of infection in the centre.

Judgment: Compliant

**Regulation 28: Fire precautions**

The inspector found effective fire safety arrangements were in place. Suitable equipment such as fire extinguishers, fire alarm, smoke detectors and emergency lighting were provided in the centre. There were regular fire drills carried out in the centre. Where issues arose with drills, the person in charge had taken appropriate action to mitigate the risks. Personal emergency evacuation plans were developed outlining the support residents required to evacuate the centre.

Judgment: Compliant

**Regulation 5: Individual assessment and personal plan**

A comprehensive assessment of each resident’s personal, social and healthcare needs had been carried out which were multidisciplinary in approach, and informed the development of personal plans. Personal plans reflected identified needs and aspirations of residents, and plans outlined the support required to meet the stated needs and goals. Plans were reviewed three monthly or more frequently should the need arise. Personal plans had been made available in accessible format for residents, both in picture album and daily picture schedule format.

Judgment: Compliant

**Regulation 6: Health care**
The inspectors found residents were supported with their health and wellbeing through holistic and timely healthcare provision. Residents attended a general practitioner and a range of allied healthcare providers as their needs required, for example, Clinical Nurse Specialist in Health Promotion, dietician, dentist and psychiatrist. Recommendations arising from healthcare professional reviews were found to be implemented and residents’ wellbeing was monitored on an ongoing basis.

Judgment: Compliant

**Regulation 7: Positive behavioural support**

Overall the inspectors found residents were provided with support in order to manage their emotional wellbeing and staff had a positive and informed approach in responding to behaviours of concern. Therapeutic interventions to support residents with their emotional wellbeing were regularly monitored and reviewed. However, improvement was required in a prescribed therapeutic intervention, to ensure indications for its use, was clearly set out in plans, in order to guide a consistent and up to date intervention response.

Judgment: Substantially compliant

**Regulation 8: Protection**

Arrangements were in place to ensure residents were protected, and to ensure appropriate reporting mechanisms should a safeguarding concern arise. Staff had completed training in safeguarding of vulnerable adults and in Children’s First. Two staff spoken with were knowledgeable on the forms of abuse and on the reporting and response requirements to an allegation, suspicion or incident of abuse.

Residents’ personal plans contained details on the care to be provided to residents with their intimate care, in order to protect their dignity and privacy, while respecting their personal preferences in this regard.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Registration Regulation 5: Application for registration or renewal of registration</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 22: Insurance</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
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<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: General welfare and development</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 27: Protection against infection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 17: Premises: An external boundary fence will be replaced by 31.06.2020 (or earlier) as building works on adjacent site are nearing completion, as discussed between the person representing the registered provider and the developer concerned on 24/03/2020.</td>
<td></td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: An identified prescribed therapeutic intervention, has been fully reviewed and elaborated upon, to fully ensure indications for its use, are clearly set out, in order to guide a consistent and up to date intervention response.</td>
<td></td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(1)(b)</td>
<td>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.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/06/2020</td>
</tr>
<tr>
<td>Regulation 07(1)</td>
<td>The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>09/03/2020</td>
</tr>
</tbody>
</table>