<table>
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<tr>
<th>Centre name:</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003618</td>
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<td>Centre county:</td>
<td>Louth</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Company Limited By Guarantee</td>
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<tr>
<td>Provider Nominee:</td>
<td>Declan Moore</td>
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<tr>
<td>Lead inspector:</td>
<td>Raymond Lynch</td>
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<tr>
<td>Support inspector(s):</td>
<td>Paul Pearson</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>8</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 01 August 2017 09:00  
To: 01 August 2017 16:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

**Background to inspection:**

This was an announced inspection to inform a renewal of registration decision after an application to the Health Information and Quality Authority (HIQA) by St. John of God Community Services Ltd (the provider) to continue with the registration of this centre.

The centre was previously inspected in September 2014 where very good levels of compliance were found across the majority of outcomes. Based on that inspection the centre was registered. This inspection was to make a decision if the centre was fit for a renewal of registration with HIQA.

It was found that quality and safety of care delivered to each individual resident was to a very high standard, residents reported that they loved living in their home, family members spoken with said the service was a 'model of excellence' and that management and staff went out of their way to ensure their loved ones were very well supported and cared for.

**How we gathered our evidence:**

The inspectors met with five staff members and interviewed one of them about the service being provided to the residents. The person in charge and the house manager were also spoken with at length as was the director of nursing.
The inspectors also met with all eight of the residents over the course of the inspection and had the opportunity to have lunch and a cup of tea with them. Residents appeared very much at ease with management and staff and were delighted to show the inspectors around their home.

The residents also invited inspectors into their day service (which was attached to the house), where they engaged in meaningful activities such as arts and crafts, relaxation therapies, gardening and baking. Residents were delighted to show the inspectors their paintings (some of which they had won awards for).

It was observed that the house was decorated taking into account the residents' individual likes and preferences. Bedrooms were also personalised and residents had pictures of family members on display.

Feedback from family members via questionnaires was extremely positive and the inspectors spoke directly with one family member who was very complimentary about the care and support that was provided. They were also very complimentary about management and staff.

Policies and documents were also viewed as part of the process including a sample of residents' health and social care plans, health and safety documentation, safeguarding documentation and risk assessments.

Description of the Service:

The centre comprised of a large eight bedroom bungalow in Co. Louth supporting eight individual residents. It was surrounded by exceptionally well maintained gardens and had a private courtyard for residents to avail of. There was garden furniture available as was there a barbeque facility.

The centre was bright, spacious, clean and exceptionally well maintained. Each resident had their own bedroom (some ensuite), there were 2 large and very well decorated sitting rooms, a large kitchen area, separate dining facility and a large utility room. A day activation service was also attached to the centre for residents to avail if they so wished.

The centre provided transport so as residents had access to local amenities such as churches, hotels, restaurants, barbers, pubs, cinema and shopping centres. The centre was in close proximity to a nearby villages and towns.

Overall Judgment of our Findings:

Of the seven outcomes assessed (which included all core outcomes) all seven were found to be compliant. It was also found that the actions from the previous inspection in 2014 had been addressed adequately. This included the actions given for Outcome 7: Premises, Outcome 13: Statement of Purpose and Outcome 18: Documentation.
This inspection found that residents were in receipt of a person centred, individualised service, staff were attentive to the needs of the residents, the systems of governance and management in place were effective and family members spoke highly of the quality and safety of care and support provided to the residents.

This was further discussed in the main body of this report.
Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall the inspectors found that the social care needs of each resident was being encouraged, supported and facilitated in the centre.

The inspectors found that the wellbeing and welfare provided to the residents was to a very good standard and from a sample of files viewed, each resident had comprehensive health, personal and social care plans in place which were regularly reviewed and updated.

Plans were informative of each resident's likes, dislikes and interests and provided key information to include, their meaningful day, safety issues, support requirements, health needs and important people in their lives.

The plans identified social goals that were important to each resident and from the sample viewed by the inspector, it was observed that each goal was documented and a plan of action in place to support its' achievement.

For example, some residents chose to go to concerts, go on an overseas holiday and have overnight stays in hotels. The inspectors saw that these goals had been documented and achieved for the residents, with the support of family members, management and staff. Residents were delighted to show the inspectors pictures of their various holidays, cruises and social outings.

Staff also supported residents to use local amenities such as pubs, cinema, shops and restaurants. Residents also attended a day activation centre (if they so wished) where
they engaged in a range of centre based and community based activities. Inspectors (at the invitation of the residents) spent some time in the day activation centre, where residents were delighted to show off their art work and woodwork.

Residents were also supported to engage in other activities such as gong therapy, exercise programmes, baking and gardening. Inspectors saw the residents' garden areas where they were growing a range of fruit and vegetables.

**Judgment:**
Compliant

### Outcome 07: Health and Safety and Risk Management

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors were satisfied that the health and safety of residents, visitors and staff was being promoted and protected and adequate systems were in place for the management of risk in the centre.

There was a Health and Safety Statement in place which was specific to the centre. The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There were policies and procedures available on risk management. They were found to be comprehensive and met the requirements of the Regulations. The centre also had a risk register which was made available to the inspectors on the day of inspection.

The inspectors were satisfied that where a risk was identified it was appropriately addressed and actions put in place to mitigate it.

For example, a risk assessment for a resident at risk of falling informed that in order to mitigate the risk the resident required interventions such as a specific and individual 'falls risk assessment', a review by the physio and occupational therapist and the placement of grab rails where appropriate. The inspectors observed that all these interventions were in place on the day of this inspection.

There was also good evidence that the centre responded to and learnt from all adverse incidents occurring and there was a system in place to review all incidents and accidents. The house manager said that should an adverse incident occur in the centre it would be recorded, reported and discussed at staff meetings so as learning from the
incident could be shared among the entire staff team.

The inspector also found that that a fire register had been compiled for the centre which was up to date. Fire equipment such as fire blankets and fire extinguishers were installed and had been serviced by a consultancy company in 2017.

There was also emergency lighting, smoke detectors and fire doors installed.

Documentation read by the inspector informed that staff would do daily checks on escape routes and fire alarm panel. Weekly checks were also carried out on manual call points, smoke detectors and emergency lighting.

Fire drills were carried out quarterly and all residents had individual personal emergency evacuation plan in place. A recent fire drill informed that there were issues regarding the evacuation of two residents.

However, both residents' their personal evacuation emergency plans had been updated to take this into account.

The inspectors also observed that there was an emergency response plan in place to provide support, guidance and procedures on what to do in the event of an adverse incident should it occur.

It was observed that there was adequate hand sanitizing gels and hot water available throughout the centre and adequate arrangements were in place for the disposal of waste.

Of a sample of files viewed, all staff had the required training in fire safety and manual handling and dysphasia.

**Judgment:**
Compliant

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**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre. A sample of files also informed the inspector that staff had training in the safeguarding of vulnerable adults.

There was a policy on and procedures in place for, safeguarding residents which staff that worked in the centre had training on. Of the staff spoken with during inspection, they were able to demonstrate their knowledge on what constitutes abuse, how to manage an allegation and all corresponding reporting procedures.

They were also able to identify who the designated person was in the centre and make reference to the safeguarding policies and procedures.

It was observed that there was a recent safeguarding issue reported in this centre. However, the inspectors observed that it had been reported, recorded and addressed with the involvement of all relevant personnel. Staff were very aware of the issue and how to respond to it should it occur.

There was also a policy in place for the provision of personal intimate care in each resident’s personal plan. Personal intimate care guidelines were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect.

The inspectors observed that intimate care plans were informative of how best to support the residents while maintaining their independence, respect and dignity.

There was a policy in place for the provision of positive behavioural support and all staff were trained in the management of challenging behaviour that including de-escalation and intervention techniques as required.

Of the staff spoken with by the inspector, they were able to verbalise their knowledge of the residents positive behavioural support plans and knew how to support residents in line with policy, standard operating procedures and each residents positive behavioural support plan.

There was also a policy on the use of restrictive practices in the centre. It was observed that there were some restrictive practices in place. However, where a restriction was used it was only used to support a resident stay safe.

It was also observed that restrictive practices were regularly reviewed by the organisations ‘Guidelines on Restrictive Interventions Committee’ (GRIC)

Judgment:
Compliant
**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found that there were arrangements in place to ensure that residents' healthcare needs were supported and regularly reviewed with appropriate input from allied healthcare professionals as and when required.

The house manager on duty on the day of the inspection informed the inspectors that arrangements for residents to have access to a GP and a range of allied healthcare services were available.

From a sample of files viewed, the inspector observed that residents had access to a GP as and when required, and a range of other allied healthcare professionals.

For example, appointments with dentists, clinical nurse specialists, speech and language therapists, occupational therapists, chiropodists, dieticians and mental health professionals were arranged and facilitated annually or sooner if required.

Where required, positive mental health was also comprehensively provided for. In this instance residents had access to psychiatry supports and a clinical nurse specialist in behaviour to support and promote their overall mental health and wellbeing.

The inspector also observed that residents with epilepsy were regularly reviewed by a neurologist and in-depth care plans were on file to support these residents.

Of the staff spoke with they were able to demonstrate their knowledge of these care plans and where required all had training in the administration of rescue medication and safe administration of medication. Hospital appointments were also supported and provided for as and when required.

There was a policy available on food and nutrition. The purpose of the policy was to provide clear information the importance of good nutrition and physical activity.

The inspectors observe that residents were supported to eat healthily, make healthy choices with regard to meals and where required were reviewed by a clinical nurse specialist in health promotion.

It was also observed that physical exercise programmes were supported and encouraged and as part of the personal plans residents were supported to engage in physical activities such as walking.
The inspector also found that arrangements were in place to meet the residents’ nutritional needs. Weights were also recorded as required.

The inspectors had a meal with the residents and found that the food was homemade and nutritious. It was also found that mealtimes were a social and relaxed occasion where staff and residents dined and chatted together.

**Judgment:**
Compliant

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**Outcome 12. Medication Management**
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors found that the medicines management policies were satisfactory and that practices described by the house manager on duty (who was a registered nurse) were suitable and safe. A minor issue was identified with regard to the information on a protocol for the administration of a p.r.n. medicine however, this was addressed prior to the end of the inspection.

The medicines management policy in place in the centre had been reviewed and updated as required. The overall aim of the policy was to ensure safe and effective administration of medication in line with best practice.

A locked drug press was in place and medication prescription sheets were available that included sufficient detail to ensure safe prescription, administration and recording standards. There were also appropriate procedures in place for the handling and disposal of unused medicines in the centre.

There was a system in place to record any drug errors. The inspector observed that if an error were to occur it would be reported accordingly to the person in charge and in line with policy and procedure. However, the inspector observed that there had been no recent drug errors on record in the centre.

Medications were routinely audited in the centre and from viewing a sample of these audits, the inspector observed that all medications in use could be accounted for at all times.
It was observed that if non nursing personnel were to administer medication, they were suitably trained in the safe administration of medication.

All p.r.n. medicines had strict protocols in place for their use and as stated above a minor issue was identified with regard to the information on a protocol for the administration of a p.r.n. medicine. However, the person in charge and house manager addressed this issue prior to the end of the inspection

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall the inspectors found that there was a clearly defined management structure in place with clear lines of authority, accountability and responsibility for the provision of the service.

The centre was being managed by a suitably qualified, skilled and experienced person in charge who was being supported in her role by an experienced and qualified person participating in management. Both were qualified professionals with significant experience of working in and managing services for people with disabilities.

From speaking with the person in charge and the house manager it was evident that they had an in-depth knowledge of the individual needs and supports of the resident who lived in the centre.

They were also aware of their statutory obligations and responsibilities with regard to the role of person in charge and person participating in management of the centre and to their remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector also found that appropriate management systems were in place for the absence of the person in charge. A qualified person participating in management
(registered nurse) supported the person in charge and there was also an on call system in place, where staff could contact a manager 24/7 in the event of any unforeseen circumstance.

It was observed that there were a team of nursing staff, social care workers a care assistant and a household staff member working in the centre.

An annual review of the Quality and Safety of Care for 2016 had been facilitated in the centre. This was also supported by a system of internal auditing and unannounced visits to the centre by an audit team. The inspector observed that where an issue was being identified in the auditing process it was being actioned and addressed accordingly.

**Judgment:**  
Compliant

**Outcome 17: Workforce**  
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**  
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
The inspectors found that there were sufficient staff numbers with the right skill mix, qualifications and experience to meet the assessed needs of the residents living in the centre. The issues identified in the last inspection regarding the employment of a household staff member, training in dementia care and food and hand hygiene training had been addressed.

There was a team of nursing staff, social care workers, a care assistant and a household staff member working in the centre. From a sample of files viewed all nursing staff had up to date registration with their relevant professional body.

It was also observed that the social care workers and health care assistants had undergone extensive training so as to enhance their skills in supporting each resident. Social care workers were also qualified as was the healthcare assistant.

All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and schedule 2 of the Regulations. The inspector reviewed a small sample of staff files and found that records were maintained and
available in accordance with the Regulations.

The inspector observed that residents received assistance in a dignified, timely and respectful manner. From observing staff it was evident that they were competent to deliver the care and support required by the residents.

Feedback from all family members was extremely complimentary about all staff working in the centre and one family member requested that their view be represented in this report. The reported to inspectors that the care provided in the centre was exceptional and it was a model of excellence.

The house manager met with her staff team on a regular basis in order to support them in their roles. A sample of supervision notes were viewed by the inspector. It was found that the supervision process was adequate and supported staff in improving their practice and to keep up to date with any changes happening in the centre.

It was observed that all mandatory staff training was up to date with a system in place to identify staff who required refresher training in the colander year. Inspectors found that all staff had completed the refresher training within the required timeframes and future training was planned to ensure training was in-date.

| Judgment: |
| Compliant |

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Raymond Lynch  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority