Office of the Chief Inspector

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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>An Sli</th>
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</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>Unannounced</td>
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<tr>
<td>Date of inspection:</td>
<td>17 July 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003618</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0021811</td>
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</tbody>
</table>
About the designated centre

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

This is a residential service providing services to eight adults with disabilities. The centre is in Co. Louth and in close proximity to a number of large towns and small villages. The centre comprises of a large detached bungalow and each resident has their own bedroom (some ensuite) decorated to their individual style and preference. Communal facilities include a large fully equipped kitchen, a separate utility room, 2 fully furnished sitting rooms, a number of communal bathroom/showering facilities and a staff office. There is also a large separate activation area (with 2 bathrooms and a kitchen facility) where residents can relax and engage in learning activities, hobbies of interest or watch TV. There is ample private parking to the front of the centre and well maintained gardens to the rear. The centre also has a large beautiful courtyard which is accessible to the residents Systems are in place to ensure residents social, emotional and healthcare needs are comprehensively provided for. Residents have access to GP services and a range of other allied healthcare professional services/therapeutic services as required. Transport is provided so as residents can avail of holiday breaks and social outings to shops, cinema, shopping centres, hotels, restaurants, pubs and beauticians. The service is staffed on a 24/7 basis with a qualified and experienced person in charge. She is supported in her role by a house manager, a team of staff nurses, social care workers and healthcare assistants.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 7 |
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>17 July 2019</td>
<td>10:30hrs to 16:00hrs</td>
<td>Raymond Lynch</td>
<td>Lead</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

The inspector met and spoke with all of the residents who avail of this service. Residents reported that they were very happy with the service provided, got on very well with the staff team and had no complaints about the centre. Residents were happy to show the inspector their bedrooms and it was observed that they were decorated to the individual style and preference of each resident. Residents also discussed with the inspector their plans to redecorate and paint their rooms in the near future. At the time of the inspection some residents were engaged in artwork and hobbies of their choosing and showed the inspector their paintings and flower arrangements.

Written feedback from residents on the service provided was very positive. Residents reported that they felt safe in their home, felt their privacy and dignity and were happy with the recreational and social activities on offer. They also said they were happy with the staff team. From observing residents over the course of the inspection the inspector noted that they were comfortable in the presence of staff and staff were at all times warm, considerate and professional in their interactions with residents. Residents also got on very well with each other and appeared very much at home in the service.

The inspector also viewed written feedback on the service from family representatives. This feedback was also very complimentary about the service provided to include the management and staff working in the centre.

Capacity and capability

Residents appeared very happy and content in this centre and the model of care provided supported their autonomy, individual choice and preference. This was reflected in the high levels of compliance found across most regulations assessed as part of this inspection process. However, the inspector observed that each resident required significant staff input and support and a new admission was in progress at the time of this inspection. In turn, the provider needed to review the staffing arrangements so as to ensure the centre continued to have adequate cover and support in place at all times to meet the assessed and complex needs of all eight residents.

The centre had a management structure in place which was responsive to residents’ assessed needs and feedback on the service. There was a clearly defined and effective management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported in
her role by a full-time and experienced and clinical nurse manager I (CNMI).

The person in charge was a qualified clinical nurse manager III (CNM III) and provided effective leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being provided for as required by the regulations. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to the residents.

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications (in nursing, social care/healthcare) and all had undertaken a suite of in-service training including safeguarding, children's first, fire safety, manual handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a knowledgeable, consistent, capable and safe way.

However, all residents required significant staff input and support and a new admission to the centre was in progress at the time of this inspection. Up to three residents were assessed as requiring 2:1 staffing support and the inspector observed (on the day of this inspection) that there were only three staff on duty to meet the assessed and complex needs of all eight resident from 3.30 pm onwards. Taking into account that three residents were assessed as needing 2:1 staffing support and a new admission was underway at the time of this inspection, the provider needed to review the current staffing arrangements in place so as to assure there was adequate cover and support available at all times to meet the assessed and complex needs of all residents living in the centre.

The person in charge and social care leader ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre. For example, an audit on the centre identified that a positive behavioural support plan required review and some staff were due refresher training in fire safety. These issues had been actioned and addressed at the time of this inspection.

There were systems in place to ensure that the residents’ voice was heard and their rights were respected in the centre. Access to an independent advocate also formed part of the service provider. Residents were involved in the running of the centre, held weekly meetings, chose what social activities to engage in and agreed weekly menus between them. They were also consulted with about their care plans and were satisfied as to how their needs were being provided for. Residents were very complimentary about the service provided and staff team working in the house.

There were also systems in place to record and respond to any complaint arising in the service. The inspector observed that no complaints had been made about the
service in 2019 however, the centre had a record of many compliments received from residents, family members and other stakeholders expressing satisfaction with the service overall.

Overall, from spending time with and speaking directly to the residents, from reviewing written feedback on the service a family representative and from speaking with management and staff during the course of this inspection, the inspector was assured that the model of care provided supported the residents’ autonomy, individual choice and preference.

**Regulation 14: Persons in charge**

The inspector found that there was a person in charge in the centre, who was a qualified professional (Clinical Nurse Manager) with significant experience of working in and managing services for people with disabilities. She also held a third level qualification in management.

She was also aware of her remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She provided good supervision and support to her staff team and knew the needs of each individual resident very well.

Judgment: Compliant

**Regulation 15: Staffing**

The provider needed to review the staffing arrangements in place so as to ensure the centre continued to have adequate cover and support in place to meet the assessed and complex needs of all eight residents.

Judgment: Substantially compliant

**Regulation 16: Training and staff development**

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in safeguarding of vulnerable adults, safe administration of medication, positive behavioural support, fire safety, dysphagia and Children's First.
From speaking with one staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs in a safe and competent manner.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There was an experienced person in charge who was supported by an experienced CNM I and qualified staff team. At times over the course of this inspection one of the staff nurses facilitated the inspection process and it was found that she had the skills, knowledge and competence to do so. She was also aware of the centres remit to the regulations and had a very good insight and understanding of the assessed needs of the residents.

Judgment: Compliant

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

The registered provider had ensures that the new admission to the centre was in line with the Statement of Purpose and the person in charge had ensured the the resident was provided with ample opportunities to visit the centre prior to the final admission.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to
residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

**Judgment:** Compliant

**Regulation 31: Notification of incidents**

The person in charge was aware of her remit to notify the chief inspector as required by the Regulations of any adverse incidents occurring in the centre.

**Judgment:** Compliant

**Regulation 34: Complaints procedure**

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. However, no complaints had been received about the service in 2019.

It was also observed that residents had access to independent advocacy services if required.

**Judgment:** Compliant

**Quality and safety**

The quality and safety of care provided to the residents was being monitored and was to a good standard. Residents were supported to have meaningful and active lives within the centre and their community, and their health, emotional and social care needs were being supported and comprehensively provided for.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that they were being supported to achieve personal and social goals and to maintain positive links with their families and their community. Residents were also being supported to achieve personal and social goals such as city breaks, holidays to Liverpool and engage in skills development programmes. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents
frequented community-based amenities such as pubs, hotels, bowling centres, shopping centres, cinema and restaurants.

Residents' healthcare needs were also being comprehensively provided for and, as required, access to a range of allied health care professionals also formed part of the service provided. The inspector saw that residents had access to GP services, dentist, speech and language therapy, occupational therapy and physiotherapy services. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and, where required, had access to psychiatry and behavioural support therapy Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required. Comprehensive support plans were also in place to help residents manage conditions such anxiety. Of the staff spoken with the inspector was assured they had a very good knowledge and understanding of the needs of the residents and how best to support them in line with their personal plans.

There were systems in place to ensure residents were adequately safeguarded in the centre and staff also had training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk of falling, they had undergone a physiotherapy assessment and specialised equipment was available to mitigate this risk. Where a resident had issues with swallowing, they were supported with a specialised diet and staff were trained in dysphagia.

There were systems in place to ensure all fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly. Fire extinguishers were serviced annually, and had last been serviced by a fire fighting consultancy company in June 2019. A sample of documentation informed the inspector that staff undertook weekly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had up-to-date personal emergency evacuation plan in place. The most recent fire drill, conducted in June 2019, informed that all residents left the premises (with staff support) when the alarm was sounded. From a sample of files viewed, the inspector observed that staff also had training in fire safety awareness.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols in place for its administration. There were also systems in place to manage, report,
respond to and learn from any drug errors occurring in the centre. Any staff member that administered medication were either qualified nursing staff or trained in the safe administration of medication.

Overall, residents spoken with by the inspector reported that they were very happy with the service, they felt adequately supported, their individual preferences were being respected and encouraged and their health and social care needs were being comprehensively provided for.

Regulation 13: General welfare and development

The provider had systems in place to ensure residents had access to a range of facilities for occupation and recreation purposes based on their interests and preferences.

Judgment: Compliant

Regulation 17: Premises

The premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. They were clean and comfortable and provided a person centred homelike environment for each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

Regulation 28: Fire precautions

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

**Judgment:** Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe. Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur (however it was observed that there were no recent drug errors in the centre) and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

**Judgment:** Compliant

### Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into resident’s personal plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

**Judgment:** Compliant

### Regulation 6: Health care

The inspector was satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

**Judgment:** Compliant
### Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to psychiatry and behavioural support. They also had a positive behavioural support plan in place, which was updated and reviewed on a regular basis and only in use to promote the residents' overall health and wellbeing.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. All staff had undertaken training in safeguarding of vulnerable adults. From speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report and respond to any issue of concern if they had to. There were currently no safeguarding issues in the centre at the time of this inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to exercise their rights and were facilitated to participate in and consent to decisions (with support where required) about their care. Residents also had control over their daily lives.

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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<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 24: Admissions and contract for the provision of services</td>
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<td>Regulation 34: Complaints procedure</td>
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<td><strong>Quality and safety</strong></td>
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<td>Regulation 13: General welfare and development</td>
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<td>Regulation 17: Premises</td>
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<td>Regulation 26: Risk management procedures</td>
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<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
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<tr>
<td>Regulation 29: Medicines and pharmaceutical services</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>
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<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
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<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
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Compliance Plan for An Sli OSV-0003618

Inspection ID: MON-0021811

Date of inspection: 17/07/2019

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action within a reasonable timeframe to come into compliance.
Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be SMART in nature. 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>
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<tbody>
<tr>
<td>Regulation 15: Staffing</td>
<td>Substantially Compliant</td>
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</table>

Outline how you are going to come into compliance with Regulation 15: Staffing:

Staffing:

From the 19.08.19 an additional 39 hours per week has been allocated to staffing roster to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents.
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 15(1)</td>
<td>The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>19/08/2019</td>
</tr>
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