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>Pleasure Hill House</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>12 February 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0004337</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0023008</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 service providing full-time care and support to five adults (both male and female) with disabilities. The centre comprises of a very large two storey house in a rural location in county Louth, but within close proximity to a number of large towns and villages. Each resident has their own large double bedroom (some being en-suite) which are decorated and personalised to their individual style and preference. Communal facilities include a large entrance hallway, a large fully furnished sitting room, a large fully equipped kitchen cum dining room, a second sitting room, a separate utility room, a relaxation/activities room, an office space and a large communal bathroom. There are also large well maintained gardens to the rear and front of the property and ample private parking space is available. Systems are in place to ensure the health, emotional and social care needs of the residents are comprehensively provided for and as required access to GP services and a range of other allied healthcare professionals forms part of the service provided. Transport is also provided so as residents can access community based facilities in nearby local towns and villages. The centre is staffed on a 24/7 basis to include a person in charge (who is a Clinical Nurse Manager III), a house manager (who is a Clinical Nurse Manager II) and a team of staff nurses, social care professionals and healthcare assistants. All staff have undertaken a suite of in-service training to ensure they have the skills and knowledge required to meet the assessed needs of the residents.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 5 |
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>Wednesday 12 February 2020</td>
<td>10:50hrs to 16:40hrs</td>
<td>Raymond Lynch</td>
<td>Lead</td>
</tr>
<tr>
<td>Wednesday 12 February 2020</td>
<td>10:50hrs to 16:40hrs</td>
<td>Caroline Meehan</td>
<td>Support</td>
</tr>
</tbody>
</table>
What residents told us and what inspectors observed

On arrival to the house the inspectors were met by three of the residents that live there. Residents appeared very happy and contented in their home and it appeared to be warm, welcoming and very well maintained. One resident showed the inspectors the sitting room area and it was observed that staff understood the needs of this resident very well. Another resident was relaxing in the kitchen area and staff were observed to be chatting to the resident and ensuring their needs were met over the course of the inspection.

The house was large, very well maintained and provided for a warm, safe and homely environment for the residents. Each resident had their own large double bedroom which were decorated to their individual style and preference. Systems were in place to ensure the health and social care needs of the residents were provided for and residents preferred social activities were supported and encouraged.

A family member spoken with as part of this inspection informed the inspectors that they were very happy with the service provided and it was like a 'home away from home' for their relative. They reported their relative was very happy living there, saw it as their home and were very well cared for. They also said that the residents had a great social live. The family member was also very complimentary of the management and staff team reporting that the care was was excellent and staff were wonderful in the support they provided to their relative.

Over the course of this inspection the inspectors observed that management and staff supported the residents in a professional, dignified, caring and person centred manner. Staff understood the communication needs of each resident and it was observed that residents were very comfortable and at ease in the presence of staff. Residents also appeared very much at home in the house and each of their rooms were decorated to their individual style and preference.

Capacity and capability

Residents appeared happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. This was reflected in the high levels of compliance found across most regulations assessed as part of this inspection process. The model of care provided to the residents was person centred and respectful of their dignity and rights.

The centre had a management structure in place which was responsive to residents' assessed needs. 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 he was supported in his role by a full time and experienced house manager.

The person in charge was a qualified Clinical Nurse Manager III (CNM III) and provided good leadership and support to his team. He ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the Regulations. He also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the residents.

Of the staff spoken with the inspectors were 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 and healthcare and all had undertaken a suite of in-service training to include safeguarding of vulnerable adults, children’s first, fire safety training, manual handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

The person in charge and house manager 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, a six monthly announced audit of centre identified that key areas of the service required updating and/or review. This audit identified that aspects of risk management required review, some personal plans required updating and some restrictive practices required further review. All these issues were addressed by the time of this inspection. There were also plans drawn up to review and address any other actions arising from the auditing process.

There were systems in place to ensure that the residents’ voice was heard and respected in the centre. Resident appeared happy and content in the centre and appeared very much at home in the company and presence of staff. Residents also held weekly meetings to decide on menus for the week and arrange social activities. There were no complaints about the service from the residents and one family member spoken with was very complimentary about the service and quality of care provided to their loved one. Information on how to contact an independent advocate was also available to both family members and residents.

Overall, from spending time with some of the residents, speaking directly with one family representative and from speaking management and staff during the course of this inspection, the inspectors were assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner. Residents appeared very happy and contented in their home, got on very well the staff team and one family representative spoken with reported that
the service was excellent.

**Registration Regulation 5: Application for registration or renewal of registration**

At the time of this inspection a complete application for the renewal of registration of the centre had been received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

**Regulation 14: Persons in charge**

The inspectors found that there was a person in charge in the centre, who was a qualified professional with significant experience of working in and managing services for people with disabilities.

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

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

Judgment: Compliant

**Regulation 15: Staffing**

On completion of this inspection, the inspectors were satisfied that there were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: 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.
and Children's First.

From speaking with one staff member over the course of this inspection, the inspectors were assured they had the skills and knowledge necessary to support the residents and meet their assessed needs.

Judgment: Compliant

**Regulation 22: Insurance**

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

Judgment: Compliant

**Regulation 23: Governance and management**

The inspectors were 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 in place who was supported by an experienced house manager.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The inspectors were 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 inspectors that it will be kept under regular review.

Judgment: Compliant
### Regulation 31: Notification of incidents

The person in charge was aware of his 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 inspectors 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, it was observed that there had been no recent complaints made about the service. It was also observed that residents had access to independent advocacy services if required.

**Judgment:** Compliant

### Quality and safety

Residents were supported to have meaningful and active lives within the centre and within their community. The quality and safety of care provided to the residents was being monitored, it was to a good standard and their health, emotional and social care needs were being supported and comprehensively provided for. However, minor improvements were required to ensure a recommended medical assessment was followed up in a more timely manner.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspectors saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and community. Residents were also being supported attend a day service, to avail of trips overseas, to avail of overnight breaks in hotels and were members of various local clubs in their community. Residents were also supported to frequent local community based amenities such as swimming pool, shops, cafes, restaurants, shopping centres and supported to go for walks and drives on a regular basis.

Residents were also supported with their health care need and as required access to a range of allied health care professionals formed part of the service provided. The inspectors saw that residents had access to GP services, dentist, chiropodist, speech and language therapy, occupational therapy and physiotherapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving best possible health. These plans helped to
ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals. It was observed however that one medical assessment as recommended by an allied healthcare professional was not followed up in a timely manner. However, when this was brought to the attention of the person in charge he provided the inspectors with assurances that the issue would be addressed as a priority.

Residents were also supported to enjoy best possible mental health and where required had access to psychiatry and behavioural support. It was also observed that staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional and calm manner if or when required.

System were in place to ensure the residents were adequately safeguarded in the service and staff had training in safeguarding of vulnerable adults. From speaking with one staff member, the inspectors were 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 an occupational therapy assessment and specialised equipment was placed in key areas of the centre to support their balance and mitigate this risk. Adequate staffing levels were also in place to ensure the residents safety.

There were systems in place to ensure all fire fighting equipment was serviced as required by the regulations. Fire extinguishers were serviced annually and the fire alarm systems and emergency lighting were serviced quarterly. A sample of documentation informed the inspectors that staff undertook as required checks on all fire fighting equipment and where required, reported any issues or faults. Fire drill were being conducted per quarter and each resident had a personal emergency evacuation plan in place. From a small sample of files viewed, the inspectors observed that staff had training in fire safety.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. p.r.n. (as required) medicine, where in use was kept under review and there were protocols in place for its administration. From a small sample of files viewed, staff also had training in the safe administration of medication.

Overall, residents appeared very happy in their home, their health and social care needs were being comprehensively provided for and systems were in place to ensure they received a safe and good quality service.

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 the issues with regard to their upkeep (as identified in the previous inspection) had been addressed.

Judgment: Compliant

**Regulation 20: Information for residents**

The provider had assured that the centre had a guide detailing a summary of the services to be provided and the terms and conditions of residency.

Judgment: Compliant

**Regulation 26: Risk management procedures**

The inspectors were 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 inspectors 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 inspectors 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 inspectors found appropriate procedures were in place for the ordering, storage, prescribing, administration and disposal of medication. The centre availed of the services of a local pharmacy. Staff had considered and assessed risks and capacity
for residents to self administer medication.

**Judgment:** Compliant

### Regulation 5: Individual assessment and personal plan

A comprehensive assessment of each resident's needs had been completed, with input from a range of multidisciplinary team members, forming the basis of the assessment, and of plans of support and care. Personal plans clearly set out the supports required to meet the assessed needs of residents, and were regularly reviewed and updated to reflect new and emerging needs of residents. The inspectors found the centre was suitable to meet the assessed needs of the residents.

**Judgment:** Compliant

### Regulation 6: Health care

The inspectors found residents were provided with comprehensive healthcare support, in line with their assessed needs. Residents attended a local general practitioner and availed of services from allied healthcare professionals and general medical services. While residents had been facilitated to attend medical treatments, improvement was required to ensure a recommended medical assessment was followed up within the time-frame specified. Residents were supported during periods of ill health through a holistic model of healthcare provision, which respected their dignity, rights and wishes.

**Judgment:** Substantially compliant

### Regulation 7: Positive behavioural support

The inspectors were satisfied that the residents had access to emotional and therapeutic supports as required. Where required, residents had regular access to psychiatry and behavioural support and had positive behavioural support plan in place, which were updated and reviewed on a regular basis.

**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 and Children’s First. From speaking with one staff member, the inspectors were assured that they had the confidence, knowledge and skills necessary to report and respond to any issue of concern if they had to.

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.

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>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>
</tr>
<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 17: Premises</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 20: Information for residents</td>
<td>Compliant</td>
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<tr>
<td>Regulation 26: Risk management procedures</td>
<td>Compliant</td>
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<tr>
<td>Regulation 28: Fire precautions</td>
<td>Compliant</td>
</tr>
<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>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 7: Positive behavioural support</td>
<td>Compliant</td>
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<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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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 6: Health care</td>
<td>Substantially Compliant</td>
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</table>

Outline how you are going to come into compliance with Regulation 6: Health care: An identified recommended medical assessment has been fully carried out as of the 4th March 2020.
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 06(2)(b)</td>
<td>The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>04/03/2020</td>
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