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>The Gables</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>St John of God Community Services Company Limited By Guarantee</td>
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<tr>
<td>Address of centre:</td>
<td>Louth</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Date of inspection:</td>
<td>03 February 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0005289</td>
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<td>Fieldwork ID:</td>
<td>MON-0025808</td>
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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 care and support to four men with disabilities. The centre comprises of a four bedroom detached bungalow located in County Louth, just outside a small busy town. Each resident has their own bedroom which are decorated to their individual style and preference. Communal facilities include a shower room, a bathroom, a kitchen/dining room and a suitably furnished sitting room. There are also well maintained garden facilities to the front and rear of the property with adequate private and on street parking. Systems are in place to meet the assessed needs of the residents and their health, social and emotional care needs are comprehensively provided for. The service is managed and staffed by an experienced and qualified social care manager, an experienced and qualified clinical nurse manager I (CNM I), a senior staff nurse and a team of social care workers, staff nurses and health care assistants.

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>
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<tbody>
<tr>
<td>Monday 3 February 2020</td>
<td>10:30hrs to 14:30hrs</td>
<td>Raymond Lynch</td>
<td>Lead</td>
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</table>
What residents told us and what inspectors observed

On arrival to this house the inspector was met by all four residents that lived there. Residents appeared in very good form and made the inspector very welcome into their home. The house was observed to be compact, warm and welcoming and residents appeared very happy and contented there. Some residents spoke with the inspector about their plans for the day and others showed the inspector around their house. One resident was very happy to show the inspector their room (which was personalised to their individual style and preference) and some of their personal items such as photographs of special occasions and loved ones.

On the morning of the inspection some residents had commenced the initial planning stages of organising a holiday overseas for later in the year and some of them had recently renewed their passports for this trip. Residents were also consulted with regarding daily activities and menu planning in their home and two of them accompanied staff to the local supermarket to buy food of their choosing (with support where required) for the week. Residents were also involved in the preparation of their own meals.

There were systems in place to ensure that the spiritual, emotional, social and healthcare needs of each resident were comprehensively provided for. Supports were also in place to ensure each resident was supported to maintain important links with friends, loved ones and family members. Residents also had regular access to community based activities to include social outings, shops, meals out, social clubs, trips to the theatre and concerts of their choosing.

The inspector sat for some time towards the end of the inspection with the two remaining residents in their sitting room. Residents appeared very happy to sit with the inspector and it was observed that staff understood and was aware of their assessed communication needs. Residents liked to listen to music and the radio was playing, which the residents seemed to enjoy very much. Residents communicated to the inspector some of their likes and things that were important to them to include going to mass. Staff informed the inspector that residents were supported to go to mass as they so wished and this also provided an opportunity for them meet with up their friends of which they very much enjoyed.

Throughout the course of this inspection the inspector observed that staff were at all times respectful, professional and caring in their interactions with the residents. Residents appeared very happy and relaxed in the company and presence of staff and they had made the house very much their home. It was warm, welcoming and the inspector observed that each resident had their own routine which was important to them and very much respected by the management and staff team alike.
Residents appeared happy and content in their home and the provider ensured that appropriate supports and resources in place to meet their assessed needs. This was reflected in the high levels of compliance found across all regulations assessed as part of this inspection process. The model of care provided to the residents was person centred and supported their autonomy and choice.

The centre has a management structure in place which responded to residents' needs and feedback. 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 an experienced house manager (who was a CNM I).

The person in charge was a qualified social care manager and provided good leadership and support to her team. She (along with the house manager) 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. She 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 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 and all had undertaken a suite of in-service training to include safeguarding of vulnerable adults, Children’s First, fire 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 recent audit of the centre identified that key areas of the service required updating and/or review. This included a review of some restrictive interventions, care plans and elements of the risk management process. All these reviews had been completed by the time of this inspection and the person in charge had plans in place to ensure any other actions arising from audits would be addressed in a timely manner.

There were systems in place to ensure that the residents’ voice was heard and respected in the centre. Residents were involved in the daily running of their home and were consulted with regarding social activities, menu planning and care plans.
Systems were also in place to make a complaint about the service however, there were no complaints on file at the time of this inspection. Information was also available to the residents on how to make contact with an independent advocate if they so wished.

Overall, from spending time with and speaking directly to the residents and from speaking with management and staff during the course of this inspection, the inspector was 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 content in their home and staff were observed to support the residents in a person-centred, respectful, warm and caring manner at all times over the course of this inspection.

**Regulation 14: Persons in charge**

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

She was also aware of her remit to 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**

On completion of this inspection, the inspector was 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.

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### 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 house manager. At times over the course of this inspection the house manager co-facilitated the inspection process and it was found that he had the skills, knowledge and competence to do so.

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### 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.

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### Regulation 31: Notification of incidents

The person in charge was aware of her remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by the regulations.
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, 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 provided in consultation with each resident. Their health, emotional and social care needs were also 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 the residents were being supported to achieve personal and social goals and to maintain important links with their families, friends and community. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, some residents went horse riding, some went to the Fleadh in Drogheda, others were members of local clubs, some went to football matches in Dublin, concerts and theatre. Residents were also in early stages of organising their summer holiday abroad at the time of this inspection.

Residents were also being supported with their health care needs. Regular 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 as required access to GP services, dentist, chiropodist, speech and language 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.

Residents were also supported to enjoy best possible mental health and where required had access to psychiatry and behavioural support specialists. It was
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.

Systems were in place to ensure each resident was safeguarded in the service. Staff had training in the safeguarding of vulnerable adults and at the time of this inspection there were no safeguarding concerns in the centre. Residents also had access to independent advocacy service

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 mitigate this risk. Systems were also in place to ensure all fire fighting equipment was serviced as required. A sample of documentation informed the inspector that staff undertook as required checks on all fire fighting equipment and where required, reported any issues or faults. Fire extinguishers were last serviced in June, 2019 and the fire alarm systems (to include emergency lighting) was serviced in January, 2020. Fire drills were held every quarter, with the last one being facilitated on January 11, 2020. All residents evacuated the premises safely and no issues were reported. Each resident also had on file a personal emergency evacuation plan.

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. Systems were also in place for managing a drug error should one occur however, it was observed that there were no recent errors on file.

Overall, residents appeared very happy and contented in their home, staff were observed to support each resident in a professional, warm and caring manner and systems were in place to comprehensively meet their assessed needs.

**Regulation 17: Premises**

The premises were suited for their stated purpose and provided a welcoming, safe and secure home for each of the four residents.

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.
Management had put together a risk matrix containing environmental and individual risks and identified the mitigating factors in addressing such risks.

Judgment: Compliant

**Regulation 28: Fire precautions**

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting.

Documentation viewed by 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**

Practices on the areas such 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 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. An issue to do with the protocols in place for the administration of some medications had been addressed since the previous inspection.

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 multi-disciplinary input into resident’s person 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 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 access to psychiatry and behavioural support and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis.

There were some restrictive practices in use in the centre. However, they were being reviewed as required and were only in use to promote the residents' health, safety and overall well being.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to ensure the residents were adequately safeguarded in their home. Staff had training in the safeguarding of vulnerable adults and there were no current safeguarding concerns at the time of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted and respected in the centre and they were involved in the running of their home. Staff were observed to respect the rights of each resident and support them in a person centred, caring and professional manner.

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>
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<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Regulation 14: Persons in charge</td>
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<td>Regulation 29: Medicines and pharmaceutical services</td>
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<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
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<td>Regulation 6: Health care</td>
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<tr>
<td>Regulation 7: Positive behavioural support</td>
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<tr>
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