



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

Issued by the Chief Inspector

Name of designated centre:	Solas Na Gréine
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	01 June 2021
Centre ID:	OSV-0002990
Fieldwork ID:	MON-0032356

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 full-time care and support to three adults with disabilities. The centre comprises of a large two storey dwelling in a mature housing estate in Co. Louth. Communal facilities include a spacious fully furnished sitting room, a well equipped kitchen cum dining room and a separate laundry facility. Each resident has their own bedroom, which are decorated to their individual choice, style and preference. Communal bathroom facilities are provided on both floors of the house. There are mature gardens to the front and back of the premises and ample private and on street parking is available. The centre is in walking distance to local facilities such as shops, pubs and restaurants It is also close proximity to a number of large towns and villages. Private transport is provided a and a local bus service is available to residents who wish to avail of trips further afield or avail of community based facilities in Dublin, Drogheda and Dundalk. The staffing arrangements for the centre consist of a person in charge, who is an experienced and qualified Clinical Nurse Manager III (CNM III). There is also a house manager, who is an experienced and qualified CNM 1, staff nurses and a team of qualified and experienced social care professionals/health care assistants. There are also systems in place to ensure the residents social and healthcare needs are comprehensively provided for and as require access to a GP and other allied healthcare professionals form part of the service provided. Residents are also supported to have meaningful and important roles in their community and have a range of work options and day service placements available to them. This service operates in a culture of person centeredness and consultation with the residents, is responsive in the meeting their assessed needs and residents very much see it as their home

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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:

Date	Times of Inspection	Inspector	Role
Tuesday 1 June 2021	10:00hrs to 15:00hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met and spoke with one resident and spoke with two family representatives over the phone, so as to get their feedback on the service provided. Written feedback on the quality of care from two additional family representatives and two residents was also reviewed as part of this inspection. The resident met with appeared content and settled in their home, and the staff were observed to be person centred and caring in responding to their needs.

The resident met with by the inspector, said they loved their home and were happy living there. They also said that they got on very well with the staff team and if they had any concerns or complaints, they would let a member of staff know. The inspector observed that the resident was relaxed and comfortable in the presence of both management and staff and, staff were at all times, observed to be professional and caring in their interactions with the resident. The resident informed the inspector that they made their own choices about their daily routine and what activities to engage in and, staff were observed to be supportive and respectful of the resident's choices.

Prior to COVID-19, residents were attending various day services, visiting family members, visiting community-based amenities and going on regular social outings. However, despite the current lock down, the staff team ensured that a number of recreational and learning activities were available to the residents in their home. For example, some residents had learnt how to use various forms of multi-media and information technology. This supported the residents to communicate with and, stay in contact with their loved ones while there were restrictions on visits to the house. Other in-house activities included baking, arts and crafts, cooking and exercise programmes.

The resident met with reported that they enjoyed these activities and showed the inspector some of their art work, which was hanging on the wall of their bedroom. The resident told the inspector that they loved their room and, as part of their goals for 2021, they were going to redecorate and paint it. While the resident would need some support from staff with this work, they told the inspector that they would chose the paint and decide for themselves, what they wanted done. The inspector also observed that the resident's room was decorated to their individual style and preference. For example, pictures of their favourite football team and pop group were hanging on their wall.

The three residents had also revamped and redesigned the back garden over the lock down period. The resident met with was happy to show the inspector the work that was done to the garden and said they were very happy with the result. Some residents had also taken up exercise programmes and liked to go for walks in the local town. Staff also informed the inspector that the three residents were very well known in their community and local shops and, some of them had recently volunteered to participate in the local tidy towns programme. The inspector also

noted that transport was available to residents who liked to avail of scenic drives and country walks further afield.

Both family representatives spoken with were very positive about the quality and safety care provided to their relatives. One informed the inspector that they believed the care provided was very good, their relative was safe in the service and, that they were very happy living there. They also reported that there were plenty of social activities for the residents to engage in, they were very well known in their community and get on very well with the neighbours. They informed the inspector that their staff team were very approachable, very kind and, they had no issue with any aspect of the service provided.

The second family representative spoken with, was equally as complimentary and positive about the quality and safety of care. They said their relative was very well cared for, they were happy living in the centre, the staff team were brilliant (especially over the Covid-19 period and lock down) and, they had no complaints whatsoever about any aspect of the service.

Written feedback on the service from two family members and all three residents was also positive. For example, residents reported that they were happy in their home, happy with their accommodation, satisfied with the staff team, happy with the level of choice offered to them and happy that their rights were respected. One family member reported that they were satisfied with the service, happy with the care and support provided, the staff were courteous and they had no complaints. The other family member said in their written feedback that the service was excellent.

Overall, the governance and management arrangements in place in this service, were responsive in supporting and meeting the needs of, and promoting the rights of, the residents. Residents lived lives of their choosing (with support as required) and appeared happy and content in their home. Staff were observed to be professional and caring in their interactions with the resident (on the day of this inspection) and the resident, appeared relaxed and comfortable in the presence and company of both management and staff. Feedback on the service from residents and family representatives was also found to be positive and complimentary.

A minor issue was identified with the upkeep of the premises however, this was not impacting on the quality or safety of care provided to the residents.

The following two sections of this report, outlines how the providers capacity and capability to operate a responsive service, has impacted positively on the quality and safety of care provided to the residents living in this centre.

Capacity and capability

The resident met with informed the inspector that they loved their home and, the

provider ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge was an experienced Clinical Nurse Manager III (CNM III) and the house manager was an experienced CNM I and, both provided leadership and support to their team. They both knew the needs of the residents very well and ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, basic life skills, positive behavioural support, manual handling and infection control.

It was observed that the service had to delay some refresher face to face practical training due to the current COVID-19 pandemic. However, there were plans in place to address this issue and the person in charge informed the inspector that staff had now been booked onto the relevant training courses.

The person in charge was also found to be responsive to the inspection process and, aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It 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.

The person in charge and house manager also 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. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the most recent six-monthly unannounced visit to the centre identified that aspects of the risk management process required review and, some residents' hospital passports required updating. These issues had been addressed at the time 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 nurse with experience of working in and managing, services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire training, manual handling and infection control. Some refresher face to face practical training was overdue to the current COVID-19 pandemic. However, the were plans in place to address this issue.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified nursing professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It 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.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

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 use their community and maintain regular links with their families. While a number of community-based activities and day services were on hold due to COVID-19, residents were being supported to engage in social, recreational and learning activities within their own home. For example, activities such as arts and crafts, baking, cooking and exercise classes were available to the residents, of which they seem to enjoy very much. Transport was also available to the residents so that they could go for scenic drives and walks in the countryside.

The inspector spoke with one resident who reported that they liked to choose their own activities each day and staff were respectful of their choices. They had recently revamped their back garden and informed the inspector that they were also looking forward to painting and redecoration their bedroom over the coming weeks. A family member spoken with, also reported that the staff were great in ensuring there were lots of social and in-house activities for residents to choose from and, that they were very well known by their neighbours and in their community.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services, formed part of the service provided. Residents had a full medical review each year and had as required access to a physiotherapist, dentist, optician and chiropodist. Hospital appointments were facilitated if required and care plans were in place to ensure continuity of care. Access to mental health services (to include a psychiatrist) and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Systems were in place to safeguarding the residents and if required, safeguarding plans were in place. However, there were no safeguarding issues in the house at the time of this inspection. One resident also informed the inspector that if they had any issues or concerns, they would speak with a staff member. A family representative spoken with, also said that they were happy with the quality and safety of care provided in the service. Staff had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer and an independent

advocate, was available in the centre.

There were systems in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and, each resident had a number of individual risk assessments on file so as to support their overall safety and well being. For example, where a resident was at risk of falling, ramps were installed at the front and rear of the property to mitigate that risk.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and, there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection.

The premises were observed to be homely and welcoming and, one resident reported that they loved their home and had no complaints about the house. Notwithstanding, some parts of the premises required updating and painting. This issue however, was in no way impacting on the residents enjoyment of their home.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and, staff were supportive of their individual autonomy and rights. One resident informed the inspector that they made their own choices with regard to their daily routine and staff were observed to be respectful of those choices.

Regulation 17: Premises

The premises were observed to be homely and welcoming on the day of this inspection and one resident reported that they loved their home and had no complaints about the house. Notwithstanding, some parts of the premises required updating and painting.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety

and well being.

Judgment: Compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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 use their community and maintain regular links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents had a full medical review each year and also had access to a physiotherapist, dentist, optician and chiropodist. Hospital appointments were facilitated if required and care plans were in place to ensure continuity of care.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and if required, safeguarding

plans were in place. However, there were no safeguarding issues in the house at the time of this inspection. One resident also informed the inspector that if they had any issues or concerns they would speak with a staff member. A family representative spoken with, said that they were happy with the quality and safety of care provided in the service.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights.

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:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Solas Na Gréine OSV-0002990

Inspection ID: MON-0032356

Date of inspection: 01/06/2021

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. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime 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:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Actions to address items raised on day of inspection will be completed by year end.	

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2021