



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

Issued by the Chief Inspector

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| Name of designated centre: | Osprey Lodge |
| Name of provider: | St John of God Community Services Company Limited By Guarantee |
| Address of centre: | Louth |
| Type of inspection: | Announced |
| Date of inspection: | 16 February 2022 |
| Centre ID: | OSV-0003652 |
| Fieldwork ID: | MON-0027625 |

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 residential care and support to four adults (both male and female) with disabilities in Co. Louth. It is in close proximity to a number of nearby towns and within walking distance to a local beach. It comprises of four bedrooms, a large sitting room, kitchen and dining area. There is also a large conservatory to the back of the property which overlooks a large landscaped garden. The centre is homely, personalised and in a good state of repair and each residents has their own bedroom decorated to their individual style and preference. Residents are supported by staff to enjoy a meaningful day and, transport is also provided to support residents with community based activities. The staff team comprises of social care workers, nursing staff and care assistants, all of whom work collaboratively in providing person centred service to the residents. Training has been provided to staff in order to ensure that they have the necessary skills and knowledge to meet the needs of the residents. Residents also have access to a range of allied health professionals in line with their assessed needs.

The following information outlines some additional data on this centre.

| | |
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| Number of residents on the date of inspection: | 4 |
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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 (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 |
|-------------------------------|-------------------------|---------------|------|
| Wednesday 16 February 2022 | 10:30hrs to 17:00hrs | Raymond Lynch | Lead |

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service was providing residential care and support to four adults with disabilities. It comprised of a detached house in Co. Louth and was in close proximity to shops and other community based amenities.

The inspector met and spoke with all four residents over the course of the inspection process and spoke with one family representative over the phone so as to get their feedback on the service provided. Written feedback from the four residents on the quality and safety of care provided was also reviewed.

On arrival to the house the inspector observed it was clean, warm and welcoming. One resident was relaxing in the kitchen having breakfast. When asked were they happy in their home the smiled at the inspector and indicated that they were. Staff were also observed to be attentive to the needs of the resident. This resident also liked to spend time in their room engaged in activities of their choosing. They invited the inspector to see their room and it was observed to be decorated to take into account their personal tastes and preferences.

While the room was currently meeting their needs and, the resident indicated that they were happy with their accommodation, plans were at an early stage to redesign and extend this room. This was to ensure that the service continued to remain responsive in meet the changing needs of the resident. The inspector also observed that even though the resident liked to spend time in their room, staff regularly checked in with them so as to ensure they had everything they needed.

Later in the inspection process another resident invited the inspector to go through a photograph/memory book with them. This book contained photographs of the resident with their house mates and family members celebrating important occasions over the last two years. This book enabled the resident to recall important life experiences, occasions and celebrations and supported conversations about these experiences with the inspector. The inspector observed that the resident regularly smiled when going through their photograph book and appeared to very much enjoy this activity.

The house was right beside the sea front and residents were supported to go for walks on the beach and in their local community. However, access to private transport was also provided for so as residents could go for drives, avail of social outings and holidays. Some residents had been on an outing to County Mayo last year and stayed overnight in a hotel. One resident showed the inspector pictures of this outing and it appeared that they had enjoyed themselves very much on this occasion. The house manager also informed the inspector that a new bus had recently been sourced for the house which was due for delivery in the coming days.

Residents were involved in the running of their own home and held regular meetings to decide and agree on menus for the week and social outings. Feedback from residents on the quality and safety of care provided in the house was also sought as part of the annual review process. For example, the inspector also observed that the kitchen was due for a revamp in the coming weeks and residents were very involved in and consulted with about this process.

During the inspection, the inspector spoke with one family representative over the phone so as to get their feedback on the service. They reported that they were very happy with the quality and safety of care provided in the house and that the staff team were excellent. They also said their relative was very happy living in the house and all their needs (to include their healthcare-related needs) were provided for. Additionally, staff supported the resident to be part of their local community and have a good social life. They also said that they had no complaints whatsoever about the quality and safety of care provided.

Written feedback on the service from all four residents was also positive and complimentary. For example, they all said they were happy with their home, liked living by the sea, happy with their rooms, happy with the menu options available to them, happy their rights were respected and happy with the staff team. One resident reported that they were living the best life in this service.

One of the residents had a keen interest in music and dance and spoke to the inspector about this at times over the inspection process. This resident seemed very happy in their home and very much at ease in the company and presence of the staff team. Another resident liked to tend the garden and the inspector also observed them engaged in and enjoying this activity.

The house was very much the residents' home and was personalised to their likes and preferences. All four residents appeared relaxed and comfortable in their environment and were also observed to enjoy the company of staff. Staff in turn were observed to be kind, caring, warm and person centred in their interactions with the residents

Feedback from all four residents and one family representatives on the quality and safety of care was also observed to be both positive and complimentary.

Capacity and capability

Residents appeared very happy and content on 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 and house manager were

experienced, qualified 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.

The person in charge was working off-site at the time of this inspection however, they were available via phone and the house manager and an experienced staff nurse managed the inspection process in a competent manner.

The person in charge and house manager 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, positive behavioural support, manual handling and infection prevention 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 of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge to meet the assessed needs of the residents.

The management team were 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. The centre had also recently undertaken a thorough infection prevention control audit. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the infection prevention control audit highlighted that a number of areas in the house required improvement so as to better meet hygiene standards. Issues were raised with regards to storage space, the utility room, some furniture in the sitting room and the kitchen area. An action plan was developed with an agreed time-frame to address these issues and, by the time of this inspection, some of them had been addressed. For example, a new sink had been plumbed into the utility room and additional shelving had been sourced for the house so as to address

storage issues.

An issue was also identified with the staffing arrangements on the last inspection of this service in July 2021. In response to this, the provider secured an additional 42 staffing hours per week so as to ensure the service remained responsive in meeting the changing and assessed needs of the residents.

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire training, manual handling and infection prevention control. While some refresher face to face practical training was overdue to the current COVID-19 pandemic, there were plans in place to address this issue. Of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge to meet the assessed needs of the residents

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 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

Regulation 31: Notification of incidents

The management team were aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by the Regulations.

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 experience a meaningful day (based on their assessed needs and individual preferences), use their community and maintain regular links with their families.

For example, residents were supported to go on day trips and outings of their choosing, such as to the Zoo, farms and boat trips. Hotel breaks were also provided for as were social and community based outings to shops, hotels and restaurants. Some of the residents showed the inspector pictures of themselves on some of these social outings and they appeared to be enjoying themselves very much.

Some residents were retired and enjoyed activities such as relaxations therapies and arts and crafts and the inspector observed that they were also supported to maintain contact with their friends.

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 also had access to a speech and language therapy,

physiotherapy, optician and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. It was also observed that staff had specific training related to the health-care needs of some of the residents.

Access to mental health services 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 where or if required, safeguarding plans were in place. There was one safeguarding issue active at the time of this inspection however, it had been appropriately responded to, reported and addressed. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service. Staff were observed to be good advocates for the residents and from a small sample of files viewed, had training in safeguarding of vulnerable persons. 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 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 wellbeing. For example, where a resident may be at risk of falling, they had access to a physiotherapist and additional equipment had been sourced so as to mitigate the risk if falls.

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. A staff nurse 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.

An in-depth infection prevention control audit had also been carried out in this house in December 2021. This audit identified where the service was meeting the standards with regard to infection prevention control and areas that needed to be improved upon. As already stated in section 1 of this report, many of the issues this audit highlighted had been addressed at the time of this inspection. However, a specific and timed plan of action was developed and was in place so as to ensure all issues highlighted (to include issues with some of the sitting room furniture) were addressed by the end of March 2022.

The premises were laid out to meet the needs of the residents and on the day of this inspection, the house was clean, warm and welcoming. Aspects of the premises required updating (which were also highlighted in the infection prevention control audit) however, plans were also in place to address this issue. For example, the

kitchen required some updating (to include the kitchen presses) and the inspector saw that work was soon to commence on this upgrade.

Fire fighting equipment was in place to include a fire alarm panel, emergency lighting and fire extinguishers. All equipment was serviced as required by the Regulations and fire drills were being conducted on a regular basis. Each resident had a Personal Emergency Evacuation Plan in place which were also reviewed as required.

However, the systems in place to adequately contain fire required review as the fire doors in this house did not have automatic closing devices attached. When this issue was discussed with the house manager, they produced evidence informing the service had self-identified this issue and, automatic closing devices would be installed on March 01, 2022.

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 found to be respectful and supportive of their individual autonomy and rights. It was also observed that residents were consulted and their opinions taken on board with regarding the upcoming renovations to their home.

Regulation 17: Premises

The premises were laid out to meet the needs of the residents and on the day of this inspection, the house was clean, warm and welcoming. Aspects of the premises required updating (which were also highlighted in the infection prevention control audit) however, plans were also in place to address this issue.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were 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 wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. A staff nurse 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.

Judgment: Compliant

Regulation 28: Fire precautions

The systems in place to adequately contain fire required review as the fire doors did not have automatic closing devices attached.

Judgment: Substantially 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 experience a meaningful day (based on their assessed needs and individual preferences), 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 also had access to a speech and language therapy, physiotherapy, optician and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. It was also observed that staff had specific training related to the health-care needs of some of

the residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to mental health services 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.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and where or if required, safeguarding plans were in place. There was one safeguarding issue active at the time of this inspection however, it had been appropriately responded to, reported and addressed. A family representative spoken with, also informed the inspector 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 found to be respectful and 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 (as amended) and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|---|-------------------------|
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Osprey Lodge OSV-0003652

Inspection ID: MON-0027625

Date of inspection: 16/02/2022

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 28: Fire precautions | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire doors had automatic closing devices installed to all doors on 1st of March. They installed seven free swing door closing units and three TS93 types. Master fire attended on March 3rd to Commission the unit linking it to the fire panel. All fire systems now in place to adequately contain a fire. | |

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 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 03/03/2022 |