Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

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| Name of designated centre: | High Lane |
| 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: | 08 October 2020 |
| Centre ID: | OSV-0007751 |
| Fieldwork ID: | MON-0030564 |

## About the designated centre

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

High Lane is a four bedroom bungalow situated in a rural setting in Co. Louth. Four adult males live here. The centre comprises of four bedrooms (one with ensuite facilities) a large kitchen dining room, two sitting rooms, a utility room and a large bathroom. There is a large garden to the front and the back of the property. Garden furniture is provided where residents can sit and enjoy the countryside views. There is a large garage to the side which has been converted to provide additional storage facilities.
The staff skill mix includes nurses and health care assistants. There are three staff on duty during the day and one waking night staff at night. Staff are also supported 24/7 by on call senior nursing staff.
The person in charge is a qualified nurse and although they are responsible for two other centres, there is a clinic nurse manager in place to assist with the oversight arrangements in this centre.
Residents are supported to access community facilities in line with their personal preferences. A bus is provided in this event.
This centre has also been approved as a learning environment for student nurses.

**The following information outlines some additional data on this centre.**

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| 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:**

| Date | Times of Inspection | Inspector | Role |
|---|---|---|---|
| Thursday 8 October 2020 | 10:30hrs to 15:10hrs | Anna Doyle | Lead |

## What residents told us and what inspectors observed

Due to the current COVID-19 restrictions and public health advice, the inspector only visited the centre for a short time to meet the residents and staff. The rest of the inspection was conducted in a building close to the centre.

The inspector met three of the residents and the other resident was leaving on a shopping trip when the inspector arrived.

All of the residents had moved to the centre from a large campus based setting last year and at the time of this inspection had settled in to their new home.

Staff informed the inspector of how this transition was having a positive impact on residents and about the first Christmas they had spent in their new home. Residents could access all areas of their home and were enjoying being able to watch their meals being prepared with staff in their own kitchen. Some also enjoyed baking and had participated in an online "bake off" which had been organised during the restrictions. Residents were able to get drinks and snacks when they chose to, and one resident had objects of reference in place to support them in making some of those choices.

Prior to the pandemic, some residents had joined a local retirement club, a music group and were attending mass in their new community. While public health restrictions had impeded some of these for periods, residents were attending these activities where public health advice allowed.

The staff had also ensured that during the initial restrictions that residents were supported to enjoy activities. For example; staff and residents had a sports day in the garden, as the annual sports day organised by the provider had to be cancelled.

The staff had also put a picture album together, to show how residents were enjoying their new home and were involved in a meaningful way in running their home. For example; residents were now shopping in their local supermarket for their groceries and one resident was responsible for putting out the waste bins for collection every week.

Other pictures showed residents enjoying dinner and a glass of wine in their garden during the summer. Another resident had taken up gardening where they were growing rhubarb. There was also plans in place for this resident to get a small green house to develop their gardening skills.

Residents' meetings were held weekly. A sample of minutes viewed found that residents were consulted on menus/ activities and were also being informed of issues pertaining to the centre. For example; new garden furniture being purchased was discussed with the residents.

Staff were observed to understand and respect the communication style and preference of each resident and supported them to make their own choices. Residents appeared comfortable and at ease in the presence of staff.

A number of compliments were also recorded about the quality of care being provided. Some of them were from family representatives, commending staff on their support and care of residents during the COVID-19 restrictions. Residents were supported to maintain links with their families during this time, through phone calls, video calls and some residents sent pictures to their family.

## Capacity and capability

Overall the inspector found that the governance and management arrangements and the staff team were ensuring that a good quality service was being provided to the residents here. Some improvements were required to the records stored in residents' personal plans, restrictive practices and risk management.

The person in charge was a qualified nurse, with considerable years of managerial experience working in the disability sector. They were supported in their role by a clinic nurse manager to ensure effective oversight of the centre.

There were clearly defined reporting structures in place. All staff reported to the person in charge and the clinic nurse manager. The person in charge reported to a director of care and support.

There were effective governance and management arrangements in place to ensure that services were reviewed and monitored on a consistent basis. The provider had arrangements in place to carry out a six monthly quality and safety review of the centre. The last one completed in June 2020 demonstrated that the person in charge was implementing the findings from this in order to improve services.

A number of audits had been completed in the centre which included, restrictive practices, infection control procedures and residents' personal plans. The reports generated from these audits found good practices were maintained in the centre and actions developed on how practices could be improved had also been implemented. For example; an infection control audit found good practices in the centre and one action had been followed up appropriately.

There were sufficient staffing levels in the centre which included contingencies to cover staff leave. The skill mix included nurses and health care assistants. Staff received supervision and were knowledgeable around the residents needs in the centre. They felt supported by the person in charge, the clinic nurse manager and the wider management team.

Staff had also been provided with training in order to support the residents in line with the provider's policies and national good practice. The records demonstrated that staff had undertook training in safeguarding of vulnerable adults, positive behavioural support, manual handling and fire safety. Other training made available to staff included, food hygiene, infection control and medication management training. Some refresher training was due, however this training had been impacted by public health advice and the provider was now in the process of starting some refresher training programmes.

The inspector found that for the most part the records stored in residents' personal plans were comprehensive and up to date. However, some records had not been updated to include the most relevant information. For example; a record where a residents' representative had been included in the decision for a restrictive practice to be implemented. Or, the most up to date information pertaining to an appointment for one resident. While the person in charge provided assurances around this after the inspection it required review going forward.

## Regulation 14: Persons in charge

The person in charge was a qualified nurse, with considerable years of managerial experience working in the disability sector. They were supported in their role by a clinic nurse manager to ensure effective oversight of the centre.

Judgment: Compliant

## Regulation 15: Staffing

There were sufficient staffing levels in the centre which included contingencies to cover staff leave. The skill mix included nurses and health care assistants. Staff received supervision and were knowledgeable around the residents needs in the centre. They felt supported by the person in charge, clinic nurse manager and the wider management team.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had also been provided with training in order to support the residents. The records demonstrated that staff had undertook training in safeguarding of vulnerable adults, positive behavioural support, manual handling and fire safety. Other training made available to staff included, food hygiene, infection control and

medication management training.

Judgment: Compliant

## Regulation 19: Directory of residents

A directory of residents was maintained in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

There were clearly defined management structures in the centre that identified the lines of authority and accountability. Management systems were also in place to ensure that the services provided were reviewed and effectively monitored.

Judgment: Compliant

## Regulation 21: Records

The inspector found that for the most part the records stored in residents' personal plans were comprehensive and up to date. However, some records had not been updated to include the most relevant information. For example; a record where a residents' representative had been included in the decision for a restrictive practice to be implemented. Or, the most up to date information pertaining to an appointment for one resident. While the person in charge provided assurances around this after the inspection it required review going forward.

Judgment: Substantially compliant

## Quality and safety

Overall the inspector found that the quality of care being provided in the centre was to a very good standard and that residents appeared happy living in their new home. Some improvements were required in restrictive practices and risk management.

The home was spacious, homely and exceptionally clean. Residents had their own bedrooms (one with en-suite facilities) which had been personalised to their own tastes. There was a large kitchen dining room, two sitting rooms, a utility room and a large bathroom. There was a large garden to the front and at the back of the property. Garden furniture was provided where residents could sit and enjoy the countryside views.

Residents had personal plans which were also in an accessible format for them. These accessible plans were in each residents bedroom for them to look through and review if they wanted to. A sample of the plans viewed found that residents had an up to date assessment of need. Support plans were in place outlining the care being provided and to guide practice. These plans were reviewed by staff to ensure that residents were being provided with the appropriate care. An annual review of each residents care and support needs had been conducted and from this each resident had developed some goals they would like to achieve. These goals were progressing, however; some had been impeded due to public health advice.

Appropriate and timely healthcare was being provided where required and residents had the support of a number of allied health professionals to support and review their assessed needs. For example; one resident who was at risk of falls had been reviewed by a physiotherapist and an occupational therapist to support them. This was positively impacting on the resident as there was a marked reduction in the number of falls occurring following this review.

Residents were supported through positive behaviour support interventions where required - to support and manage their positive mental health. Staff had been provided with training in this area. Residents had access to allied health professionals to oversee and support them in this area also.

A number of restrictive practices were in place for residents. Some good practices were observed in this area. For example: one resident had a restrictive practice reduction plan in place. Restrictive practices were audited in the centre to ensure best practice. However, one restrictive practice ( a lap belt for a wheelchair) had not been approved by the relevant personnel which is part of the provider's own policies and procedures. While the inspector found no concerns in relation to the use of this belt, it required review in order to ensure best practice in this area.

There was an established risk management framework in the centre. This included a review of all incidents in the centre to identify trends and inform learning. Residents had individual risk management plans in place and from a sample viewed they contained control measures to mitigate risks to residents. However, one risk had not been appropriately risk assessed to ensure that all control measures in place were adequate. For example; one resident required the support of two staff for moving and handling, however; there was only one staff on duty at night. It was not clear therefore how this risk was mitigated.

All staff had completed training in safeguarding vulnerable adults. Staff were aware of what constituted abuse and the reporting procedures in place in such an event.

The provider had infection control measures in place to prevent/manage an

outbreak of COVID-19. This included standard operating procedures specifically relating to the management of COVID-19 in order to guide staff practice. A COVID-19 response plan was also available to guide staff on what to do if a resident needed to self isolate. One staff member was trained to swab residents for COVID-19 if required. This was put in place to reduce any potential fears residents may have about this procedure, as someone they knew and who knew them well, could support them with this procedure if needed.

Staff had been provided with training in infection control, hand hygiene and personal protective equipment. Staff were knowledgeable about the infection control procedures in place and were observed to be wearing face masks as required. Hand sanitising units were in place in the centre. Both staff and residents were checked for symptoms of COVID-19 twice a day. A social story had been developed for residents to explain about COVID-19 and it was discussed at residents' weekly meetings.

Increased cleaning practices were in place and it was evident that these were being implemented as the home was very clean and well-maintained.

The inspector reviewed residents rights in respect of the current COVID-19 pandemic and found that residents were being supported to maintain family links, to enjoy meaningful activities ( in line with public health guidance) and were being informed through social stories and residents' meetings about information pertaining to COVID-19.

## Regulation 17: Premises

The home was spacious, homely and exceptionally clean. Residents had their own bedrooms (one with en-suite facilities) which had been personalised to their own tastes. There was a large kitchen dining room, two sitting rooms, a utility room and a large bathroom. There was a large garden to the front and at the back of the property. Garden furniture was provided where residents could sit and enjoy the countryside views.

Judgment: Compliant

## Regulation 26: Risk management procedures

Risk management systems were in place. However, one risk had not been appropriately risk assessed to ensure that all control measures in place were adequate. For example; one resident required the support of two staff for moving and handling, however there was only one staff on duty at night. It was not clear therefore how this risk was mitigated.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The provider had infection control measures in place to prevent/manage and outbreak of COVID-19.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents had personal plans in place that detailed the care and support being provided. Plans were provided in an accessible format for residents.

Judgment: Compliant

## Regulation 6: Health care

Appropriate timely health care was being provided for and residents had the support of a number of allied health professionals to support and review their assessed needs. For example; one resident who was at risk of falls had been reviewed by a physiotherapist and an occupational therapist to support them. This was positively impacting on the resident as their was a marked reduction in their falls following this review.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported through positive behaviour support interventions where required. Staff had been provided with training in this area. Residents had access to allied health professionals to oversee and support residents care in this area.

A number of restrictive practices were in place for residents. Some of them were currently being reviewed and a restrictive practice reduction plan was in place for one resident. However, one restrictive practice ( a lap belt for a wheelchair) had not been approved by the relevant personnel which is part of the providers own policies and procedures. While the inspector found no concerns in relation to the use of this

belt, it required review in order to ensure best practice in this area.

Judgment: Substantially compliant

## Regulation 8: Protection

All staff had completed training in safeguarding vulnerable adults. Staff were aware of what constituted abuse and the reporting procedures in place in such an event.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector reviewed residents rights in respect of the current COVID-19 pandemic and found that residents were being supported to maintain family links, to enjoy meaningful activities ( in line with public health guidance) and were being informed through social stories and residents' meetings about information pertaining to COVID-19.

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 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 21: Records | Substantially compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Substantially compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

# Compliance Plan for High Lane OSV-0007751

## Inspection ID: MON-0030564

## Date of inspection: 08/10/2020

**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 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records:<br>The Record relating to the use of a restrictive practice discussed with the residents next of kin was located and placed in resident plan on 09.10.2020<br><br>The resident appointment has been cancelled due to the current COVID Pandemic by the external service. The resident has been referred again as advised by the company. | |
| Regulation 26: Risk management procedures | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 26: Risk management procedures:<br>The risk assessment for staffing at night was completed on 09.10.2020 | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:<br>The use of the restrictive practice was entered on the restrictive practice log and referred to the GRIC Committee | |

## 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 21(1)(b) | The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector. | Substantially Compliant | Yellow | 09/10/2020 |
| Regulation 26(2) | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. | Substantially Compliant | Yellow | 09/10/2020 |
| Regulation 07(4) | The registered provider shall ensure that, where restrictive procedures including physical, chemical or | Substantially Compliant | Yellow | 09/10/2020 |

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| | environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice. | | | |