



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

Issued by the Chief Inspector

Name of designated centre:	Naomh Eoin
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	17 November 2020
Centre ID:	OSV-0007823
Fieldwork ID:	MON-0030806

About the designated centre

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

Naoimh Eoin provides care on a 24/7 basis to four adults with an older age profile. The service supports residents with moderate to severe intellectual disability and additional medical and healthcare and mobility needs who require high support care. Nursing care is available at all times, supported by care assistant staff. The residents do not attend day services but have individual day supports implemented from the centre. The building is a four bedroom detached bungalow, with 4 single bedrooms, one of which has an en-suite bathroom, a large combined sitting room, dining area and kitchen. It is wheelchair accessible and has a garden and patio area. The centre is located in a rural village and transport is available for the residents.

The following information outlines some additional data on this centre.

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 - 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 17 November 2020	10:00hrs to 15:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

As part of the inspection, the inspector met with all four of the residents. The residents could not communicate directly with the inspector but the inspector was able to observe some parts of their daily lives, while maintaining social distancing. The inspector used the utility room to review records and as such, was able to have the opportunity to both observe and hear the daily life and communication.

The residents were seen to be in good spirits and were supported sensitively with their personal care needs. They got up late and had their meals when they wished. They were comfortable and relaxed in their home and with the staff who communicated easily with them all through the day. They moved easily around their home which accommodated their wheelchairs. It was obvious the bright, relaxed and peaceful environment, with smaller numbers of people living together, suited them very well. They enjoyed particularly looking out the large front window at the bird table, placed directly in front, and at the farmer's field and watching for cars passing from the village.

The staff ensured that they had their preferred objects such as special photos, with them. The staff spent time with the residents, both when doing tasks such as preparing meals, playing the residents' favourite games and activities with them. They lay out of the kitchen and living room mean that that the residents had easy access and were included in all of the activities in the home.

Due to their age and specific vulnerabilities the residents were cocooning, so their access to external activities was limited. However, the staff compensated for this by ensuring that they had access using phones or video links, to their family members, with window visits taking place where this was possible. The residents went for walks and drives and while at home did baking, played games, watched DVDs and did sensory activities.

Capacity and capability

This risk inspection was undertaken, at short notice, to ascertain the provider's compliance with the regulations and the provider's planning for and management of the COVID-19 pandemic. This was the first inspection of this centre since it was registered in June 2020 via desktop assessment. The centre was opened as part of a reconfiguration plan in the organisation to provide a community based living environment for the residents, who moved from larger centres in a congregated setting to this smaller setting in a rural village environment. This was undertaken in order to achieve a better and more meaningful quality of life for the residents.

Overall, this inspection found that this was a well-managed centre with good systems and levels of oversight evident to ensure the residents' needs, well being and quality of life was prioritised. There was a robust organisational structure with defined areas of responsibility and internal access to a range of multidisciplinary clinicians which all supported the residents' welfare.

The person in charge was a suitably qualified and experienced nurse and was fully engaged in the management of the centre, with a very knowledgeable clinical nurse manager 1 (CNM 1) as house manager. There were suitable arrangements in place in the event of the person in charge being absent due to unforeseen circumstances, and a formal out-of-hours call system at all times for staff support and guidance.

The centre is only recently operational, but there were good quality assurance systems implemented. Audits and quality improvement plans had been undertaken and the provider had completed the required unannounced visits. These identified some areas for improvement including training deficits due to COVID-19, minor maintenance tasks, medicine management protocols and resident personal property inventories which required updating. These were being attended to. There were no complaints or concerns recorded since the centre opened but the provider had a detailed policy in place to manage such issues.

The staff ratio and skill mix was suitable to meet the needs of the residents, whose needs required full-time nursing care both by day and night. There was a contingency plan available in the event of staff shortages including a locum panel.

The inspector did not review the staff personal files on this occasion. However, from a review of the staff training records, the provider ensured that staff had the training and skills to support the residents, with any gaps noted due to COVID-19 scheduled. Records indicated that staff had undertaken COVID-19 specific training and regular updates were made available to them. Staff spoken with demonstrated good knowledge of and advocacy for the individual residents and how to support them. There were effective systems for communication and staff supervision evident.

From a review of the accident and incident records, the inspector noted that all of the required notifications had been submitted to the Chief Inspector, with appropriate actions taken in response to any incident which occurred in the centre.

The statement of purpose had been submitted for the registration of the centre and the care and support offered was in accordance with the statement.

There are a small number of issues detailed in the quality and safety section of this report which required improvements, including some aspects of planning for the COVID-19 risks, and the space available within the centre. However, the findings of this inspection indicate that this was a well-managed centre and the aim of improving the residents' quality of life had been achieved by this move.

Regulation 14: Persons in charge

The person in charge was a suitably qualified and experienced nurse and was fully engaged in the management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The staff ratio and skill mix was suitable to the needs of the residents, whose needs required full-time nursing care both by day and night.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the staff training records, the provider ensured that staff had the training and skills to support the residents with any gaps noted due to COVID-19 scheduled. Records indicated that staff had undertaken COVID-19 specific training and regular updates were made available to them.

Judgment: Compliant

Regulation 23: Governance and management

This was a well-managed centre with good systems and levels of oversight evident to ensure the residents' needs, well being and quality of life was prioritised.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the centre were well considered and all of the residents had contracts for care signed on their behalf.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been submitted for the registration of the centre and the care and support offered was in accordance with the statement.

Judgment: Compliant

Regulation 31: Notification of incidents

All of the required notifications had been submitted to the Chief Inspector, with appropriate actions taken in response to any incident which occurred in the centre

Judgment: Compliant

Regulation 34: Complaints procedure

There were no complaints or concerns recorded since the centre opened but the provider had a detailed policy in place to manage such issues.

Judgment: Compliant

Quality and safety

The inspector found that the resident's quality and safety of life was prioritised in this new environment and their high support needs were identified and supported. Their individual assessments and personal plans had been updated following the move. The staff were ensuring that their personal preferences and belongings and mementos were available to them so that the environment was safe and as familiar as possible to them. Transition plans had been implemented prior to the move. The residents had been able to visit the centre and the local area to make them and their families familiar with these both, prior to the move. These plans were obviously somewhat limited due to the COVID-19 pandemic.

The residents' needs were supported by good access to a range of relevant multidisciplinary assessments and interventions including physiotherapy, speech and

language, occupational therapy, and neurology. Their care needs were reviewed frequently, and comprehensively, with their families and or next of kin closely involved, which was appropriate given the residents dependency levels. These systems ensured that their needs were known and responded to in a timely manner.

The residents' social care needs, preferences and comfort were promoted so as to ensure a meaningful and enjoyable life for the residents, taking their age, health and preferences into account. Their day-to-day activities were obviously significantly impacted by the pandemic and their vulnerability to the virus. The relocation ensured that they would have better access to their own chosen day-to-day activities by virtue of more staff and easier access to transport.

The local community had also become involved and it is planned to do planting in the garden of the centre. The residents were also going to be involved in turning on the Christmas lights in the small local community.

There was particular attention paid to the residents' complex and enduring healthcare needs, which were very well monitored and responded to. Staff were seen to respond quickly to any changes evident and the residents' healthcare support plans were very detailed and seen to be implemented. These included specific dietary or feeding regimes, wound care and prevention. There was evidence of ongoing review and referral to medical practices. Age and gender appropriate screening was also sourced for the residents.

There were suitable and safe systems for the management and administration of the resident's medicines. Medicines were frequently reviewed and their impact on the resident monitored.

The centre comprises a four bedroom detached bungalow with garden and suitable patio area. There is a large combined kitchen/ dining room/ living room which is bright and spacious. The centre is very well decorated, warm, homely and comfortable. All residents have their own bedroom, with one being en suite.

The premises is fully accessible for the residents use with ramps installed and a large suitably equipped wet room. All of the rooms are personalised, with the residents own personal possessions, photographs and televisions. There are ceiling hoists installed in all bedrooms, the bathroom and the living room. The equipment needed for the residents care and comfort, including specialist chairs, hoist and beds, had been appropriately assessed and maintained as required, for their safety.

Despite this however, the premises has some disadvantages. While there is one en suite, it is not large enough to accommodate the hoist and so this is not used for the residents. The wet room is the only bathroom available for both the residents and the staff. There is however an additional sink in the utility room which can be used for staff to hand wash. There is no office or space to hold confidential meetings such as reviews, or family meetings in private. Storage is also a problem with residents' records and the computer are in the main living area, and the oxygen is stored in the en suite with other medical equipment stored in the garage.

The residents' rights and preferences were supported in their daily routines and

activities and access to their families. The staff were seen to be very attentive and responsive to the residents' non-verbal communication and wishes during the day. Their families were closely involved and acted as advocates for the residents. Detailed contracts for care were signed on their behalf by family members. The resident personal care needs were managed in a dignified and sensitive manner. However, the deficits in regards to space in the premises for example, storage of residents' records and a space to have confidential conversations with, or on behalf of the residents, does impact on their privacy.

There were a number of systems and procedures implemented in place to protect residents from abuse. Staff were very familiar with the reporting systems but also very attuned to what would constitute abuse, neglect or unkindness to these very vulnerable residents. Each resident had an intimate care plan which stressed the need to protect their privacy and dignity. These had also been amended to reflect the COVID-19 requirements for the use of personal protective equipment if providing such care. The residents all required full support with their finances and there were detailed records maintained of all transactions. The inspector did note that the system for itemising withdrawals required some amendments to be fully transparent. This was discussed with the person in charge who agreed to revise this. There was also a policy on the spending of residents' monies for larger or unusual items and staff were very clear on this.

There were good systems evident to support residents with behaviours of concern, primarily anxiety related, and to protect their emotional well being. The staff were very familiar with the residents' needs in this regard and how to prevent and respond to these. The use of restrictive practices was minimal, implemented for the residents own safety, assessed appropriately, reviewed and discontinued if no longer necessary.

Risk management systems were effective, centre specific and prioritised the safety of the residents. There was a detailed centre-specific risk register which identified all of the environmental and clinical risks with detailed individualised risk management plans for each resident. Identified risks were responded to appropriately with due regard to each individual residents vulnerabilities and all incidents were responded to appropriately.

Prior to opening, the provider had installed a range of good fire safety management systems to protect the residents. These included suitable containment measures, alarms and emergency lighting. Staff did regular checks on these systems.

Prior to the residents moving in, the staff had centre-specific fire safety training. A number of practice drills had taken place with the residents at various times to ensure they could be safely evacuated, according to their individual needs. The person in charge had also liaised with the local fire service, who were planning to visit centre to review the processes, given the dependency of the residents. However, although the commissioning certificates were available, the systems had not been serviced within the required time frame since installation. The person in charge arranged for this to occur within a reasonable time frame. There was a detailed emergency plan and emergency accommodation identified should this be

required.

The provider's preparedness and response plan for the COVID-19 pandemic was detailed and acknowledged the increased risks and challenges of this virus to these residents. There was a COVID-19 lead team responsible which ensured that training was provided to staff and all updated guidance was available. A number of preventive strategies were deployed within the centre. These included: restrictions on any visitors to the centre; increased sanitising processes during the day, protocols for staff coming on and leaving duty, one way entrance to the centre, the use and availability of suitable PPE when necessary. Unnecessary crossover was avoided. Staff and residents were monitored frequently for symptoms and the control systems were monitored frequently. The inspector saw that the residents were supported with this and staff used appropriate personal protective equipment when required. The staff were familiar with the route for escalation of any such concerns and had acted promptly in a recent event.

However, the inspector was concerned that the residents, who were from two different centres, all moved into their new home along with their staff on the same day. This had not been assessed as a potential risk, taking the COVID-19 pandemic into account. While there was no ill effect, in this instance, this could have had a significant, if unintended consequence. In addition, the staffing strategy, as outlined in the event that one resident was symptomatic, required review in order to limit the potential transmission to the other residents in the house.

It was noted however, that the premises was exceptionally clean and staff were consistently undertaking sanitising procedures and adhering to all infection prevention and control procedures while maintaining normality for the residents living there.

Regulation 10: Communication

The residents had detailed communication plans devised which were obviously based on long standing knowledge and understanding of their verbal and non verbal communication which assisted staff in ensuring that their wishes and needs were understood.

Judgment: Compliant

Regulation 17: Premises

Overall the premises is very suitable for purpose and comfortable. However, there are some disadvantages. There is no office or space to hold confidential meetings such as reviews, or family meetings in private. General storage is problematic. The resident's records and the computer are in the main living area, the oxygen is stored

in the en suite and other equipment is stored in the garage.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was very detailed information available in the event of a resident requiring admission to acute care to ensure that their healthcare needs were understood.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management systems were effective, centre-specific and prioritised the safety of the residents

Judgment: Compliant

Regulation 27: Protection against infection

The provider's preparedness and response plan for the COVID-19 pandemic was detailed and acknowledged the increased risks challenges of this virus. However, the inspector was concerned that the residents, who were from two different centres, were admitted along with their staff on the same day. This had not been assessed as to risk, taking the COVID-19 pandemic into account. The staffing strategy, as outlined in the event that one resident was symptomatic or confirmed to have the virus, required review to limit the potential transmission to the other residents in the house.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had installed a range of good fire safety management systems to protect the residents and practice drills were held to ensure the residents could be evacuated, However, the fire alarm system had not been serviced within the required time frame. This was arranged for a reasonable time frame by the person in

charge.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable and safe systems for the management and administration of the residents' medicines. Medicines were frequently reviewed and their impact on the resident monitored.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' needs were supported by good access to a range of relevant multidisciplinary assessments and interventions including physiotherapy, speech and language, occupational therapy, and neurology. Their care needs were reviewed frequently, and comprehensively, with their next of kin closely involved,

Judgment: Compliant

Regulation 6: Health care

There was particular attention paid to the resident's complex and enduring healthcare needs which were very well monitored and responded to.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were good systems evident to support residents with behaviours of concern, with minimal use of restrictive practices, which were assessed and reviewed frequently.

Judgment: Compliant

Regulation 8: Protection

There were a number of systems and procedures implemented to protect residents from abuse. Staff were very familiar with the reporting systems but also very attuned to what would constitute abuse, neglect or unkindness to these very vulnerable residents.

Judgment: Compliant

Regulation 9: Residents' rights

The residents rights and preferences were supported in their daily routines and activities and access to their families. The staff were seen to be very attentive and responsive to the residents' non-verbal communication and wishes during the day. Their families were closely involved and acted as advocates for the residents. However, the deficits in regards to space in the premises for example, storage of residents records and a space to have confidential conversations with, or on behalf of, the residents does impact on their privacy.

Judgment: Substantially 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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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	Substantially compliant

Compliance Plan for Naomh Eoin OSV-0007823

Inspection ID: MON-0030806

Date of inspection: 17/11/2020

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Storage including oxygen has been rearranged to a more suitable area.</p> <p>Rooms are available in Service Administration building for all planned review meeting with families. Private space is made available for families to speak to a resident by closing over double doors between both sitting areas.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Resident were moved in a period with very low community transmission there were no confirmed or suspected cases of COVID in the 2 house that residents moved from. They moved with the staff that had been working with them in their previous house. All daily temperature & symptom checks were in place and continued in the new DC. There is a comprehensive COVID contingency plan in place.</p> <p>The DC follows all HSE / HSPC guidance documents and policies.</p> <p>If a confirmed case of COVID occurs in the DC the COVID response committee will allocate all necessary resources.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Fire Alarm system was serviced on 11/12/2020</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The residents records have been relocated within the designated centre.</p> <p>When family visits resumes, a private area can be achieved in the home, by closing off the double doors from kitchen to living area.</p>	

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(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	07/12/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	07/12/2020
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape,	Substantially Compliant	Yellow	11/12/2020

	building fabric and building services.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	07/12/2020