



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

Name of designated centre:	The Gables
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	11 July 2018
Centre ID:	OSV-0005289
Fieldwork ID:	MON-0021499

## About the designated centre

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

The Gables is a four bedroom detached bungalow located close to a village. There is one shower room, a kitchen/dining room and a reception room where residents can have visitors. There is also a secure front and rear garden. The statement of purpose states the centre aims to enable residents to live an enriching life and to experience rewarding activities and social interactions, which will assist in attaining a positive living and ageing experience for all. They will liaise with relevant health professionals and always involve and respect the residents and their families / representative wishes. They aim to provide quality care and support, promote skills teaching and independence through partnership with each resident and their circle of support, in conjunction with the most effective and efficient use of resources available.

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

Current registration end date:	14/11/2018
Number of residents on the date of inspection:	4

## How we inspect

To prepare for this inspection the inspector or 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
11 July 2018	10:00hrs to 16:30hrs	Andrew Mooney	Lead
11 July 2018	10:00hrs to 16:30hrs	Erin Clarke	Lead

## Views of people who use the service

The views of the people who use the service were established by meeting and speaking with residents and observations throughout the day. Additionally, documentation relating to complaints and compliments were reviewed.

The inspectors met and engaged with 4 residents in line with their assessed needs and preference. The inspectors observed positive interactions between residents and staff. It was clear residents were comfortable in the company of staff. Staff engaged positively with residents and demonstrated that they knew and understood the individual communication needs of residents.

## Capacity and capability

The inspectors found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents. This was underpinned through care and support that was person-centred and promoted an inclusive environment.

There were arrangements in place to ensure the on-going monitoring and auditing of systems to protect residents, and ensure their rights were respected. The person in charge had a schedule of internal audits to measure the effectiveness of the service. These included medication audits, health and safety audits and personal plan reviews. The provider had also put in place comprehensive governance arrangements. These included regular multi-disciplinary meetings, ongoing quality improvement and unannounced visits to the designated centre as per the Regulations.

There was a good statement of purpose in place that recognised the intrinsic value of the people using the service.

Staff had the required competencies to manage and deliver person-centred, effective and safe services. There was adequate staffing arrangements to meet the assessed needs of residents. The staffing arrangements that were in place promoted continuity and this helped promoted positive relationships with residents. The inspectors spoke with a number of staff who demonstrated appropriate understanding and knowledge of policies and procedures. This ensured the safe and effective care of residents. Staff demonstrated a genuine interest in their work and the inspectors observed them support residents with dignity and respect. However, on review of a sample of personnel files, not all Schedule 2 documentation was

available for inspectors to review.

Training was provided to staff to improve outcomes for residents. Mandatory training was mostly up to date and other complementary training was provided to staff to enable them to support the assessed needs of residents.

### Regulation 15: Staffing

There were enough staff on duty to meet the assessed needs of residents. However, there were some gaps in schedule 2 documentation.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff received ongoing training as part of their professional development that is relevant to the needs of residents.

Judgment: Compliant

### Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and responsibilities for all areas of service provision.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedules.

Judgment: Compliant

## Regulation 34: Complaints procedure

The complaints process is user-friendly, accessible to all residents and displayed prominently.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that there were systems and procedures in place to protect residents and promote their welfare. These systems enabled the provider to recognise and effectively manage the service when things went wrong. However, the arrangements for the administration of certain emergency medications were insufficient.

Whilst medicines management, monitoring and review within the centre were generally of a very high standard, there were insufficient arrangements in place to support the administration of prescribed emergency medication. This was a result of some lone working staff not having the required training to administer this medication. Inspectors sought immediate assurances that no untrained staff would be lone working with this resident. The provider put an immediate action in place to address this concern.

There was a comprehensive assessment of the health, personal, social care and support needs of each resident in the centre. There were opportunities to engage in meaningful activities in line with the wishes and preferences of each resident. Goals were planned and progressed through regular personal outcome meetings. This led to residents being involved in their local community and supported to access community facilities in line with their wishes. This was observed by inspectors during the inspection and through daily schedules and their daily notes. Furthermore, residents were supported to develop and maintain personal relationships and links with the wider community. This included the provider making arrangements to ensure residents were supported to maintain relationships with family.

Each resident experienced care that supported positive behaviour and emotional wellbeing. There were appropriate measures in place to protect residents from being harmed and or suffering from abuse.

Residents were supported to achieve and enjoy best possible health. Residents had access to relevant allied health professionals in line with their assessed needs and were supported to take take proactive steps with their healthcare needs.

The health and safety of residents, visitors and staff was promoted and protected in the centre. There were appropriate policies and procedures in place for risk

management and emergency planning. Residents had the opportunity to live a full life without undue restriction, due to the way the centre managed risk.

There were a range of appropriate fire precautions in place. The registered provider had ensured that all fire equipment and building services were provided and maintained appropriately. Additionally, fire safety check took place regularly and were recorded.

#### Regulation 26: Risk management procedures

Reasonable measures were in place to prevent accidents and these measures were relative to the risk identified.

Judgment: Compliant

#### Regulation 28: Fire precautions

Staff were trained and knew what to do in the event of a fire. There was suitable equipment provided and it was serviced when required.

Judgment: Compliant

#### Regulation 29: Medicines and pharmaceutical services

The arrangements in place to ensure some emergency PRN medicines were administered as required were not appropriate.

Judgment: Not compliant

#### Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment used to identify the individual health, personal and social care needs of each resident. The outcome of these assessments was used to inform an associated plan of care for the residents and this was recorded as the residents' personal plan.



Judgment: Compliant

### Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to their personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Appropriate supports are in place for residents with behaviours that challenge.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected from all forms of abuse.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Gables OSV-0005289

Inspection ID: MON-0021499

Date of inspection: 11/07/2018

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The Provider's nurse training records verify that the staff member trained and qualified as a RNID and was subsequently registered with NMBI on 22<sup>nd</sup> Jan 1986.</p> <p>A formal letter of verification has been placed in the staff member's HR file.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Only staff trained in the Safe Administration of Medication have been employed on night duty since the inspection.</p> <p>All staff in the Designated Centre have now completed Safe Administration of Medication training.</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 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	23/07/18
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Red	24/07/18