



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

Name of designated centre:	Solas Na Gréine
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	15 May 2019
Centre ID:	OSV-0002990
Fieldwork ID:	MON-0022502

## About the designated centre

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

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

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

Current registration end date:	18/09/2019
Number of residents on the date of inspection:	3

## 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
15 May 2019	09:30hrs to 15:30hrs	Raymond Lynch	Lead

## Views of people who use the service

The inspector met, spoke with and had a cup of tea with one of the residents who availed of this service. They reported that they were very happy in the house and liked it very much. They also said that they liked their room and invited the inspector to view it. It was observed that the room was decorated to the individual style and preference of the resident. The resident also spoke about the social activities he liked to engage in especially going to concerts and going on holidays. The resident appeared very much at home in the centre and was comfortable and at ease in the company and presence of staff.

Written feedback on the service from the other residents informed that they were happy with the menu options, felt their rights were respected, were very happy with the social activities on offer, happy with the care and support provided and were happy with management and the staff team.

## Capacity and capability

Residents appeared happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. The model of care provided to the residents was person centred, supported their autonomy, individual choice and independence. This was reflected in the high levels of compliance found across all regulations assessed as part of this inspection process.

The centre had a management structure in place which was responsive to residents' assessed needs and feedback on the service. There was a clearly defined and effective management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported in her role by a full-time experienced and qualified social care leader.

The person in charge was a qualified clinical nurse manager III (CNM III) and provided effective leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being comprehensively provided for as required by the regulations. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a person-centred, responsive and effective service to the residents.

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way.

Many held third level qualifications (in nursing, social care/healthcare) and all had undertaken a suite of in-service training including safeguarding, children's first, fire training, manual handling and positive behavioural support. This meant they had the knowledge and skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

The person in charge and social care leader 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. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre.

For example, a recent audit on the centre identified that key areas of the service required review. Some issues had been identified with the upkeep of the premises, with a delay in delivering refresher training for some staff members and with the goal setting process in some individual plans. These issues had been addressed by the time of this inspection, ensuring ongoing effective and responsive oversight and governance of the centre. Indeed, it was noticed that after this audit, the person in charge arranged for all staff to attend training in the process of goal setting with residents.

There were systems in place to ensure that the residents' voice was heard and their rights were respected in the centre. Residents directly informed the inspector that they were happy with the service and it was observed that they were comfortable and at ease in the presence of all staff members. Residents were also involved in the running of the centre, held weekly meetings, chose what social activities to engage in and agreed weekly menus between them. They were also consulted with about their care plans and were satisfied as to how their needs were being provided for.

There were also systems in place to record and respond to any complaint arising in the service. The inspector observed that there were no complaints on file for 2019. Residents also had information on and access to an independent advocate if required.

Overall, from spending time with and speaking directly one of the residents, from reviewing written feedback on the service and from speaking with management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed and changing needs of the residents in a competent and effective manner.

Residents reported that they were very happy with their living arrangements, got on very well with the staff team and appeared happy and content in their home.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection a complete application for the renewal of registration of the centre had been received by the Health Information and Quality Authority (HIQA).

Judgment: Compliant

### Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified professional (Clinical Nurse Manager III) with significant experience of working in and managing services for people with disabilities. She also held a third level qualification in rehabilitation studies.

She was also aware of her remit under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She provided good supervision and support to her staff team and knew the needs of each individual resident very well.

Judgment: Compliant

### Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in safeguarding of vulnerable adults, safe administration of medication, positive behavioural support, fire safety, basic life saving and Children's First.

From speaking with one staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs in a safe and competent manner.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents living in the centre which contained the required information as specified in Schedule 3 of the Regulations.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured a contract of insurance was available in the centre on the day of the inspection.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There was an experienced person in charge who was supported by an experienced social care leader (house manager). At times over the course of this inspection the house manager facilitated the inspection process and it was found that she had the skills, knowledge and competence to do so.

A staff nurse was also spoken with over the course of this inspection and it was found that he had a thorough knowledge of the assessed needs of the residents and was responsive to the inspection process.

Judgment: Compliant



## Regulation 24: Admissions and contract for the provision of services

Admissions to the centre were in line with the Statement of Purpose and took into account the need to safeguard all residents living in the service. There was one recent admission to the centre and the inspector observed that the provider representative and person in charge had systems in place to ensure the admission was safe and managed in a way to suit the assessed and complex needs of the resident.

Judgment: Compliant

## Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the regulations.

The statement of purpose 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.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge was aware of her remit to notify the Chief Inspector, as required by the regulations, of any adverse incidents occurring in the centre.

Judgment: Compliant

## Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant.

It was also observed that residents had access to independent advocacy services if

required.

Judgment: Compliant

## Quality and safety

The quality and safety of care provided to the residents was being monitored and was to a good standard. Residents were supported to have meaningful and active lives within the centre and their community, and their health, emotional and social care needs were being supported and comprehensively provided for.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that they were being supported to achieve personal and social goals and to maintain positive links with their families and their community. Residents were also being supported to achieve social goals such as holidays to Liverpool, attend comic conventions, work experience placements and trips to concerts in Croke Park. Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents were members of the library and took part in programmes such as skills development, relaxation techniques and frequented community-based amenities such as hotels, shopping centres, cinema and restaurants. It was also observed that all individual personal plans were presented in a way to suit the individual and preferred communication style of each resident.

Residents' healthcare needs were being comprehensively provided for and, as required access to a range of allied health care professionals formed part of the service provided. The inspector saw that residents had access to GP services, dentist, optician and physiotherapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals.

Residents were also supported to enjoy best possible mental health and, where required, had access to psychiatry and a clinical nurse specialist (CNS) in behavioural support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required.

Residents reported to the inspector that they were happy in the centre and it was observed that they had access to independent advocacy services if required. Staff also had training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report any issue of concern if they had to. However, there were no safeguarding concerns in the centre at the time of

this inspection.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk of falling, they had undergone a physiotherapy assessment and adequate staff cover was provided to ensure their safety. In order to ensure residents were safe in the community, staff accompanied them at all times on social outings. It was observed that one risk assessment required updating however, when this was brought to the attention of the person in charge, the issue was addressed prior to completion of the inspection.

There were systems in place to ensure all fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly with the last service undertaken in March 2019. Fire extinguishers were serviced annually, and had last been serviced by a fire fighting consultancy company in August 2019. A sample of documentation viewed informed the inspector that staff undertook weekly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which were updated recently). The most recent fire drill, conducted in May 2019, informed that all residents left the premises promptly when the alarm was sounded and no concerns were reported. All residents had an emergency evacuation plan in and all plans had been updated in May 2019. From a sample of files viewed, the inspector observed that staff also had training in fire safety awareness.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols in place for its administration. There were also systems in place to manage, report, respond to and learn from any drug errors occurring in the centre. It was observed that one PRN (as required) protocol required review as it was not adequately descriptive to inform its safe administration. However, the person in charge addressed this issue immediately once brought to her attention.

Overall, residents and a family member spoken with by the inspector reported that they were very happy with the service, they felt adequately supported, their independence was being supported and encouraged and their health and social care needs were being comprehensively provided for.

## Regulation 10: Communication

There were systems in place to ensure that the communication style and preference of each resident was respected and their communication needs were detailed in their personal plans.

Judgment: Compliant

## Regulation 17: Premises

The premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. They were clean and comfortable and the issues with regard to their upkeep (as identified in the previous inspection) had been addressed.

Judgment: Compliant

## Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents. It was observed that one PRN (as required) protocol required review as it was not adequately descriptive to inform its safe administration. However, the person in charge addressed this issue immediately once brought to her attention.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place including a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the regulations. Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe.

Practices in the areas of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

It was observed that one PRN (as required) protocol required review as it was not adequately descriptive to inform its safe administration. However, the person in charge addressed this issue immediately once brought to her attention.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multidisciplinary input into resident's personal plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that residents' health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular access to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to psychology support and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis and only in use to

promote the residents' overall health and wellbeing.

Judgment: Compliant

### Regulation 8: Protection

here were systems in place to ensure that the residents were adequately safeguarded in the centre and where required, safeguarding plans were in place. All staff had undertaken training in safeguarding of vulnerable adults and Children's First. From speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to report and respond to any issue of concern if they had to.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were supported to exercise their rights and were facilitated to participate in and consent to decisions (with support where required) about their care. Residents also had control over their daily lives.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	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
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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	Compliant