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

Name of designated centre:	Four Winds
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	19 February 2020
Centre ID:	OSV-0003651
Fieldwork ID:	MON-0022976

About the designated centre

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

This is a centre comprising of two detached bungalows in Co. Louth providing full-time residential services to nine adults with disabilities. The houses are in close proximity to each other and in commuting distance to a number of nearby villages and larger towns. Transport is also provided for residents to attend day services and local community based activities. Residents are supported to engage in activities of their choosing to include attending local social clubs and frequent local community based facilities such as shops, cafes, hotels and dances. Residents healthcare needs are comprehensively provided for and as required access to GP services and a range of other allied health care professionals. Each resident has their own bedroom (one being en-suite) and communal facilities include a kitchen cum dining room, a sitting room, separate utility room and communal washroom facilities. There are also well maintained gardens to the front and rear of both houses. The centre is staffed on a 24 hour basis and the staff team consists of a person in charge, a Clinical Nurse Manager I, social care workers and a team of trained health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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
Wednesday 19 February 2020	09:30hrs to 18:15hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector met with all nine residents residing in the two houses that made up the centre. Some residents were happy to sit and chat with the inspector whereas others preferred to engage in their regular routines.

The residents that did interact with the inspector expressed that they were happy where they were living and that they were able to engage in activities of their choices. The inspector observed residents coming and going during the inspection and it was clear that residents in both houses were being supported to live active lives in their communities. A review of residents' personal plans and individual goals also supported this view.

The inspector met with two of the residents' representatives during the course of the inspection. Both parties spoke positively of the care and support their loved ones were receiving and of the staff and management teams. The improvement in the residents social lives was referenced by both parties and also that they could visit without any issue. Both representatives did, however, raise concerns in relation to the premises in one of the houses that made up the centre and also the arrangements that are in place to support residents if admitted to hospital.

The inspector found that both houses were decorated with pictures of the residents and that the residents' rooms were laid out to their preferred tastes. One centre required works to be completed and this had been identified during a previous inspection and also by the provider.

Overall, residents appeared to be comfortable in their surroundings and were being supported by a staff team that were knowledgeable of their needs an wishes.

Capacity and capability

Residents were receiving a good quality service that was meeting their social and medical care needs. The inspection did, however, identify a number of areas that required attention in relation to works being completed in one of the houses, staff training and the centres response to some concerns and complaints.

There was a clearly defined management structure in place. The staff team was led by a person in charge and house manager. There were systems in place to ensure that the residents' information and staff practices were being effectively monitored and that the care and support being provided to the residents was to a high standard.

The provider had ensured that an annual review of the quality and safety of care and support provided in the centre had been carried out. The report was available in an accessible format to residents and the provider had made efforts to seek consultation from the residents and their representatives. The review highlighted areas that required attention and these were then added to the centre's quality improvement plan. Regular peer audits were being carried out by members of the provider’s wider management teams. These audits were generating learning and were leading to improvements in the standard of care being provided to residents. The provider had ensured that two unannounced visits to the centre had been carried out. A written report was generated following each visit that focused on the safety and quality of care and support provided to residents. The report addressed any concerns that were raised and these were then added to the quality improvement plan.

The inspector reviewed the quality improvement plan and found that actions were being identified and addressed by the centres management team. The management team was also acknowledging where areas had not been addressed in regards to the failure to complete the necessary works in one of the houses and also the negative impact it was having for residents.The management team were escalating these issues to the providers senior management.

The complaints process was discussed with residents during their weekly meetings and was presented in an accessible format. For the most part, complaints were being dealt with appropriately and it was observed that there had been no recent complaints made by they residents. However, residents’ representatives had raised concerns regarding the arrangements to support a resident if admitted to hospital. Whilst the person in charge had responded to the comments verbally, there was no record of the response to the representatives. It was also observed that the comments were not logged locally or followed up on as per the provider's own policies and procedures. This was discussed with the person in charge during the course of the inspection and they sought to address the issue.

The provider had ensured that there was a staff team in place that was appropriate to the number and assessed needs of the residents. The two houses that made up the centre were staffed with staff nurses, social care workers, and care assistants. A review of the rosters identified that residents were receiving continuity of care as there was a consistent staff team in place. The inspector reviewed a sample of staff members’ information and found that they met the requirements as set out in schedule 2 of the regulations.

Whilst, the person in charge had ensured that the staff team supporting the residents had access to training, a review of the training records identified that a number of staff members had not completed refresher training in the identified time frame set out by the provider. This was raised by the inspector during the course of the inspection and training dates were as a result rescheduled and brought forward.

Staff members’ supervision records for 2019 were not accessible on the day of inspection. The inspector spoke with staff during the course of the inspection and

they stated that they were supported by the centre's management team.

The staff members spoke to the inspector about the residents' daily routines, interactions between residents and the plans in place to support the residents. Staff members were observed to interact with residents in a caring and respectful manner and it was clear that residents were familiar with those supporting them.

The person in charge was submitting notifications regarding adverse incidents to HIQA within the three working days as set out in the regulations. There were systems in place to respond to adverse incidents and members of the provider's multidisciplinary team were involved in the review of incidents.

Overall, residents were receiving a high standard of care that was meeting their needs. Improvements were, however, required in regards to the effective monitoring of the staff teams training schedule, complaints procedures and ensuring that both houses were effectively resourced to meet the needs of each resident.

Regulation 15: Staffing

The provider had ensured that the number, qualifications and skill-mix of staff was appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had not ensured that staff members had completed refresher trainings when required.

Staff members' supervision records for 2019 were not accessible on the day of inspection.

Judgment: Not compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place. There was, however, attention required in regards to the effective monitoring of aspects of the service including staff training, management of complaints or concerns and

addressing issues with the premises of one of the houses that made up the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the information as set out in schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications regarding adverse incidents within the three working days as set out in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had failed to ensure that there was effective record keeping of the management of concerns or complaints raised by the residents' representatives.

Judgment: Substantially compliant

Quality and safety

Residents were receiving person-centered care and were being supported to be active members of their local communities. Issues regarding the premises in one of the houses were, however, impacting on the service being provided to the residents living there.

While the premises appeared warm and welcoming some issues were identified which directly impacted residents' quality of life. Temporary measures had been put in place to improve the quality of one of the house's driveways. These works had been identified in the centre’s last inspection in February 2019 and were due to be completed by March 2019. Temporary measures had been put in place but the

issues had not been appropriately addressed. The inspector reviewed a funding request to complete the works, but a time frame for completion had yet to be set.

The bathroom facilities in one of the houses were not laid out to meet the needs of the residents using it and required updating. The staff team was adapting to the changing needs of the residents but the current bathroom facilities were not supporting this.

A review of a sample of residents' information displayed that residents had received comprehensive assessments of their health and social care needs. These assessments were under frequent review and there was evidence of the assessments and residents' personal plans reflecting changes in needs and circumstances for the residents. An analysis of residents support plans showed that residents were active in their local community and that there were individualised plans in place that were leading to positive outcomes for residents. There was evidence of residents engaging in their preferred activities and the inspector observed that personal goals had been set for residents for 2020.

The provider had ensured that the healthcare needs of the residents were being met. Residents had access to appropriate healthcare professionals, the providers multidisciplinary team and were accessing their general practitioner when necessary.

Residents were being assisted to communicate in accordance with their needs and wishes. The inspector observed positive interactions between the residents and the staff team supporting them throughout the day. There were visual aids and planners being utilised for some residents. This practice was to support clear communication and to also reduce anxiety for some residents. Staff were aware of the residents' communication abilities and supported the inspector to interact with some residents.

There were systems in place to ensure that residents received adequate positive behavioural support when necessary. Inspectors reviewed a sample of behaviour support plans and found them to be individualised, detailed and developed by members of the provider's multidisciplinary team. There were practices in place to ensure that events that were challenging were reviewed by the centres management team and then discussed with the greater team at monthly team meetings. This was promoting learning for those supporting the residents. The residents had access to allied healthcare professionals when necessary and this was evident in terms of the supports being provided to residents in regards to the management of the behavioural presentation.

The person in charge had ensured that there were appropriate safeguarding systems in place in the centre. There were clear review practices following incidents and the safeguarding plans were detailed. There were dependency levels and intimate care plans on file to safeguard residents and also guide staff members supporting them.

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. The centre had arrangements in place to identify, record, investigate and learn from adverse incidents. The inspectors reviewed individualised risk assessments and found them to be detailed. There was a risk

register in place that was well laid out and identified control systems that were in place to reduce risks in the centre.

There was a range of fire precautions in place, including fire extinguishers, fire doors, fire alarm system, and emergency lightening. Fire drills were taking place in both houses and there were detailed personal emergency evacuation plans (PEEP's) on file for residents. These plans were detailed and listed control measures that were in place to support the residents in the event of a fire.

There were suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines. A sample of residents' medication folders were reviewed along with medication protocols and these were found to be clearly laid out. Risk assessments and capacity assessments had been completed regarding residents' capacity to self-administer their medications as set out in the regulations.

Regulation 10: Communication

Residents were being assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 17: Premises

While the premises appeared warm and welcoming some issues were identified which directly impacted residents' quality of life.

Temporary measures had been put in place to improve the quality of one of the house's driveways. These works had been identified in the centre's last inspection in February 2019 and were due to be completed by March 2019. Temporary measures had been put in place but the issues had not been appropriately addressed. The inspector reviewed a funding request to complete the works, but a time frame for completion had yet to be set.

The bathroom facilities in one of the houses were not laid out to meet the needs of the residents and required updating. The staff team was adapting to the changing needs of the residents but the current bathroom facilities were not supporting this.

Judgment: Not compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there effective fire safety management systems in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place relating to management and administration of the residents' medication.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had received appropriate assessments of their social and health care needs.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that the residents were receiving or being offered appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were systems in place to meet the behavioural support needs of the residents.

Judgment: Compliant

Regulation 8: Protection

There were appropriate safeguarding practices in place in the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not 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

Compliance Plan for Four Winds OSV-0003651

Inspection ID: MON-0022976

Date of inspection: 19/02/2020

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 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training Schedule is in place and the training will be reviewed following National COVID -19 outbreak Supervision is complete for all staff	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Training, & Supervision has been address by the Manager and PIC The premises issue of drive way and bathroom reconfiguration has been address with the housing association	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaint in regards to the Acute Hospital Admission has been addressed	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The construction work required will be completed by year end the structural report has been completed.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	30/08/2020
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/12/2020
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and	Substantially Compliant	Yellow	30/12/2020

	support in accordance with the statement of purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/08/2020
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	28/02/2020