



Office of the Chief Inspector

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

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:	Unannounced
Date of inspection:	20 February 2019
Centre ID:	OSV-0003651
Fieldwork ID:	MON-0021819

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 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 and adequate privates and on street parking available. The centre is staffed on a 24/7 and the staff team consists of a person in charge, a Clinical Nurse Manager I, a social care worker and a team of trained health care assistants.

The following information outlines some additional data on this centre.

Current registration end date:	29/08/2020
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
20 February 2019	11:00hrs to 17:00hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector met and spoke with six residents over the course of this inspection and was invited to have lunch with three of the residents in one of the houses that comprises this centre. Residents appeared happy and content and were seen to be comfortable and at home in the presence of management and staff. It was also observed that staff knew the needs of the residents very well and communicated with them in a respectful and dignified manner. One resident told the inspector they liked living in the house invited the inspector to see their bedroom. It was observed that the bedroom was clean and decorated to the residents personal preference and individual likes. Written feedback from both residents and family representatives informed that the residents were happy with where they lived, they found their homes to be warm and comfortable and were very happy with both management and staff alike. Residents were also happy with the range of social and recreational activities provided by the service.

Capacity and capability

Residents appeared very happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. This was reflected in the high levels of compliance found across the regulations assessed as part of this inspection process. The model of care provided to the residents ensured their assessed needs were provided for in a dignified and respectful manner. A minor issue was identified with the notification of incidents which was discussed in detail later in this report

The centre had a management structure in place which was responsive to the individual assessed needs of each resident. There was a clearly defined 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 his role by a full time clinical nurse specialist 1 (CNM 1).

The person in charge came from a nursing background and provided good leadership and support to his team. He ensured that resources were channelled appropriately so as to meet the needs of the residents in a timely and effective manner. The CNM I ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to respond to the needs of the residents effectively.

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge required to support the residents in a safe and caring way. Some held third level qualifications and all had undertaken a suite of in-service training to include safeguarding, fire training, manual/person handling, safe administration of medication and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe manner.

The person in charge and CNM I 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 six monthly unannounced audit on the centre identified that key areas of the service required updating and/or review. This included updating of some risk assessments and gaps in the provision of refresher training for some staff members. These issues had been addressed (or there were plans of action in place to address them) by the time of this inspection in turn, ensuring effective and responsive oversight and governance of the centre.

There were systems in place to ensure that the residents' voice was heard and respected in the centre and in general residents and family representatives were very complimentary about the service provided. Access to independent advocacy services formed part of the service provided. The provider had systems in place to facilitate residents to give feedback about the service or make a complaint. The inspector was satisfied that these systems were working effectively.

Overall, from spending time with and speaking directly to the residents, from speaking with management and staff and from viewing feedback on the service from family representatives during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner. While an issue remained ongoing with regard to the premises at the time of this inspection, residents appeared happy and content in their home, reported that they were very happy with their living arrangements and very happy with the the management and staff team of the centre.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified professional with significant experience of working in and managing services for people with disabilities.

He was also aware of his remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities)

Regulations 2013.

He provided good supervision and support to his 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 and manual handling.

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

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 in place who was supported by an experienced CNM I. At times over the course of this inspection the CNM I facilitated the inspection process and it was found that she had the skills, knowledge

and competence to do so. She was also aware of her remit to the Regulations.

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.

A small update was required to the statement of purpose however, when this was brought to the attention of the CNM I, she addressed the issue as a priority.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge and CNM I were aware of their remit to notify the Office of the Chief Inspector of incidents occurring as required Regulation 31. However, it was observed that one issue involving a peer to peer incident was not notified to HIQA as required. When this was brought to the attention of management, they provided assurances to the inspector that this issue would be addressed as a priority.,

Judgment: Substantially compliant

Quality and safety

Residents were supported to engage in activities of their choosing and frequent community based amenities of interest to them. The quality and safety of care provided to the residents was being monitored, it was to a good standard and this inspection found that their health, emotional and social care needs were being supported and provided for. However, some issues were identified with regard to the premises and fire safety and both were found to be non-compliant.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goal and to maintain links with their families and community. For example, on the day of this inspection one resident was going to a local dance in a nearby hotel and for a meal out. Residents were also supported to visit friends, attend social clubs and frequent local amenities such as shops, cafes and shopping centres. Where requested a number of therapeutic supports were provided in-house to include foot spa therapy and hand massage.

Residents were supported with their health care needs and as required access to a range of allied health care professionals formed part of the service provided. The inspector saw that residents had as required access to GP services, dentist, chiropodist, speech and language therapy and physiotherapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving best possible health. For example, a resident with epilepsy had a comprehensive care plan in place for this condition. This ensured that staff provided consistent care in line with the recommendations and advice of allied health care professionals.

Residents were also supported to enjoy best possible mental health and where required had regular access to behavioural and psychiatry support. Where required, residents had a positive behavioural support plan in place which were reviewed and updated on a regular basis. It was also observed that staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional, knowledgeable and calm manner as required.

Systems were in place to promote the safety of each resident and where required safeguarding plans were in place which were reviewed regularly. Access to independent advocacy services were also provided to the residents. Staff had training in safeguarding of vulnerable adults and 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 do so.

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 access allied healthcare support and specialised equipment was placed in key areas of the centre to support their balance and mitigate this risk. Where a resident may be at risk in the community, adequate staffing support was provided so as to ensure the residents continued to access community based facilities safely.

There were systems in place to ensure all fire fighting equipment was serviced annually or as required. A sample of documentation informed the inspector that staff undertook as required checks on all fire fighting equipment in the house. Fire drills were carried out on a regular basis and each resident had a personal emergency evacuation plan in place. It was observed that on the most recent fire drill, one resident refused to evacuate the centre however, their personal emergency evacuation plan had not been updated to reflect this. When this was brought to the attention of the person in charge they assured the inspector that

the plan would be updated as a priority.

The inspector also noted that the centre did not have a fire alarm system that was integrated throughout the house and residents bedrooms did not have fire doors installed. In turn, the inspector was not assured that there were adequate systems in place for the detecting and containment of fire in the centre.

While the premises appeared warm and welcoming some issues were identified which directly impacted on residents' quality of life. The driveway in one of the houses was in a poor state of repair and the surface was uneven. This posed a risk as it made it difficult for residents who used wheelchairs to safely access the wheelchair bus to the front of the house. In the other house that comprised the centre it was observed that there was limited room for residents to see visitors in private. .

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. Residents had undertaken a self administration of medication assessment and where required, staff provided support to residents with their medication. p.r.n. (as required) medicine, where in use was kept under review and there were protocols in place for its administration.

Overall, residents reported to the inspector that there were very happy with the service, feedback informed they felt adequately supported, and that their health and social care needs were being comprehensively provided for. However, as identified above issues were found with both premises and fire safety and both these regulations were found to be non-compliant.

Regulation 17: Premises

The premises appeared warm and welcoming however, the driveway in one of the houses was in a poor state of repair and the surface was uneven. This posed a risk as it made it difficult for residents who used wheelchairs to safely access the wheelchair bus to the front of the house. In the other house that comprised the centre it was observed that there was limited room for residents to see visitors in private.

Judgment: Not 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 procedures in place to support the overall health and safety of residents.

Management had put together a risk matrix containing environmental and individual risks and identified the mitigating factors in addressing such risks

Judgment: Compliant

Regulation 28: Fire precautions

The inspector noted that the centre did not have a fire alarm system that was integrated throughout the house and residents bedrooms did not have fire doors installed. In turn, the inspector was not assured that there were adequate systems in place for the detecting and containment of fire in the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

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

Practices on the areas such 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

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 multi-disciplinary input into resident's person 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 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.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to promote the safety of each resident. Where required, safeguarding plans were in place and reviewed accordingly. Residents also had access to independent advocacy services. From a small sample of file viewed, staff had training in Safeguarding of Vulnerable Adults.

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
Views of people who use the service	
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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not 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-0021819

Date of inspection: 20/02/2019

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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: NFO6 notification was sent on 14th March 2019</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The driveway at the front of house will have a suitable surface installed.</p> <p>Current visitors practice is to congregate in the communal area and engage with all residents and staff, however if they wish to conduct their visit in private, the sitting room is always made available.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Additional Fire doors have been installed.</p> <p>All fire doors and fire detectors will be integrated into the fire system.</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(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/09/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	28/03/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/04/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse	Substantially Compliant	Yellow	14/03/2019

	incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
--	---	--	--	--