



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

Issued by the Chief Inspector

Name of designated centre:	Sunflower House
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	21 April 2022
Centre ID:	OSV-0002998
Fieldwork ID:	MON-0028214

About the designated centre

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

This is a service providing full time residential care and support for up to 2 adults with disabilities in Co. Louth. It is in close proximity to a number of villages and towns. The centre comprises of a detached bungalow containing two bedrooms, two sitting rooms and a one bedroom self-contained apartment. Communal facilities include a fully furnished kitchen/cum dining room, a laundry facility, sitting room and a bathroom in the main part of the house and the apartment comprises of a double bedroom, bathroom, sitting room and kitchenette. Systems are in place to ensure the healthcare needs of residents are comprehensively provided for and access to GP services and a range of other allied healthcare professionals form part of the service provided. Residents are also supported to use their community and frequent local facilities such as barbers, restaurants .and shops. Transport is available to residents for trips and social outings further afield. The centre is staffed on a 24/7 basis by an experienced qualified person in charge (who is a registered nurse), a clinical nurse manager I (CNM I), a team of staff nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Thursday 21 April 2022	10:30hrs to 16:20hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service provided residential care and support to two adults with disabilities and comprised of a detached house in Co Louth. It was in close proximity to local shops and other community based amenities and private transport was available to residents for trips and social outings further afield.

The inspector met with the two residents and spoke with one family representative over the phone, so as to get their feedback on the service provided. Written feedback on the quality of care from one family representatives and both residents was also reviewed as part of this inspection. The residents met with appeared very happy and settled in their home and were observed to enjoy the company of all staff members working on the day of this inspection. Staff were also observed to be professional, person centred, warm and caring in their interactions with the residents.

On arrival to the house the inspector observed it was clean, warm and welcoming and each resident had their own individual bedroom and sitting room. One of the residents was relaxing watching TV and, staff were at all times attentive to their needs. A staff member asked the resident's permission for the inspector to see their bedroom and they indicated that this was fine. The residents room was warm, clean and bright and, was decorated to suit their individual style and preference.

The house was surrounded by private, well maintained gardens and the inspector observed that during times of good weather, residents liked to spend time in the garden with family, friends and staff. Residents also had access to private transport and enjoyed scenic drives and social outings from time to time.

Later on in the inspection process the inspector met with the second resident. They appeared settled and very content in their home and the inspector observed that staff had a very good understanding of and, were responsive to their assessed needs. They were also kind and caring in the interactions with the resident and, the resident appeared happy and at ease in the staff members company.

In the past and in previous placements, this resident regularly declined to go on social outings or for drives. However, at the time of this inspection they were using their community more regularly such as going for a meal, a drive and to the barbers. Staff explained that it was important to offer the resident choices over what activities they would like to engage in and, respect their decisions with regard to those activities.

This resident also had their own sitting room and bedroom and the inspector observed that both were decorated to take into account their expressed preferences, individual choices and assessed needs. The resident also liked music and on the day

of this inspection staff were were playing music the resident particularly liked. The inspector observed that the resident very much enjoyed this activity, they were smiling and enjoying the company of the staff member.

Staff also supported the residents with completing a survey and their satisfaction with the service provided. Residents reported that they were happy where they lived, happy with their home and happy with bedrooms. They were also satisfied with the menu options available to them and happy with the activities on offer such as boat trips, short holiday breaks and garden parties.

A family member spoken with on the day of this inspection was equally as positive about the quality and safety care provided. They said their relative was very much at home in this service, was happy and content living there and that the staff team were great. They also said that their relative was going out in the community more often on bus drives and/or for a meal and they were very happy with this. They reported that they had no complaints about any aspect of the service but if they did have an issue, they would discuss it with the person in charge or any staff member. They also said that the healthcare needs of their relative were being provided for and that overall, they were happy with everything.

Written feedback on the quality and safety of care from two family members was also viewed by the inspector. Both reported that were very satisfied with the service, staff were courteous and respectful to the residents, there was a good choice of activities on offer, the multi-disciplinary team were accessible and, they were satisfied with their relatives personal living space. One family member said that the service was beyond their expectations and that their family member was so well looked after.

Over the course of this inspection the inspector observed that residents were very much at home in this service and chose their own daily routine (with support from staff as required). They appeared happy and content and staff were observed to be warm, caring and person centred in their interactions with the residents. Feedback from residents and family representatives was also positive on the quality and safety of care provided.

The following two sections of this report outline how the providers capacity and capability to operate a responsive service impacts positively on the safety and quality of life of residents living in the centre.

Capacity and capability

Residents appeared very happy and content in their home and the provider ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the

organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge was an experienced, qualified clinical nurse manager III (CNM III) and the house manager was an experienced, qualified clinical nurse manager I (CNM I). Both provided leadership and support to their team and ensured systems were in place to meet the assessed needs of the residents.

They also ensured staff were appropriately trained and supervised so that they had the required skills and knowledge to meet the needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, Children's First, fire safety, safe administration of medication, manual handling and safeguarding of vulnerable adults. It was observed that some refresher training was due at the time of this inspection however, the house manager had plans in place to address this issue and dates had been booked for these staff members to attend the required training in May 2022. Of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge required to meet the assessed needs of the residents.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that the statement of purpose had to be reviewed annually (or sooner), if required. They were also aware of their legal obligation to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It has recently been updated and, consisted of a statement of aims and objectives of the centre. It also detailed the facilities and services which were to be provided to residents.

The person in charge and house manager 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. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the auditing process identified that a schedule for staff supervision was to be completed and the emergency response plan for the centre was to be updated. Both these issues were addressed at the time of this inspection.

Regulation 14: Persons in charge

The person in charge was a qualified nursing professional with experience of both managing and working in services for people with disabilities. They were aware of their legal remit to the regulations and found to be responsive to the inspection

process.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements were found to be in line with the statement of purpose and adequate to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were trained and supervised so that they had the required skills and knowledge to meet the needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, Children's First, fire safety, safe administration of medication, manual handling and safeguarding of vulnerable adults. It was observed that some refresher training was due at the time of this inspection however, the house manager had plans in place to address this issue and dates had been booked for these staff members to attend the required training in May 2022.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge was an experienced, qualified clinical nurse manager III (CNM III) and the house manager was an experienced, qualified clinical nurse manager I (CNM I). Both provided leadership and support to their team and ensured systems were in place to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It has recently been updated and, consisted of a statement of aims and objectives of the centre. It also detailed the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge aware of their legal obligation to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives (of their choosing and expressed preferences) within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

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 use their community and maintain regular links with their families. For example, residents liked to go for drives, walks, have a meal out, coffee out, receive visitors, listen to music, attend religious services and, engage in exercise activities with staff support. Residents also had some plans in place for 2022. For example, one was hoping to attend a music festival and go on holidays.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. All residents had a health assessment/review of their healthcare needs carried out annually (or sooner if required). As required access to physiotherapy, speech and language therapy, optician, dietitian and dental services also formed part of the service provided. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. It was observed that one resident may refuse to attend some healthcare-related appointment however, this issue were documented and discussed with their multi-disciplinary team. Staff spoken with were also aware of the residents healthcare needs and health care plans.

Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files

viewed by the inspector, also informed that staff had training in positive behavioural support. From speaking with one staff member over the course of this inspection, the inspector was assured that they understood the needs of the residents and had the knowledge to respond accordingly.

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. There were one open safeguarding concern at the time of this inspection however, it had been recorded and responded to in line with the organisations safeguarding policy and guidelines. Of a sample of files viewed, staff also had training in safeguarding of vulnerable adults and a family member spoken with reported they were satisfied with the quality and safety of care delivered in the house.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a resident may be at risk of falling, they had access to a physiotherapist and where required, provided with a equipment such as a wheelchair and hand rails for better support.

The premises were laid out to meet the assessed needs of the residents and on the day of this inspection, were observed to be clean and generally well maintained. This service provided a 'home from home' for the residents and, they were observed to be very comfortable and 'at home' living in this house.

It was observed that some upgrade works were required to the kitchen and some painting was required to the external part of the premises however, a time bound plan of action was in place to address these issues. It was also observed that an unused apartment to the back of the house required attention. For example, the kitchen area was being used for storage and the shower room required an upgrade. However, as this area of the premises were not being used by the two residents living in this service, it did not impact on the quality of care provided.

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE and sanitising their hands throughout the course of this inspection. There were also cleaning schedules in place so as to ensure 'high touch' areas (such as door handles and light switches) were cleaned regularly.

Adequate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and each resident had a personal emergency evacuation plan in place. Fire drills were also being facilitated as required.

Systems were in place to promote the rights of the residents and their individual

choices and preference were supported and respected (with support where required). Staff consulted with residents about the running of their home and over the course of this inspection, were observed to be courteous, kind and caring in their interactions with them. Residents chose their daily routine and appeared happy and content in their own home and in the company and presence of staff members.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and on the day of this inspection, were observed to be clean and generally well maintained. This service provided a 'home from home' for the residents and, they were observed to be very comfortable and 'at home' living in this house.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and each resident had a personal emergency evacuation plan in place. Fire drills were also being facilitated as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. All residents had a health assessment/review of their healthcare needs carried out annually (or sooner if required).

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. There were one open safeguarding concern at the time of this inspection however, it had been recorded and responded to in line with the organisations safeguarding policy and guidelines. Of a sample of files viewed, staff also had training in safeguarding of vulnerable adults and a family member spoken with reported they were satisfied with the quality and safety of care

delivered in the house.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to promote the rights of the residents and their individual choices and preference were supported and respected (with support where required). Staff consulted with residents about the running of their home and over the course of this inspection, were observed to be courteous, kind and caring in their interactions with them. Residents chose their daily routine and appeared happy and content in their own home and in the company and presence of staff members.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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