



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

Issued by the Chief Inspector

Name of designated centre:	An Sli
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	24 May 2021
Centre ID:	OSV-0003618
Fieldwork ID:	MON-0031747

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 full-time residential services to eight adults (both male and female) with disabilities. The centre is in Co. Louth and near a number of large towns and small villages. The centre comprises a large detached bungalow, and each resident has their own bedroom (some ensuite) decorated to their individual style and preference. Communal facilities include a large, fully equipped kitchen, a separate utility room, two fully furnished sitting rooms, a number of communal bathroom/showering facilities, and a staff office. There is also a large separate activation area (with two bathrooms and a kitchen facility) where residents can relax and engage in learning activities, hobbies of interest, or watch TV. The centre also has a large courtyard which is accessible to the residents. Transport is provided so as residents can avail of holiday breaks and social outings to shops, cinemas, shopping centres, hotels, restaurants, pubs, and beauticians. The service is staffed on a twenty-four-hour basis by a team of staff nurses, social care workers, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Monday 24 May 2021	10:00hrs to 15:15hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection was undertaken in a manner to comply with public health guidelines and reduce the risk of infection to the residents and staff in the centre. Through observations and review of residents' information, the inspector found that residents received appropriate care and support. Residents were supported to engage in activities of their choosing, and the centre's staff team supported residents in a way that promoted their views and rights.

The inspector reviewed questionnaires that residents had been supported to complete regarding the quality and safety of care being provided to them. The residents' responses demonstrated that they were happy with the service and their home.

The inspector met with residents when they were engaging in their retirement activation programme (RAP). There was an assigned staff to lead the activation program Monday-Friday. The residents appeared comfortable and to enjoy the activities they were engaging in. The inspector observed residents partake in floral arrangements, interactive games, and also relaxation periods.

One of the residents spoke with the inspector about the impact of COVID-19, their hobbies, and their preferred musical tastes. The inspector observed warm and friendly interactions between the residents and staff members, supporting them throughout the inspection.

A review of residents' information demonstrated that before restrictions were imposed due to the current pandemic, residents were engaged in activities in their communities. These included going on day trips, on holidays, and going out for lunches and dinners; some of the residents also enjoyed going for a drink in a local pub. The age profile of residents meant that they were at a higher risk of poor outcomes if they were to contract the Covid-19 virus. As a result, residents had been cocooning as per guidelines. The staff and management team had developed a range of activities for residents to partake in during restrictions. These included chair aerobics, cooking, arts and crafts, and celebrating public holidays. Residents had also been supported to attend themed parties in the centre, including casino and cocktail events.

There was clear evidence of the provider and staff team supporting residents to maintain their relationships with their family members through assistive technology and physical visits when possible. The inspector had the opportunity to speak with two family members; both spoke positively of the service being provided to their loved ones. They expressed that they were kept informed regarding the care being provided to their family members and that they could, before COVID-19, visit the service whenever it suited. Both family members spoke of the progress their loved ones had made with the support of the management and staff team. The family

members also highlighted how happy their loved ones were in the service.

The inspector also reviewed questionnaires that family members had completed as part of the centre's annual review for 2020. The feedback was again positive regarding the care, and support residents were receiving.

The inspector found that the centre was laid out to meet the needs of the residents. There was a large day room/ activity room where residents engaged in their retirement activity programme. There were pictures of residents throughout the centre, and the inspector observed that residents bedrooms and some other areas were designed to residents preferred tastes. There were, however, aspects of the centre that required repair and the required works detracted from the otherwise homely setting.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to engage in activities of their choosing.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

There were management systems in place that ensured that residents were receiving a service that was appropriate to their needs. The management team was clearly defined and was made up of a person in charge and house manager.

Monthly audits were being completed by the centre's management team, and these were ensuring that the service being provided to each resident was consistent and effectively monitored. The provider had carried out an annual review of the quality and safety of care and support. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these. Actions had been identified following these reports, and there was evidence of some of these being progressed. The annual review and the most recent audit identified works required to aspects of the centre's premises. This will be discussed in more detail in section three of the report. The most recent audit also identified a need to increase staffing numbers to meet the changing needs of the residents.

A review of the planned and actual staffing rota displayed that there were four staff rostered each day for eight residents. Residents required one-to-one support when engaging in activities in the community. As noted in the first section, this group of residents were active in their community. Observations on the day of inspection also confirmed this. Residents were regularly engaged in community activities in pairs;

this resulted in two staff remaining in the centre to support six residents with high support needs. A review of a sample of residents' care plans demonstrated that some residents required two-to-one staffing support when mobilising or transferring in their home. There were therefore improvements required in order to ensure that adequate cover and support was available at all times to meet the assessed and complex needs of all residents living in the centre.

The previous inspection completed in July 2019 identified that there was a required review of staffing levels in the centre. The provider had responded to this. However, the needs of residents had increased since the last inspection. The most recent audit identified a need to increase staffing levels from four during the day to five following the lifting of restrictions. The inspector sought assurances on the day as to when this would be addressed, as residents were now re-engaging in activities in their community. A response was received on the day following the inspection stating that the review of staffing levels would take place by 31.08.21, meaning a further two to three months before additional staffing was confirmed.

The inspector did find that the residents were receiving continuity of care. There was a well-established management and staff team in place that were focused on supporting residents and providing the best possible care. The inspector spoke to staff members who demonstrated that they were aware of the needs of the residents and also spoke positively of the support they receive from the management team.

The staff team supporting the residents had access to appropriate training as part of their continuous professional development. There was a training needs analysis system that was under regular review ensuring that staff were identified for training when required. The house manager provided the inspector with assurances that outstanding training was due to be addressed in the coming weeks.

The person in charge was submitting notifications regarding adverse incidents to HIQA within the three working days as set out in the regulations. The person in charge had also ensured that quarterly notifications were being submitted as set out in the regulations.

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centre's complaints log and noted that there had been no recent complaints. There were, however, systems to respond to complaints if required.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Regulation 15: Staffing

There were improvements required to ensure that staffing levels were appropriate to meet the assessed and complex needs of all eight residents. The provider had

acknowledged this in the centre's' most recent audit. However, the review of staffing levels was not due to take place until 31.08.21.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was submitting notifications when required as per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs.

The centre was being operated in a manner that promoted and respected the rights of residents. As noted earlier, residents were being supported to engage in activities of their choosing and were supported to maintain contact with their family members regularly. Residents partook in weekly resident meetings where they were encouraged to express their views and wishes. Activity plans were developed following these meetings. The meetings were also used to share information with residents regarding their rights, COVID-19 and the running of the centre.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. The review of information demonstrated that residents had access to appropriate healthcare professionals and supports. A number of the residents presented with complex needs, their support plans were detailed and under review by the centre's management team and the provider's multidisciplinary team.

The inspector reviewed a sample of personal plans. There were arrangements in place to support residents to set and achieve personal goals. The inspector reviewed planned goals; that were focused on social activities, meeting with friends and family, attending concerts, and promoting residents' health. Some of the residents' goals had been delayed due to the impact of COVID -19. The staff team had, however, been proactive in developing alternative activities for residents.

There were arrangements in place that ensured that residents had access to positive behavioural support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident specific and focused on identifying and alleviating the cause of the residents' behaviours. Furthermore the inspector found that while there were restrictive practices in place these restrictions were subject to regular review and were in place to promote the safety of residents.

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. The person in charge had carried out investigations into concerns when necessary, and there was clear recordings of the process and outcomes. The staff team had also received appropriate training in relation to the safeguarding of residents.

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

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health

Protection Surveillance Centre (HPSC) guidelines.

As noted in the first section of the report, there were some areas in the centre that required repair. These included the flooring in hallways, the dayroom, and some resident's bedrooms. There was also some painting required to one of the centres sitting rooms. The person in charge had raised these issues to the provider's senior management. Some of the issues had been outstanding since 2019. The inspector does note that some of the required works commenced on the day of inspection but that there had been delays in addressing them.

Overall, residents were receiving a service that was tailored to their needs.

Regulation 10: Communication

The person in charge and staff team had ensured that all information was formatted and presented in a manner that was appropriate to the information and communication abilities of each resident.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were encouraged to work out a structure of their daily lives that best reflected their goals, activities, and needs. Residents were supported to be active members of their community and maintain links with their friends and families.

Judgment: Compliant

Regulation 17: Premises

While the provider had identified that there were works required to the centre's premises, there were delays in ensuring that these were addressed. The provider's quality improvement plan demonstrated that damp issues in the centre were raised in 2019 but were only beginning to be addressed on the day of inspection. There was also damage to the flooring in a number of areas, including residents' bedrooms, day room, and hallways.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that the residents were receiving or being offered positive behavioural support. The staff team supporting the residents also had access to

specialist advice and appropriate support for people who present with behaviour that is difficult to manage.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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

Compliance Plan for An Sli OSV-0003618

Inspection ID: MON-0031747

Date of inspection: 24/05/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To review the current staffing levels by day in an Sli and increase staffing to 5 staff by the 31.08.21</p> <ol style="list-style-type: none"> 1. Business plan completed by the PIC for additional staffing daily for An Sli on the 13.06.21 and forwarded to the Management Team SJOG North East Services. Completed 2. A review of resident dependencies completed by PIC on 17.06.21 and forwarded to the DNCS in support of additional staffing. Completed. 3. Review of the current staffing levels to be completed by 31.07.21 by the DNCS and PIC 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To repair and renovate areas identified in an Sli, by the SJOH Housing Association and the SJOG NE Community Services by the 31.12.21</p> <ol style="list-style-type: none"> 1. E mail forwarded to the SJOG Housing Association for approval of specific works on the following: replacement floors in the kitchen, utility room, main hallway, and dayroom in the Retirement Activation Programme , damp proofing of building, painting of the hall, kitchen, 1 bedroom and Retirement Activation Programme dayroom and replacement boilers on the 15.06.21. Completed 2. E-mail received on the 18.06.21 identifying the above works will be completed in full by the 31.12.21 3. Approval given by the Management in SJOG NE Community services for the following: Replacement flooring in 1 bedroom , to be completed by 31.08.21; painting of 3 bedrooms to be completed by 31.08.21, removal of shower grid and installation of 	

slopped flooring in 1 bedroom by 31.08.21

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2021
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.	Substantially Compliant	Yellow	31/12/2021