



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

## Issued by the Chief Inspector

Name of designated centre:	High Lane
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	07 August 2024
Centre ID:	OSV-0007751
Fieldwork ID:	MON-0044524

## About the designated centre

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

High Lane is a four-bedroom bungalow situated in a rural setting in Co. Louth. Four adult males live here. The centre comprises a large kitchen dining room, two sitting rooms, a utility room, and a large bathroom. There is a large garden to the front and the back of the property. Garden furniture is provided where residents can sit and enjoy the countryside views. There is a garage to the side, which has been converted to provide additional storage facilities. The staff team is made up of staff nurses and health care assistants. Residents are supported on a twenty-four-hour basis.

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

Number of residents on the date of inspection:	4
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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 (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 7 August 2024	09:00hrs to 16:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with regulations and standards. During the inspection, the inspector met with the four residents, the person in charge, the house manager and spoke with the three staff members on duty.

The inspector reviewed a large volume of information about how the service was run and the care and support provided to the residents. In general, the review of the information showed that a good service was provided to the residents. But, there were some areas that required improvement. In particular, enhancements were necessary to the monitoring practices, in particular to the oversight of medication/ healthcare management and ensuring that residents engaged in meaningful activities. The impact of these issues will be discussed in more detail in later sections of the report.

The residents' home was well presented and had a relaxed and welcoming atmosphere. At the time of the inspectors arrival two residents engaged in their morning routine; one was having breakfast, and the other was relaxing and watching sports. The other two residents had yet to begin their day.

The residents appeared relaxed in their homes and interacted with those supporting them. The staff team were observed to know the communication needs of the residents and to interact with them respectfully. Some residents communicated through non-verbal communication, and others through limited verbal communication. The inspector found that guidance documents on how residents communicated had been developed, and the person in charge also informed them that a formal communication assessment had begun for each resident. Conversations with staff members demonstrated that they had detailed knowledge of the residents, and some of the staff members had worked with the residents for a number of years.

Throughout the day, residents relaxed in the sitting and dining areas. One of the residents appeared to enjoy the increased activity in the house due to the inspection and remained in the kitchen, where the person in charge was working. Two residents also went out with a staff member in the afternoon.

In summary the inspection found that improvements were required to ensure all aspects of the service provided to residents was under adequate review. Three actions were identified following the inspection process and will be discussed in more detail later in the report. The inspector notes that there were many positive findings but that improvements were still required.

## Capacity and capability

The inspector conducted a review of the provider's governance and management arrangements and found that improvements were necessary.

The inspection process revealed gaps in the monitoring of certain areas. During the last inspection in 2022, it was observed that oversight of the service being provided was lacking. This latest inspection identified that this issue had not been addressed. Consequently, the provider and the person in charge had not demonstrated that they had taken action based on the previous inspection, nor had they shown that all aspects of the service provided to the residents were effectively monitored. The impact of these issues will be discussed in more detail later in the report.

The inspector also reviewed the provider's arrangements regarding staffing, staff training, and the notification of incidents, and found that these areas were in compliance with the regulations. Furthermore, a sample of staff rosters was reviewed, and it was found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programs to support them in caring for the residents.

In summary, the review of information revealed that the provider and person in charge needed to improve their oversight of the service.

## Regulation 15: Staffing

The inspector studied the current staff roster and rosters from two weeks in February of this year. The appraisal found that while there had been some changes to the staff team during this period, a consistent core staff team supported the residents. The review of the rosters also showed that safe staffing levels were being maintained. Three staff were rostered each day, and one staff at night time. The staff team consisted of staff nurses and care assistants, and the skill mix at the time of the inspection was appropriate to meet the needs of the residents.

As noted earlier, some of the staff members worked with the group of residents for an extended period. The staff members supported the residents appropriately and demonstrated a good knowledge of the residents' needs when interacting with the inspector.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the provider developed to capture staff members who had completed training. The review showed that staff members had up-to-date training. The house manager also revealed the inspector training that was scheduled.

Staff members had completed training in areas including:

- fire safety
- safeguarding of vulnerable adults
- basic life support
- safe administration of medication
- training in the management of behaviour that is challenging, including de-escalation and intervention techniques
- infection prevention and control
- dysphagia
- Children First
- assisted decision-making act
- positive behaviour support.

The inspector sought assurances that the staff members were receiving formal supervision from the management team. The inspector studied two of the staff teams supervision records, and there was evidence to show that staff members had been provided with supervision on two occasions this year, which is in line with the provider's policy.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector reviewed the provider's governance and management arrangements and found that the systems in place to ensure effective oversight of the service were not working as intended. These issues had previously been identified in the 2022 inspection, and it was concerning to see that there had been insufficient progress in addressing these.

The latest inspection revealed that improvements were necessary in the oversight and management of medication/healthcare management and ensuring that residents were engaged in meaningful activities. The impact of these issues will be discussed in more detail later in the report. However, it was evident from the findings that the person in charge and the provider were unaware of the healthcare issue. Furthermore, it was noted that the actions identified in the provider's audits regarding residents engaging in meaningful activities had not been dealt with.

The inspector reviewed the provider's audit and review systems and found examples of adequate oversight in other areas which is reflected in the findings of compliance

with the majority of the regulations. However, the inspection found that there were areas of the service provided to residents that were not effectively monitored by the management team, and there was a delay in responding to actions identified in the provider's audits.

Judgment: Not compliant

### Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's adverse incident and restrictive practices. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.

Judgment: Compliant

### Quality and safety

Throughout the report, it was found that some areas were not compliant with regulations. Issues with medication/healthcare management and lack of evidence supporting residents' meaningful activities were identified. The specific concerns will be listed under the appropriate regulations.

However, the inspector noted that the staff team adequately met the residents' needs, and the service was well-resourced. Good examples of staff providing appropriate care and support for residents' health needs were observed, and the staff members showed good knowledge of the residents' needs and communication styles.

Other areas such as risk management, safeguarding, positive behavior support, food and nutrition, and fire precautions were found to be compliant with regulations.

In summary, while some areas need improvement, the overall care and support for the residents was good.

### Regulation 10: Communication

There was documentation regarding how the residents communicated. The inspector reviewed two of the residents' information and found that it gave the

reader information on their preferred communication styles and how staff should support the residents to get their point across. The form had been developed by the provider and staff members had inputted the information.

The inspector sought assurances that an appropriate person had assessed the communication needs of the residents. The person in charge informed the inspector that formal assessments of the residents' communication skills and needs by a speech and language therapist had recently begun.

Judgment: Compliant

### Regulation 13: General welfare and development

During the review of the information of two residents, the inspector found that social goals had been set for them. One out of the three goals identified had been completed for the two residents despite the goals being due to be completed by July. The inspector spoke to the person in charge regarding this, and was informed that internal audits had identified the issue and had asked for improvements in the area; however, at the time of the inspection, this had not been achieved.

The inspector reviewed records for two residents, which tracked residents' meaningful activities. The review of these over the previous four weeks showed that, the residents were going on regular scenic drives. Still, there was limited information regarding what had occurred. There were recordings of residents who had gone on a recent day trip. Still, the period reviewed did not demonstrate that the residents were being supported in engaging in meaningful activities.

The provider's own audits had identified this as an issue in June of this year, but there was no evidence to show that improvements had been made. The inspector does acknowledge that the group of residents' health and age may impact their readiness for some activities, but the records did not demonstrate that the residents were being supported to engage in regular activities outside of their homes, plus the lack of progress in the social goals identified for the residents showed that the residents were not being supported to engage in the things they enjoyed.

Judgment: Not compliant

### Regulation 17: Premises

The person in charge showed the inspector around the resident's home. The inspector found that the house was well presented. The provider ensured that the house had been laid out to suit the residents, with mobility aids readily available. The person in charge informed the inspector that they had received funding

approval for some painting to be completed. This was needed in the kitchen area, and the inspector was satisfied with the plan to address the issue.

In summary, the provider and person in charge had ensured that the residents' home was appropriately resourced. Plans were in place to enhance the appearance of some areas, and the staff team supporting the residents had maintained a clean and well-presented home.

Judgment: Compliant

### Regulation 18: Food and nutrition

During the review of residents' information, the inspector found that the residents' diets were varied and balanced. Residents were encouraged to identify the meals they liked with the support of staff members. A staff member informed the inspector that a Speech and Language Therapist had prescribed the residents modified diets. The staff member gave the inspector a detailed account of how two residents' meals were prepared and the support required at mealtimes. The inspector reviewed two of the safe eating programmes developed by the SLT and found them to be detailed. The review also demonstrated that the staff member's knowledge of the programmes was appropriate.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector began the review of risk management practices by conducting a study of the recordings relating to adverse incidents that had occurred this year. There was information to demonstrate that following incidents, learning was identified and efforts were made to reduce the chance of re-occurrence. The review informed the inspector that incidents were well managed and that the staff team took steps to maintain the safety of the residents.

There were systems in place to identify and manage risks. Risk assessments were conducted for the residents. The inspector reviewed two of the residents' assessments and found they were linked to the residents' care and support plans. The assessments gave guidance on steps to be taken to ensure the residents' safety. Following the review of the risk assessments, the inspector found that the control measures introduced to manage the risks were appropriate to the level of risk.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspector reviewed the service's fire safety management arrangements. The person in charge and staff team had ensured that regular fire drills were being carried out. There was evidence to show that the residents and staff members could safely evacuate their home under day and night time scenarios. There had been occasions where some residents had not engaged, and follow-up drills were conducted. Steps were taken to ensure all residents engaged and evacuated the building.

The fire detection, emergency lighting, and fire fighting equipment were serviced at regular intervals, and the person in charge activated the fire alarm to demonstrate that it was working. There was an issue with one fire door not closing fully following the activation of the fire alarm. However, this issue was addressed promptly by a member of the provider's maintenance team, who ensured that the door closed when the alarm was activated for a second time.

In summary, the inspector found appropriate fire safety management arrangements in place; as stated earlier in the report, staff had been provided with proper training in the area, and the required equipment was readily available and serviced regularly.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector studied the information regarding the medication needs of two of the residents and reviewed the medication administration, storage practices, and return arrangements. The review showed these areas to be compliant with the regulations. The inspector identified that some improvements were required relating to residents' access to prescribed medication, which will be addressed under Regulation 6 health care.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The inspector found through the review of the resident's information that there were appropriate systems for assessing their health and social care needs. The residents' needs were assessed, and care and support plans were created. The inspector reviewed the plans and found they were under regular review. The care plans captured the resident's changing needs and gave the reader directions on how to

support them best. There was evidence of input from members of the provider's MDT and the staff and management team seeking support from the MDT and other allied healthcare professionals on behalf of the residents.

Judgment: Compliant

## Regulation 6: Health care

The person in charge ensured that all residents had completed health assessments. The inspector reviewed two of these documents and found that, the evaluations captured the residents' medical histories, diagnoses, and the support they needed to maintain their health.

Following the assessments, healthcare plans were developed. The inspector reviewed the care plans relating to the two residents and found that they gave the reader insight into their health needs and how best to support them. The residents were in the older category, and their health needs and presentation changed. There was evidence of clinical nurse specialists supporting residents in several areas, and assessments were being conducted.

As noted in earlier sections of the report, the inspector identified a need to improve some oversight and management practices. The inspector reviewed two of the four residents' medication records; during the review, the inspector sought assurances that all prescribed medication was readily available. The inspector and the person in charge found that for one resident, there were three PRN (when required) medications not in the medication press despite being prescribed for the resident. This meant that the staff team could not administer the prescribed medication if needed.

The inspector then reviewed medication stock checks and found that checks had been completed. Still, they had not identified that the medication was not available. Medication audits were also completed earlier in the year, but these did not identify the issue. This raised concerns regarding the person in charge of effective oversight of medication management practices.

In summary, the inspector found that the provider and the staff team supporting them were meeting the residents' health needs. Residents were accessing their general practitioners, the provider's multidisciplinary team, and other healthcare professionals if necessary. However, improvements were required to ensure all prescribed medication was readily available for all residents.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The inspector found that the residents had been prescribed behaviour support plans. The inspector again reviewed two of the residents' plans. The appraisal showed that the plans were focused on understanding the residents' presentation, why they may engage in the behaviours and how best to support them if they were to do so. The review of adverse incidents, as discussed earlier, showed that staff members had the knowledge to respond to incidents when required.

Restrictive practices had been introduced to maintain the positioning and safety of residents. The inspector reviewed the practices in place for two residents and found that they were required and under regular review to ensure they were the most appropriate.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for High Lane OSV-0007751

Inspection ID: MON-0044524

Date of inspection: 07/08/2024

## 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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An electronic recording system for logging resident activities is now in place so that the house manager and PIC have the information readily available and can identify areas for improvement in a timely manner.  PRN medications to support residents' healthcare needs have been reviewed for all residents and all current medications on prescription are in stock. The medication audit tool will be reviewed to enhance the stock control question.	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: A review of activities has identified that there is a discrepancy in effectively documenting same. An electronic recording system for logging resident activities is now in place so that the house manager and PIC have the information readily available and can identify areas for improvement in a timely manner if required.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: PRN medications to support residents' healthcare needs have been reviewed for all residents and all current medications on prescription are in stock. The medication audit tool will be reviewed to enhance the stock control question.	

## 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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	19/08/2024
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.	Not Compliant	Orange	28/09/2024
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended	Substantially Compliant	Yellow	28/09/2024

	and agreed by the resident, such treatment is facilitated.			
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