



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

Issued by the Chief Inspector

Name of designated centre:	Naomh Eoin
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	10 January 2023
Centre ID:	OSV-0007823
Fieldwork ID:	MON-0029773

About the designated centre

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

Naoimh Eoin provides full-time care to four older adults with an intellectual disability. The residents have additional medical, healthcare, and mobility needs. The group of residents requires high levels of support each day.

Nursing care is available at all times, supported by care assistant staff. The residents do not attend day services but have individual day supports implemented from the centre. The building is a four-bedroom detached bungalow, with four single bedrooms. One has an en-suite bathroom, a large combined sitting room, dining area, and kitchen. It is wheelchair accessible and has a garden and patio area. The centre is located in a rural village and transport is available for the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 10 January 2023	09:30hrs to 15:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

On arrival at the service, the inspector was greeted by the person in charge and the house manager. The inspector found that the residents' home had been decorated to a high standard and had a homely atmosphere. It was also clean and well-maintained. Residents were observed to relax in the kitchen, living areas and also in their rooms during the inspection.

The inspector carried out the review of information in the kitchen area. The inspector observed warm and friendly interactions between the residents and those supporting them. It was evident that the staff members knew the residents' needs and supported them in a positive and caring manner, which the residents appeared to enjoy.

The inspector was introduced to all four residents. The residents had limited direct interactions with the inspector, but the inspector observed they appeared happy in their home and enjoyed the company of those supporting them.

Family members had been offered the opportunity to give feedback on the service provided to their loved ones before the inspection. Three feedback forms had been returned and noted that they were happy with the service and activities the residents were engaging in.

The review of information found that a consistent staff team was in place that supported residents to become active members of their community. Staff members also supported residents in maintaining links with their families and developing new relationships.

The residents moved into their current home in 2020 and restrictions imposed due to the COVID-19 pandemic impacted on their ability to integrate into their new community. In more recent times, there had been a focused effort on rectifying this matter. For example residents were now social members of a local GAA club and were attending games and finals. They also held a party during the summer and invited their neighbours. There is a greenway close to the residents' house and they are supported to go for walks. Some of the residents had also gone on an overnight break in recent months. Others had gone on day trips to a sensory garden and to Dublin city.

In summary, the inspection found that the provider and the management team had effective systems in place which resulted in residents receiving a service that was meeting their needs.

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 the quality and safety of the service being delivered.

Capacity and capability

Residents were receiving a consistent and good standard of care. The centre was effectively resourced with a clearly defined management structure in place.

The management team comprised a person in charge and a house manager. They had developed appropriate arrangements to ensure that service was effectively monitored. The service provided to residents was effective and focused on meeting their needs. For example, regular audits were completed which captured areas that required improvement and the provider responded to the audits findings.

The provider had also ensured that, an annual review of the quality and safety of care and support had been completed. The provider had carried out unannounced visits to the centre as per the regulations and following these visits written reports on the safety and quality of care and support in the centre had been generated. Areas that required improvement were identified, and action plans were developed.

The provider ensured that the number and skill mix of the staff team was appropriate to meet the needs of the residents. As mentioned above, there was a consistent staff team in place. A review of staff training records showed that, the staff team were provided with appropriate training. Staff members were also receiving supervision in line with the provider's policy. The inspector found that some improvements were required to the system for tracking staff training needs. The system did not accurately reflect the training that the staff had completed and it was difficult to retrieve evidence to confirm the training had been completed.

Inspectors reviewed residents' contracts of care. The contracts contained the relevant information as per the regulations and the contracts had also been signed by the residents or their representatives.

Overall the inspection found that the provider had appropriate systems in place. The management and staff team provided a service that met the needs of the residents and residents appeared happy in their home.

Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of residents were being met.

Judgment: Compliant

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. Staff nurses led day and night shifts and were supported by a team of care assistants and a social care worker. During the inspection, the inspector observed that the staff members respectfully supported the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents. Staff members were also receiving supervision in line with the provider's guidelines. The supervision was focused on staff development and ensuring that those supporting the residents were focused on ensuring that the care needs of each resident were met.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure appropriate to the residential service's size, purpose, and function. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement. Existing management systems ensured that the service was safe, appropriate to residents' needs, consistent and effectively monitored.

The provider had also ensured effective arrangements were in place to support, develop and performance manage the staff team.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents were provided with contracts of care that contained the information required by the regulations. The contracts contained information regarding the

support, care and welfare provided to residents. Details of the service provided and the fees to be charged relating to residency. These contracts were signed by either the resident or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the required information in Schedule 1 of the regulations. The inspector found that the statement of purpose accurately reflected the service being provided to the group of residents.

Judgment: Compliant

Quality and safety

The provider ensured that comprehensive assessments of residents' health and social care needs had been completed. Care plans were devised following the assessments. The care plans were under regular review and captured the needs and assistance required to best support the residents. The information reviewed also demonstrated that residents received and had access to appropriate health care. Furthermore, the information collected showed that the care provided to residents was person-centred and reflected the changes in circumstances and new developments for residents.

As mentioned earlier, residents were supported to engage in activities outside their home. The staff team supported residents where possible in choosing the activities and sometimes acted as advocates in selecting activities that the team felt residents would enjoy.

Arrangements ensured 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. The behaviour support plans were focused on identifying and alleviating the cause of residents' behaviours. There were restrictive practices in place which were under regular review and were implemented to support residents and ensure their safety. There were also plans in place to reduce the usage of these practices where possible.

There were appropriate systems to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements to identify, record, investigate, and learn from adverse incidents. Individual risk assessments were developed that were specific to each resident and outlined how to maintain each

resident's safety.

The review of fire safety precautions found that the provider had developed effective fire safety management systems. Regular fire drills had been completed. These demonstrated that residents and those supporting them could safely evacuate.

Appropriate measures were in place regarding infection prevention and control (IPC). The provider had adopted procedures in line with public health guidance. There was a COVID-19 outbreak management plan specific to the service. Staff had been provided with a range of training in IPC practices. Measures were in place to control the risk of infection, including weekly and monthly IPC audits. The residents' home was also maintained in a clean and hygienic condition. There were also hand washing and sanitising facilities available.

In summary, the inspection found that residents were supported to engage in tasks they liked and were facilitated to establish links in their local community. The care needs of the residents were met, and there were systems in place to track and respond to the changing needs of the residents.

Regulation 13: General welfare and development

Residents were given opportunities to participate in activities relevant to their interests and needs. Residents had been supported to join their local GAA club and had gone on day trips to matches, Dublin city, and a sensory garden; some of the residents had gone on a recent overnight break.

The staff team also supported residents in maintaining links with their families and developing friendships with their new neighbours.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the residents' home was maintained in a good state of repair. The premises was also clean and suitably decorated. Residents' bedrooms had been decorated to their preference, with pictures of residents and their family members hanging in their rooms. Overall the residents home had a warm and homely atmosphere.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide that contained the required information. The residents' guide provided information on the services offered, the terms and conditions of residency, arrangements for residents' involvement in the running of the centre, how to access inspection reports, management of complaints and the arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

The inspector reviewed adverse incident records and found that an appropriate review of incidents had occurred and that learning was identified following the review.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for preventing and controlling healthcare-associated infections published by the Authority. Information was available for staff to review that was kept up to date. The staff team had received training on IPC and were observed to wear appropriate PPE and follow standard-based precautions throughout the inspection. Weekly and monthly audits reviewed IPC control measures and potential risks. The review system was effective, and the provider addressed identified actions..

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire and provided suitable fire detection, containment and fire fighting equipment in the designated

centre. Staff members had also been provided with appropriate training. The provider had also demonstrated that they could safely evacuate residents under day and night scenarios.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised support for residents, which promoted positive outcomes for residents. Care plans specific to each resident's needs had been set. The plans outlined how best to support residents to remain healthy and to engage in activities of their choosing. Residents had been supported to identify social goals they would like to work towards, and there were systems in place to help them achieve them.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were under review. Care plans had been devised which tracked their changing needs and gave detailed information on how best to support them.

Residents also had access to appropriate healthcare services to maintain and improve their health status.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements that ensured residents had access to positive behavioural support if required. The inspector reviewed a sample of behaviour support plans. The plans were focused on developing an understanding of the reasoning for the challenging behaviours. The plans also clearly outlined how to support residents proactively and reactively.

Restrictive practices were utilised to maintain residents' safety, positioning and dignity. These were under regular review and were reduced or discontinued where possible.

Judgment: Compliant

Regulation 9: Residents' rights

The provider and staff team supporting the residents had ensured that the rights of each resident were being upheld and promoted.

As discussed in earlier parts of the report the staff team were observed to respond to residents in a caring and respectful manner. Staff members were also supporting residents to identify and engage in activities they enjoyed.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 9: Residents' rights	Compliant