



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

Issued by the Chief Inspector

Name of designated centre:	Oropesa
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:	27 April 2021
Centre ID:	OSV-0002987
Fieldwork ID:	MON-0031791

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 to eight adult residents (both male and female) with disabilities in Co. Louth. The centre comprises of one detached two story dwelling and two small bungalows, all in close proximity to each other. Each resident has their own bedroom, decorated to their individual style and preference. Communal facilities in each house include fully furnished kitchens cum dining rooms, sitting/TV rooms, laundry facilities, private garden areas and adequate parking facilities. Residents are supported to experience best possible health and have as required access to GP services and a range of other allied healthcare professional supports. Residents are also supported to use their local community and where required, transport is provided so as residents can access local shops, beauticians, shopping centres, pubs, cafés, hotels and trips further afield. The service supports some residents to attend day services however, some residents have retired and a range of in-house and community based activities based on residents preferences is provided. There is a person in charge of the centre who is a qualified nurse and is supported in their role by a nurse manager. The two story house is staffed on a 24/7 basis and the bungalows (where residents are more independent) are staffed so as to ensure the needs of the residents are provided for. One waking night staff provides care and support to the bungalows at night-time.

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
Tuesday 27 April 2021	10:30hrs to 16:35hrs	Caroline Meehan	Lead

What residents told us and what inspectors observed

From meeting residents, reviewing documentation, and observing interactions with residents and staff, the inspector found residents were overall enjoying a good quality of life and were supported to participate in the running of the designated centre and to access activities of their own choice. Most of the residents were provided with meaningful activities and were supported to access amenities in the community within the confines of current public health restrictions. However, one resident had not been appropriately supported in this regard, and improvement was required to ensure the resident was provided with opportunities to regularly leave the centre, and to enjoy new experiences.

The inspection was completed in one unit of the designated centre, and a review of documentation took place in a clean zone area, so as to ensure social distancing and public health guidelines could be adhered to. There were eight residents living in the centre. The inspector was introduced to the four residents living in this unit and met two of the residents during the day. The second unit was visited and the inspector met a resident and two staff members on the patio areas external to the premises.

Residents appeared to be comfortable in their environment and staff were observed to have a good rapport with residents. Some of the residents were involved in a music session in the morning and were observed to be happy to take part. Another resident was working through some paperwork jobs and told the inspector they like to do this everyday. However, this resident had recently finished attending a day centre, and told the inspector that during the day there can be a lot of sitting around. From a review of this resident's activity record it was evident that the resident had been provided with limited opportunities for meaningful engagement, and had left the centre only twice in a four week period. For the remainder of the residents however, it was evident that they were provided with activities in line with their wishes and goals and had had access to a range of activities such as walks, arts and crafts, music, visiting the ice-cream shop, themed parties and visiting places of personal interest. Residents were also supported to buy and prepare their own meals if they so wished, and a staff member told the inspector that one resident in particular really enjoyed cooking for themselves.

The individual communication needs of residents were respected and supported, with a range of information available, for example, in accessible personal plans, social stories, picture schedules and photos. Staff were observed to respectfully communicate with residents in line with their preferences, for example, using photos and gestures.

Residents were supported to maintain regular communication with their families and while public health restrictions had limited visits with relatives, residents used video calls and phone calls to contact their loved ones. Prior to the current public health restrictions residents had been supported to meet up with friends and family

regularly, for example, in a restaurant or out for a drink in the pub.

Residents' rights to privacy, dignity and respect was maintained by practices in the centre. Each of the residents had their own room, and care and support was planned around the residents' individual preferences. For example, intimate care plans detailed each residents' wishes in this regard and outlined the procedure for ensuring residents' dignity was maintained. Staff were observed to be respectful in their interactions with residents, for example, while supporting residents during a meal.

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

Overall the inspector found the provider had appropriate management systems in place to ensure residents received a safe and effective service. There were good level of compliance found on inspection, with some areas related to staffing, risk management and the provision of activities requiring improvement, in order to meet residents' needs and promote ongoing positive experiences.

This inspection was a risk based inspection, the outcome of which will inform ongoing regulatory compliance. One unit of the centre was visited and the inspector attended the second unit, meeting staff and a resident in an outside area.

The centre was managed on a day to day basis by the person in charge, who was supported in their role by a nurse manager. While public health restrictions had impacted up to recently on visits by managers to the centre, there was a plan in place for the capacity of the nurse manager to be increased in the coming days, thereby increasing the direct supervision of care and support provided to residents in the centre. Practices in the centre were monitored through ongoing audits, six monthly reviews by the provider and an annual review of the quality and safety of care and support.

Staffing resources in one unit of the centre were not in line with some of the needs of residents and further improvement was required to ensure residents were provided with the appropriate support levels in order to regularly access community facilities.

Staff had been provided with a range of mandatory and additional training, ensuring they had the necessary skills to meet the needs of the residents.

Regulation 15: Staffing

The provider had employed staff with the required skills and qualifications to meet the residents' needs. Staffing rosters were appropriately maintained and the staffing was in line with the details in the centre's statement of purpose, with nursing care provided in line with the needs of the residents.

During the inspection the inspector noted that there were sufficient staff in one unit of the centre, with two staff on duty during the day. Staffing in this unit was sufficient to meet the needs of the residents living there. However, there were insufficient staff available in the second unit to facilitate meaningful activities outside of the centre, in accordance with the support requirements of residents and residents' wishes. There were only two staff on duty during the day in this second unit; however, three of the residents required one to one support to access the community. Both units had one staff on duty at night time.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and additional training, ensuring staff had the knowledge and skills to deliver safe and appropriate care. Training had included fire safety, safeguarding and managing behaviour that is challenging, as well as manual handling, dementia, first aid, medication management and dysphagia.

In response to the recent pandemic a range of infection prevention and control training had been provided. Refresher training was planned for some staff in basic life support and manual handling as required. Training relating to therapeutic interventions to manage challenging behaviour had been postponed due to public health restrictions, however there was a plan for this training to be requested once restrictions were reduced.

Judgment: Compliant

Regulation 23: Governance and management

While some areas for improvements were required in terms of resources and the provision of activities, overall the inspector found appropriate management systems were in place to ensure a safe and effective service. The centre was managed by a full-time person in charge who also had responsibility for two other designated centres, and the person in charge was supported in their role by a clinical nurse

manager. Since the end of November, restrictions had been put in place for managers visiting the centre and window visits were maintained as an alternative. Attendance by managers at the centre had resumed one week prior to the inspection. There was a plan in place for the nurse manager to commence supernumerary hours in the coming days, allowing for additional supervision and attendance at the centre

The centre was monitored on an ongoing basis and the outcomes of audits formed an overall quality enhancement plan for the centre. Audits included areas such as fire safety, medication management, personal planning and residents' finances. A six monthly visits by the provider had recently completed and actions arising relating to minor maintenance work and staff training had clear plans set out to address the issues within a satisfactory timeframe. An annual a review of the quality and safety of care and support had been completed and the views of residents and their representatives had been sought and considered in this review.

Staff meetings were held on a two to three month basis and staff told the inspector they could raise concerns about the quality and safety of care and support with managers should the need arise. An out of hours on call support structure was also in place.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications had been submitted to HIQA in respect of incidents and practices in the centre.

Judgment: Compliant

Quality and safety

The inspector found most residents were enjoying a good quality of life and their needs and wishes were met in a person-centred and safe way. Some improvement was required to ensure risk management processes and social care planning were positively impacting residents, and that the provider had appropriate support arrangements in place to respond to risks, while meeting residents' needs.

Residents were supported with their healthcare, emotional and personal care needs, and there was timely access to a range of healthcare supports for residents such as speech and language therapist, occupational therapist, optician, and general hospital services. The inspector found most of the residents were provided with activities in line with their preferences however, access to community activities in one unit had

been impacted by a risk management measure and a lack of sufficient resources.

Residents were supported with their emotional needs through the provision of behavioural support planning and plans had been implemented to reduce a restrictive practice for a resident. Residents safety and wellbeing was promoted through comprehensive safeguarding procedures, and through implementing risks control measures in practice following assessment.

Overall there were safe medicine management practices in the centre relating to the ordering, receipt, storage, prescribing and administration medicines and residents had been assessed as to their preferences in receiving medicines and their capacity to self-administer medicines.

Suitable procedures were in place regarding the prevention and control of infection, and the provider had ensured procedures were adopted to respond to the COVID-19 pandemic, in line with public health guidance. Staff had been provided with appropriate infection control training. Residents had also been supported with accessible information on COVID-19 and on vaccinations.

Regulation 17: Premises

The inspector reviewed one unit of centre which was was clean and well maintained. The unit was homely and comfortable and met the needs of residents. The provider had ensured appropriate equipment was provided in order to promote accessibility and safety of residents for example, handrails in bathrooms, and customised seating. Each resident had their own bedroom, individually decorated with residents' personal items.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and ongoing review of risks in the centre and an up-to-date risk register was maintained in the centre. Individual and centre based risks were assessed, and management plans outlined the control measures in place to minimise the impact of such risks. However, the inspector found for one identified infection control risk related to the use of the centres transport, the control measures were not proportionate to the risks identified, and had not taken account established control measures for example, vaccination status of residents. Consequently residents were not supported to use the centre transport except for essential purposes only, and consequently their opportunities to access the community had been impacted.

The inspector found control measures were implemented in practice, for example,

assistive equipment in use to support residents to access the community and the implementation of speech and language therapist guidelines for residents' mealtimes.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Appropriate measures were in place for the prevention and control of infection. Public health guidelines in the the management of COVID-19 were found to be supported in policies and in practice. For example, staff were observed to wearing appropriate personal protective equipment (PPE) and regular environmental cleaning was carried out. There was sufficient PPE available in the centre and suitable handwashing facilities were provided.

The provider had developed a COVID-19 contingency plan, which outlined the response to be taken to a suspected or confirmed case of COVID-19 in the centre. Up-to date guidance was available for staff on COVID-19 and on public health guidelines. Residents had been provided with accessible information on COVID-19, including social stories on vaccinations.

Staff had been provided with up-to-date training in infection control, donning an doffing PPE, and in hand hygiene.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Suitable and safe practices were in place for medicines management.

Residents availed of the services of a local pharmacy and residents' medicines were individually securely stored. The inspector reviewed two residents' medication prescription and administration records, and all documentation was complete. PRN (as the need arises) medicine records stated the maximum dosage in 24 hours to be administered, and corresponding PRN protocols stated the circumstances under which PRN medicines should be administered.

Medicines management plans were developed, which outlined the specific preferences and support needs to help residents with their medicines. Residents had been assessed as to their capacity to self administer medicines.

Appropriate training had been provided to staff in medicines management and in the administration of emergency medicines for epilepsy.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While most of the needs of the residents were met, the provider had not ensured arrangements were in place to meet the social care needs of some residents.

Each resident had an up-to-date assessment of need completed incorporating assessments by multidisciplinary team members. Personal plans were developed and implemented for areas such as residents' health, emotional and personal care needs. However, opportunities for one resident to avail of ongoing meaningful activities were not provided for, either thorough daily activities planning, or through personal goals. While most residents had been supported to develop and realise personal goals, improvement was required to ensure a resident was supported to develop goals which gave opportunities for new experiences and took in to consideration a change in the resident's circumstances.

Accessible personal plans were developed for residents and it was evident that residents were involved in the development of plans and goals. For example, a resident told the inspector of an important person in their life with whom they they had regularly enjoyed social occasions, and showed the inspector photos of these events. Another resident kept photos albums of all the events, occasions and activities he had enjoyed throughout the year with his peers in the centre. Residents met a staff keyworker regularly regarding their personal plans and goals, and records were maintained of these meetings.

Judgment: Not compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and had timely access to a range of healthcare professionals and interventions. Residents healthcare needs had been assessed and plans specified the ongoing monitoring and intervention requirements to meet the residents' specific needs. Plans were implemented in practice, for example, residents were supported to regularly attend a general practitioner as the need arose, and reviews by relevant healthcare professionals were completed in line with recommendations and residents' changing needs.

Residents' healthcare needs were monitored on an ongoing basis in the centre, in line with the details set out in personal healthcare plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs and behaviour support plans had been developed in consultation with a clinical nurse specialist in behaviour. Plans outlined the support needs of residents through both proactive and reactive strategies. Plans were subject to regular review. Residents were also supported to access a psychiatrist if required, and regular review of their emotional needs were completed. Staff had been provided with training in managing behaviours of concern and there were plans to provide refresher face to face training in therapeutic interventions once public health directives allowed.

There was evidence that a restrictive practice in use for one resident had been discontinued following review.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by practices in the centre. There had been one safeguarding concern reported to HIQA. The inspector found safeguarding measures were in place to reduce the risks of reoccurrence. Staff were aware of these measures and of the response to take in the event of any safeguarding concerns in the centre. Residents appeared happy in their home and one resident told the inspector he felt safe living in the centre, and that he could talk to staff if he had any concerns. Residents had also been supported to develop self-awareness on potential safeguarding risks, and the person in charge told the inspector of one such strategy completed with a resident. Intimate care plans took into account the need to protect residents' privacy and dignity, while respecting their preferences.

Staff had been provided with up-to-date training in safeguarding.

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
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oropesa OSV-0002987

Inspection ID: MON-0031791

Date of inspection: 27/04/2021

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: Resident will be return to their day placements following COVID 19 restrictions, should they so wish to do so.</p> <p>Extra staff will be made available to support residents attend activities when necessary</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The house transport is now available every day if the residents wish to use it as infection control restrictions are being eased</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All resident will be return to their day placements following COVID 19 restrictions, should they so wish to do so.</p> <p>All individual assessments and personal plan will be reviewed by 30th June 2021 and all goals will be achieved by December 2021</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	07/06/2021
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures	Substantially Compliant	Yellow	02/06/2021

	might have on the resident's quality of life have been considered.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	12/12/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Not Compliant	Orange	30/06/2021