



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

Issued by the Chief Inspector

Name of designated centre:	Shanlis
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	24 August 2023
Centre ID:	OSV-0003648
Fieldwork ID:	MON-0031902

About the designated centre

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

This residential service provides full-time care and support to five adults with disabilities. The house is located in a peaceful, rural setting in Co. Louth but is near a number of large towns and villages. Transport is provided so residents can access day services and community-based amenities such as shopping centres, hotels, pubs, and restaurants. The house is a large detached bungalow on its own grounds. It consists of a large, very well-equipped kitchen cum dining room, a large separate sitting room, a number of communal bathrooms, a laundry facility, and well-maintained gardens to the rear and front of the premises. Each resident has their own bedroom, personalised to their style and preference. The healthcare needs of the residents are comprehensively provided for, and access to a range of allied healthcare professionals, including GP services, form part of the service provided. Residents are also supported to attend a day service where they can engage in activities of their choosing. The house is staffed on a twenty-four-hour basis. The staff team comprises a person in charge, house manager, staff nurses, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 24 August 2023	09:30hrs to 15:15hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector was greeted by a resident on their arrival. The resident brought the inspector into the kitchen area and asked staff members for tea, which was facilitated by the staff.

The inspector met with four of the five residents, one resident had gone on a day trip with a staff member. The inspector observed the residents moving freely through their home, with some spending time in their garden. They appeared relaxed and comfortable in interacting with the staff members supporting them.

The residents' home was clean and free from clutter. The provider had recently carried out maintenance works identified in the previous inspection, and the residents' home was found to be in a good state of repair.

Through the review of information and discussions with staff members, the inspector found that the residents were active outside of their home. Residents regularly went out for something to eat, went for coffee or for a drink. Some residents were involved in horse riding, had attended sporting events, and had recently been on an overnight break and gone to a concert.

The inspector observed warm and considerate interactions between the staff members and the residents. Staff members interacted with residents in a manner that respected their rights. The inspector found that residents were encouraged to identify things they would like to work towards and achieve. Person-centred planning meetings were held, and goals were identified. There was evidence of the staff team supporting the residents to achieve many of these goals and also planning how future goals would be achieved.

Reviewing records and daily notes identified that the staff team supported residents' views. Residents were also aided in maintaining relationships with their families through video calling, visits, and one resident had also been supported to visit family in the United Kingdom.

In summary, the inspection findings were overall positive. The review of information showed that the needs of residents were under close review, and systems had been developed that best supported the residents. The inspector identified some areas that required improvement regarding submitting notifications to the Chief Inspector, management of infection prevention and control risks and the provider's oversight and management of audits carried out by external contractors. The impact of these issues will be discussed in more detail in the two following sections of the report.

The following two sections of the report present the findings of this inspection concerning 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

The inspector reviewed information regarding the running of the service provided to the residents. The review found that, at a local level there were adequate management arrangements. The service was led by a person in charge who was supported by a house manager and the staff team. The local management team carried out regular audits, and there was evidence of where required improvements were being identified and actions were being taken to address them.

The progress of actions was captured on the quality improvement plan. The inspector observed that there was a large volume of completed actions and a low number of outstanding actions. The inspector was informed that the person in charge had recently been provided with the findings from a fire safety audit conducted in the residents' home by an external body. The audit was carried out on the 29.08.22. However, the person in charge only received the findings from the report on the 16.08.23. This did not identify appropriate management or oversight by the provider as risks had been placed in the report that had not been actioned for almost 12 months. The inspector noted evidence of the person in charge and the house manager addressing actions following receipt of the report. Still, there should not have been almost a twelve-month delay in the person in charge receiving the report.

The current and previous staffing rosters review identified a consistent staff team supporting the residents. As noted earlier, the staff members were observed to interact positively with the residents, and residents also spoke positively of the staff. The inspector found that the number and skill mix of the staff team were also appropriate. The staff team comprised nurses and care assistants, and residents received twenty-four-hour care.

There was a system in place where the training needs of the staff team were under regular review. A training needs matrix was developed that tracked the staff's completed training. There was evidence of the provider's audits also tracking training needs and records showing that staff had recently completed all outstanding training.

For the most part, the person in charge had ensured that the necessary notifications had been submitted for review by the Chief Inspector. However, following the study of information, it was identified that a safeguarding incident that had occurred had not been submitted as required. The inspector found that the provider had responded to the incident but failed to submit the required notification.

Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully support 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.

Judgment: Compliant

Regulation 23: Governance and management

The local management system was led by a person in charge who was supported in their duties by a house manager. The inspector found that there were robust management arrangements at a local level and that the needs of the residents were met.

However, further review of information identified that improvements were required at the senior management level. As stated earlier, a fire safety audit was conducted in August 2022. However, the person in charge was not supplied with the audit findings until August 2023. This did not demonstrate appropriate oversight and management at the senior level.

Judgment: Substantially 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

Regulation 31: Notification of incidents

As noted above, the provider and person in charge had failed to submit a required notification for review. When this was pointed out to the provider, they submitted a retrospective notification. However, the provider should have ensured the notification was submitted per the regulations and within the required time frame.

Judgment: Substantially compliant

Quality and safety

The inspector reviewed a sample of residents' information. They found that comprehensive assessments of the residents' health, personal and social care needs had been conducted. Care plans had been developed following the assessments that directed staff members on how to best support the residents. The plans were under regular review and reflected the changing needs of the residents.

For example, there was evidence of some residents experiencing increases in behaviours of concern in recent months. Behaviour support plans had been developed to reflect the residents' presentation. The plans were well laid out and gave staff clear information on how to support the residents. There was also evidence of the residents receiving clinical input and that their mental health needs were being addressed by the provider's multidisciplinary team.

The staff team had received training relating to the safeguarding of vulnerable adults. The person in charge had demonstrated that when required, they conducted investigations following concerns being raised. The inspector also found that residents had been provided information regarding maintaining their safety via resident meetings.

As discussed in the earlier section of the report, the inspector observed the staff members to support the residents in a manner that reflected their rights. The inspector also reviewed a sample of residents' information that further confirmed this approach. Where possible, residents were encouraged to voice their opinions, which the staff team respected. Residents were active members of their community and were supported to identify things they would like to do or achieve through person-centred planning meetings. Goals had been identified for the residents, and there was evidence that the residents were supported to achieve the goals. Some residents had recently made a trip to Dublin, others had gone to sporting events and also attended concerts.

The provider had a system where adverse incidents were responded to and reviewed. Learning was identified following the incidents, and supports were implemented to reduce the likelihood of them happening again. The inspector found that individual risk assessments had been developed for the residents and focused on reducing the risk of harm to residents and those supporting them. The provider had also set a risk register that addressed environmental and social care risks.

The provider had developed a contingency plan regarding planning for instances such as an outbreak of a respiratory virus in the service. There were clear guidelines for staff members and thresholds for when clinical support was required. The inspector also found that the staff team had received appropriate infection prevention and control practices (IPC) training. The inspector did observe surface damage; there was damage to the handrests of a resident's wheelchair and armchair. The surface damage meant that the area could not be appropriately cleaned. There was also surface damage to parts of the kitchen presses. These presses were hi-touch areas, and the damage again meant they could not be appropriately cleaned.

The review of information identified that there were appropriate fire safety management systems in place. The inspector was provided with documentation indicating that fire detection systems and firefighting equipment had been serviced at proper intervals. There was also evidence that the provider had conducted regular fire drills and demonstrated that they could safely evacuate residents under day and night time scenarios. Furthermore, the staff team had been provided with adequate fire safety training.

The inspector sought assurances regarding the fire detection system to ensure compliance with the relevant regulations. The provider submitted the assurances for review on the same inspection day.

In conclusion, while some improvements were required, the overall findings were positive, and the residents received a person-centred approach that met their needs.

Regulation 10: Communication

Throughout the inspection, it was observed that staff members communicated with residents appropriately and individually to each resident. Social stories had been developed for some residents, and visual aids were also in place to support communication between the residents and staff members.

Judgment: Compliant

Regulation 13: General welfare and development

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 17: Premises

The inspector found that the residents' home was clean and well-maintained. The provider had responded to concerns from previous inspections, and there were plans for further enhancements to the residents' home.

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.

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. However, the inspector did find that there was surface damage in three areas. A resident's wheelchair and armchair and also some kitchen presses.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that adequate fire safety management systems were in

place. The staff team had completed appropriate training, and there was evidence that showed that the provider, according to the records, could safely evacuate residents and staff under day and night time scenarios.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' information and found that the provider and person in charge had ensured that assessments of the residents' health, personal and social care needs had been completed. Care plans had been created that were individual to each resident, and there was evidence of these being updated to reflect the changing needs of the residents. Support for residents was developed through a person-centred approach with the staff team encouraging residents to be the lead decision-makers.

Judgment: Compliant

Regulation 7: Positive behavioural support

The staff team had been provided with appropriate training regarding managing challenging behaviours. There were recording systems to track residents' behaviours. These were completed by staff members and reviewed by members of the provider's multidisciplinary team. The information was then used to supplement the behaviour support plans.

The inspector reviewed incident reports demonstrating that the staff members had followed the behaviour support plans and supported residents. The provider and the staff team were taking appropriate steps to understand the residents' challenging behaviours and to take steps to reduce them.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured systems were in place to respond to safeguarding concerns. Residents had been provided with information regarding maintaining their safety, and there was evidence of the provider carrying out investigations if safeguarding issues arose.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection, the inspector observed the staff members interact with the residents in a manner that respected their rights. Residents were encouraged and supported to make decisions regarding their daily routines, and the staff team supported their decisions.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shanlis OSV-0003648

Inspection ID: MON-0031902

Date of inspection: 24/08/2023

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An electronic audit system has been purchased to ensure that all commissioned reports are stored in one area where relevant staff can have access to them. To maintain this new system a new WTE administration role has been created, this person will be the administrator of all reports going forward to eliminate the possibility of two report being commissioned for the same purpose. 22.09.23</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The NFO6 highlighted during the inspection was retrospectively submitted to the regulator on 24.8.2023</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Wheelchair arm rest was replaced on 11.9.2023.</p> <p>Painting of kitchen press was completed on 14.9.2023.</p> <p>Repair to residents' specialised chair was referred to Occupational Therapist and is awaiting repair, same to be completed by 31.10.2023</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 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.	Substantially Compliant	Yellow	19/09/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	31/10/2023

	published by the Authority.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	24/08/2023