



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

Issued by the Chief Inspector

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| Name of designated centre: | Pleasure Hill House |
| Name of provider: | St John of God Community Services CLG |
| Address of centre: | Louth |
| Type of inspection: | Announced |
| Date of inspection: | 17 January 2023 |
| Centre ID: | OSV-0004337 |
| Fieldwork ID: | MON-0029865 |

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 care and support to five adults (both male and female) with disabilities. The centre comprises of a large two storey house in a rural location in county Louth, but within close proximity to a number of large towns and villages. Each resident has their own large double bedroom (some being en-suite) which are decorated and personalised to their individual style and preference. Communal facilities include a large entrance hallway, a large fully furnished sitting room, a large fully equipped kitchen cum dining room, a second sitting room, a separate utility room, a relaxation/activities room, an office space and a large communal bathroom. There are also large well maintained gardens to the rear and front of the property and ample private parking space is available. Systems are in place to ensure the health, emotional and social care needs of the residents are provided for and as required access to GP services and a range of other allied healthcare professionals forms part of the service provided. Transport is also provided so as residents can access community based facilities in nearby local towns and villages. The centre is staffed on a 24/7 basis to include a person in charge (who is a Clinical Nurse Manager III), a house manager (who is a Clinical Nurse Manager II) and a team of nursing professionals, social care professionals and healthcare assistants.

The following information outlines some additional data on this centre.

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| 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 |
|----------------------------|-------------------------|---------------|------|
| Tuesday 17 January 2023 | 11:10hrs to 16:45hrs | Raymond Lynch | Lead |

What residents told us and what inspectors observed

This inspection took place over one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection there was five residents residing in the centre.

The centre comprise of a large detached two story house in a tranquil rural setting in Co. Louth. Each resident had their own double bedroom and communal facilities included two sitting rooms, a kitchen/dining room, a utility facility, a relaxation room and two communal bathrooms. The house was observed to be clean, well maintained, warm and welcoming on the day of this inspection.

The inspector met with three of the residents over the course of the inspection. Two of them were relaxing watching television in the sitting room and, appeared comfortable and content in their home.

Another resident seemed very happy to see the inspector, smiled and made a number gestures with their hands. A staff member explained that the resident liked drives and had plans to go for a spin in the bus later in the day.

This resident also showed the inspector some pictures in their person centred plan where they were participating in social activities that they appeared to enjoy. For example, the inspectors saw pictures of the resident on a train journey, a car ferry and other social outings. The resident appeared happy in all the photographs and was happy to go through aspects of their person centred plan with the inspector.

Later in the inspection process the inspector viewed some of the residents bedrooms. They were observed to be clean, tidy and most importantly, decorated to the individual style and preference of each resident.

While there was COVID-19 signage on view in the centre and a number of hand sanitizing stations around the house, staff had ensured it appeared homely and welcoming. For example, pictures of the residents were hanging on the walls and it was decorated throughout with modern furniture, fixtures and fittings. A relaxation room with soft lighting and a swinging chair was also available to the residents.

The inspector observed that the person in charge and staff team were good advocates for the residents. For example, the inspector noted that there were issues with the reliability of the transport available to the centre in 2022. Staff informed the residents that they had a right to complain about this issue and on their behalf, formally brought the issue to the attention of the complaints officer in the organisation. It was resolved to the satisfaction of the residents after this complaint and, a reliable new mode of transport was provided for the residents.

Another resident who was attending day services two days a week, had requested to attend for five days each week. However, this request had not been facilitated for

the resident at the time of this inspection. Again, the inspector observed that staff were advocating on behalf of the resident so as to ensure they could attend their day service on a full time basis and had escalated the residents request to senior management and the complaints officer.

The service had recently acquired an assisted decision making co-ordinator who was providing support and advice to both staff and residents on the role and importance of decision making and consent. At the time of this inspection, the co-ordinator was reviewing and updating residents hospital passports so as to ensure that in the event of a resident being admitted to hospital, their will and preference was established prior to any medical intervention taking place.

Additionally, staff spoke with residents about the importance of concepts such as consent, rights and advocacy at residents meetings and, easy to understand information on all of these were available in the centre.

Residents liked to avail of social outings in the community and the inspector observed that some of them were members of a local Gaelic Athletic Association (GAA) club. They also liked to go for walks on the grounds of the club. Some residents liked gardening and a greenhouse was available to them in the back garden where they grew their own fruit and vegetables in the summer months. The inspector also saw pictures of residents enjoying holidays and hotel breaks of their choosing. It was also observed that in 2022, residents had taken part in a charity event where they raised funds for a cancer research project.

Staff had supported the residents to provide written feedback on the quality and safety of care provided in the centre. Generally it was reported that they were happy and content in the service, happy with their accommodation and were engaging in activities that they liked.

On reviewing written feedback from two family members on the service, the inspector observed that they were also very positive about the service provided. For example, one family member said that the service was excellent while another said that staff do a great job and take great care of their relative.

Over the course of this inspection staff were observed to support the residents in a person centred, dignified, warm and professional manner. Residents were also observed to be comfortable and relaxed in the presence of staff and appeared happy and content in their home.

The next two sections of this report discusses the above in more detail.

Capacity and capability

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the

organisation. The person in charge was supported in their role by a house manager (Clinical Nurse Manager II) and a member of the senior management team.

The person in charge was a qualified and experienced nursing professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). They were also found to be responsive to the inspection and regulation process.

The person in charge explained to the inspector that there was always three direct support workers on duty during the day and, one waking night staff to provide care and support to the residents. The staff team consisted of staff nurses, social care workers and a team of healthcare workers. The centre was operating with a deficit of 30 nursing hours per week however, these hours were being filled by the current staff team or on call staff who were familiar with the residents. On review of a sample of the rosters, the inspector observed that there were adequate staffing levels in place to support the residents and, the person in charge also informed the inspector that plans were in place for an additional nurse to be deployed to the centre on a permanent basis.

The staff team were trained and supervised so that they had the required skills and knowledge to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include infection prevention control, medication management, fire safety, behavioural support, and safeguarding. While it was observed that there were some gaps in the provision of refresher training on the administration of rescue medication, plans were in place to address this issue and the staff in question had been booked onto the relevant training.

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents. The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the Regulations.

While it was observed that a number of comprehensive documents and records were maintained in the centre regarding the assessed needs of the residents, the upkeep of some of this documentation required review. For example, a staff member explained that some residents may not co-operate with certain medical appointments such as attending an optician or audiology. On review of the residents healthcare related documentation, the inspector observed that more detail on how this issue was being managed was required.

The provider had systems in place to monitor the service and take on board feedback from the residents. An annual review of the quality and safety of care for 2021/2022 have been completed and a six monthly unannounced visits to the centre were being facilitated which resulted in an overall quality enhancement plan for the centre. This system was generally effective in ensuring that any issues raised in the auditing process were being addressed.

For example, the auditing process identified that some repairs and upgrading were required to some bathrooms, more hand sanitizing stations were required in the house, all positive behavioural plans were to be reviewed, and the statement of purpose required updating. All these issues had been identified in the auditing process, had been actioned and addressed at the time of this inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a qualified and experienced professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). They were also found to be responsive to the inspection process. the regulations and, responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

On the day of this inspection it was found that there were adequate staffing levels in place to support the residents in line with the statement of purpose. While the centre was operating with a deficit of 30 nursing hours per week these hours were being filled by the current staff team or on call staff who were familiar with the residents. On review of a sample of the rosters, the inspector observed that there were adequate staffing levels in place to support the residents and, the person in charge also informed the inspector that plans were in place for an additional nurse to be deployed to the centre on a permanent basis.

Judgment: Compliant

Regulation 16: Training and staff development

The staff team were trained and supervised so that they had the required skills and knowledge to support the residents. While it was observed that there were some gaps in the provision of refresher training on the administration of rescue medication, plans were in place to address this issue and the staff members in question had been booked onto the relevant training.

Judgment: Compliant

Regulation 19: Directory of residents

The provider submitted an up-to-date directory of residents for this centre as required for the renewal of the registration of the centre.

Judgment: Compliant

Regulation 21: Records

Some residents may not co-operate with certain medical appointments such as attending an optician or audiology. On review of the residents healthcare-related documentation, the inspector observed that more detail on how this issue was being managed was required in line with regulation 21: records (1) (b) Schedule 3 (3) (i).

Judgment: Substantially compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details for this centre as part of the renewal registration process for the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The service had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. The person in charge was supported in their role by a house manager (Clinical Nurse Manager II) and a member of the senior management team. Systems

were also in place to ensure the service was being audited as required by the regulations.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations. It detailed the aim and objectives of the service and the facilities to be provided to the residents. The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre in line with the Regulations.

Judgment: Compliant

Quality and safety

The residents living in this house were supported to have a meaningful and active lives within their home and community (based on their individual preferences) and systems were in place to meet their assessed needs.

The individual needs of the residents were being supported and encouraged. One resident was supported to attend a day service where they engaged in activities of their choosing and interest. Some residents were also members of a local GAA club where they liked to go for walks around the grounds of the club. Residents had also holidayed in Dublin, Donegal and Wexford in 2022 and the person in charge said that they really enjoyed these breaks.

Residents were also supported to keep in contact with their families and visit their family homes regularly. From reviewing a sample of personal plans, the inspector observed that some residents were starting to plan holidays, outings and concerts for 2023. Additionally, one resident had requested to attend their day service on a

full time basis and staff were supporting the residents to achieve all these goals.

Residents were being supported with their healthcare needs and had as required access to a range of allied healthcare professionals. A multi-disciplinary team was also in place to support residents with their emotional wellbeing and mental health. From a small sample of files viewed, the inspector observed that residents had access to general practitioner (GP) services, a physiotherapy, occupational therapy, behavioural therapy, dietitian and speech and language therapy. Care plans were also in place to support continuity of care. It was observed that the upkeep of some healthcare-related documentation required review however, this was discussed and actioned in section one of this report: capacity and capability.

Resident were supported to experience positive mental health and had access to both behavioural and psychiatry support. Where required, positive behavioural support plans were in place which had recently been reviewed by a clinical nurse specialist. From a sample of files viewed, staff also had training in positive behavioural support. It was observed that some restrictive practices were also in use however, they were only in use to support residents safety, were kept under regular review and were used for the shortest possible duration.

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. However, at the time of this inspection there were no open safeguarding concerns in the centre. Easy to read information on safeguarding, advocacy and rights was made available to the residents and from a sample of files viewed, staff had training in safeguarding of vulnerable adult and Children's First.

Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. For example, where a resident may be at risk of falling, they had a falls risk assessment in place, a mobility care plan and, a number of other supports such as hand rails and the use of a wheelchair while in the community. Additionally, they had as required access to a physiotherapist and an occupational therapist.

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in IPC, hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place. Staff also had as required access to PPE to include face masks which they used in line with public health guidance on the day of this inspection. Adequate hand sanitising gels were available throughout the centre as was COVID-19 related signage. The premises were also found to be generally well maintained, clean and clutter free.

However, some aspects of the premises required review to include the carpeting on the landing which was stained and, a gravelled pathway to the fire assembly point.

The inspector found examples of where the residents were supported with their rights in the centre and a human rights based approach to care and support was promoted as detailed in section one of this report: What residents told us and what

inspectors observed. Additionally, residents held regular meetings where they agreed menus between them and topics such as rights, consent and advocacy were also discussed. Staff were found to be good advocates for residents in ensuring their voice was heard in the service and, their complaints were addressed.

Adequate fire fighting systems were in place to include a fire alarm panel, fire extinguishers, fire doors and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place. A sample of fire drills viewed by the inspector (to include a deep sleep fire drill) informed that staff could evacuate the residents in a timely manner in the event of a fire in the service. Staff also had training in fire safety and completed as required checks on all fire equipment in the centre.

Regulation 17: Premises

While the premises were found to be generally well maintained, clean and clutter free on the day of this inspection some aspects of them required review to include

- the carpeting on the landing was stained and
- a gravelled pathway leading to the fire assembly point.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in IPC, hand hygiene and donning and doffing of personal protective equipment (PPE). There was also a COVID-19 contingency plan in place. Staff also had as required access to PPE to include face masks which they used in line with public health guidance on the day of this inspection. Adequate hand sanitising gels were available throughout the

centre as was COVID-19 related signage.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm panel, fire extinguishers, fire doors and emergency lighting. Equipment was being serviced as required by the regulations. Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The individual needs of the residents were being supported and encouraged. One resident was supported to attend a day service where they engaged in activities of their choosing and interest. Some residents were also members of a local GAA club where they liked to go for walks on the grounds of the club. Residents had also holidayed in Dublin, Donegal and Wexford in 2022 and the person in charge said that they really enjoyed these breaks. Residents were also supported to keep in contact with their families and visit their family homes regularly.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare needs and had as required access to a range of allied healthcare professionals. A multi-disciplinary team was also in place to support residents with their emotional wellbeing and mental health. From a small sample of files viewed, the inspector observed that residents had access to general practitioner (GP) services, a physiotherapy, occupational therapy, behavioural therapy, dietitian and speech and language therapy. Care plans were also in place to support continuity of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Resident were supported to experience positive mental health and had access to both behavioural and psychiatry support. Where required, positive behavioural support plans were in place which had recently been reviewed by a clinical nurse specialist. From a sample of files viewed, staff also had training in positive behavioural support. It was observed that some restrictive practices were also in use however, they were only in use to support residents safety, were kept under regular review and were used for the shortest possible duration.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or/if required, safeguarding plans were in place. However, at the time of this inspection there were no open safeguarding concerns in the centre. Easy to read information on safeguarding, advocacy and rights was made available to the residents and from a sample of files viewed, staff had training in safeguarding of vulnerable adult Children's First.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found examples of where the residents were supported with their rights in the centre and a human rights based approach to care and support was promoted. Additionally, residents held regular meetings where they agreed menus between them and topics such as rights, consent and advocacy were also discussed. Staff were found to be good advocates for residents in ensuring their voice was heard in the service and, their complaints were addressed.

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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially 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 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for Pleasure Hill House OSV-0004337

Inspection ID: MON-0029865

Date of inspection: 17/01/2023

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 21: Records | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 21: Records: Documentation has been reviewed and updated in relation to issues identified during inspection, ie: where any resident may not co-operate with certain medical appointments such as attending an optician or audiology, a detailed plan of care has been implemented. | |
| Regulation 17: Premises | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none">• New carpeting will be fitted on the landing by end of April 2023• A new concrete footpath will be installed between the house and nominated fire assembly point by end of April 2023 to ensure all residents have safe access to same. | |

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 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow | 30/04/2023 |
| Regulation 21(1)(b) | The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector. | Substantially Compliant | Yellow | 10/02/2023 |