



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

## Issued by the Chief Inspector

Name of designated centre:	Pleasure Hill House
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	20 September 2021
Centre ID:	OSV-0004337
Fieldwork ID:	MON-0029874

## 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 comprehensively 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.**

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 - 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
Monday 20 September 2021	10:10 am to 4:30 pm	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service comprised of a large detached house in County Louth and was in close proximity to a large town and a number of smaller villages.

The inspector met with three residents and spoke with one of them so as to get their feedback on the service provided. Written feedback on the quality and safety of care from all five residents and one family representative was also reviewed as part of this inspection process.

On arrival to the service, the inspector observed that the premises were clean, spacious and welcoming. One resident came to greet the inspector and they appeared comfortable and relaxed in their home. Another resident was enjoying a cup of tea while watching morning time television in the sitting room. Staff were observed to be person centred, warm and friendly in their interactions with the residents and, residents appeared very much at home and happy in their house.

The inspector observed that some of the residents communicated through the medium of pictures and objects of reference. Over the course of this inspection staff demonstrated that they were both respectful of and understood the communication style and preference of each resident. Indeed, a lot of the information contained in the house, to include person centred plans, were in an easy to read and/or pictorial format to suit the assessed communication needs of the residents.

One resident went through aspects of their person centred plan with the inspector. The resident had a keen interest in animals, farming, gardening and football and was happy to show the inspector photographs of them engaging these activities which were contained in their person centred plan. The inspector saw pictures of the resident petting ponies, playing football and going for walks. The inspector noted that this resident was also a member of the local GAA club. They also appeared very happy engaging in these social activities and smiled as they went through each photograph with the inspector.

Staff were also supportive of ensuring that residents got to engage in activities of their choosing and interest. For example, one resident had a keen interest in gardening. Staff had supported this resident to grow their own tomatoes in a small green house in the back garden and, also involved the resident in the maintenance and upkeep of the garden areas. Other residents liked relaxation therapies such as hand and foot massage. Staff had turned one of the spare rooms in the house into a small relaxation area, decorated with soft lights and comfortable furnishings of which residents seemed to enjoy very much.

Written feedback on the service from all five residents was positive and complimentary. For example, they all reported that they were happy with their home

and bedrooms, happy with mealtimes and menu options available, happy with the level of choice provided (to include social and recreational activities) and happy with the staff team.

Feedback from one family representative (spoken with over the phone) was also positive and complimentary on the quality and safety of care provided in the house. They said that they were 100% happy with the house and, their loved one viewed it as their home. They also said that the needs of their relative were fully provided for (to include personal, healthcare and social care needs) and that the house was beautiful. They were very happy with the staff team saying there was great continuity of care, staff were very supportive and took great care of the residents.

When asked had they any complaints about the service the family member said they had none, but if they did have any they would bring them to the attention of the person in charge. They also reported that their relative was very happy living in the house and that their bedroom was beautifully decorated. The inspector saw some of the residents bedrooms and observed that they were decorated to take into account the individual style and preference of each resident.

Over the course of this inspection the inspector observed that staff supported the residents in a professional, dignified, caring and person centred manner. Staff understood the communication needs of each resident and it was observed that residents were comfortable and at ease in the presence of staff. For example, shortly before lunch time, staff were having a cup of tea and a chat with some of the residents in the kitchen. The dinner was cooking at this time with the TV on in the background. The inspector observed that the atmosphere in the house was pleasant, relaxed and family orientated.

While some issues were found with the premises and staffing arrangements, this was not impacting on the quality of care provided in the house and feedback from all residents and one family representative on the service provided was complimentary and positive.

The following two sections of this report, outline how the providers capacity and capability to operate a responsive service, has impacted positively on the quality and safety of care provided to the residents in their house.

## Capacity and capability

Residents appeared happy and content in their home and the provider ensured that supports and resources were in place to meet their assessed needs. However, some issues were identified with the staffing arrangements.

The centre 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. They were supported in their role by a house manager who worked in

the house on a regular basis. The person in charge and house manager were experienced, qualified nursing professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

On the day of this inspection neither the person in charge or house manager were available to visit the house or meet with the inspector. However, the inspection process was managed competently by an experienced staff nurse who had worked in the house for a number of years. This nurse was found to be responsive to the inspection process and aware of the assessed needs of the residents in their care. They were also able to provide the inspector with information and documentation required to complete the inspection process.

Systems were in place to ensure staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, basic life skills, positive behavioural support, manual handling and infection control.

The service had to delay some refresher face to face practical training due to the current COVID-19 pandemic. However, there were plans in place to address this issue and of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge required to meet the assessed needs of the residents.

It was observed however, that at times, the staffing arrangements required review. This was because on a couple of days in September, the house had to operate with a deficit of one full-time staff member due to sick leave. While this had not impacted on the quality or safety of care provided in the house, the staffing contingency plans required review so as to ensure the staffing levels were at all times adequate and in line with the services' statement of purpose.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. While one minor inaccuracy was identified within the statement of purpose, the staff nurse who managed the inspection process addressed this issue on the day of this inspection.

Systems were in place to ensure the house was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports and a number of local audits. These audits were ensuring the service remained responsive to the regulations and responsive to the needs of the residents.

For example, recent audits of the centre identified that one new staff member required training and some furnishings required replacing. These issues were addressed (or a plan of action was in place to address them) at the time of this

inspection. For example, the house had recently purchased new sofas as required and identified in a recent audit. However, some issues remained with the premises and are discussed in more detail in section two of this report: Quality and Safety.

### Regulation 15: Staffing

At times, the staffing arrangements required review. This was because on a couple of days in September, the house had to operate with a deficit of one full-time staff member due to sick leave. In turn, the staffing contingency plans required review so as to ensure the staffing levels were at all times adequate and in line with the services' statement of purpose.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Systems were in place to ensure staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents. The service had to delay some refresher face to face practical training due to the current COVID-19 pandemic. However, there were plans in place to address this issue and of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge required to meet the assessed needs of the residents.

Judgment: Compliant

### Regulation 23: Governance and management

Systems were in place to ensure the house was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre, along with six-monthly auditing reports and a number of local audits. These audits were ensuring the service remained responsive to the regulations and responsive to the needs of the residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. While one minor inaccuracy was identified with the statement of purpose, the staff nurse who managed the inspection process addressed this issue prior to completion of the inspection process.

Judgment: Compliant

### Regulation 31: Notification of incidents

The service was aware of the legal remit to notify the Chief Inspector of any adverse incident occurring in the service was required by the Regulations.

Judgment: Compliant

### Quality and safety

Residents were supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs. However, some issues were identified with the upkeep and maintenance of the premises.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their families. While a number of community-based activities and day services had been on hold due to COVID-19, residents were being supported to engage in social, recreational and learning activities of their choosing in their own home.

For example, one resident that liked gardening was supported to buy a small green house and garden shed over the summer months so as they could pursue their interests. The resident had grown their own tomatoes and, was involved in the maintenance and upkeep of their own garden. Staff had also transformed a spare room in the house into a relaxation area, with soft light and furnishings and some of the residents liked to use this room for hand and foot massages.

Now that the restrictions were easing, residents were also supported to use local amenities and shops and some had renewed their membership of the local GAA club. On the day of this inspection, some residents availed of social outings with staff such as walks, drives and went to the local shops to buy items of their choice.

Residents were also supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy, physiotherapy, occupational therapy, and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. Access to mental health and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. It was observed that at times, one resident might refuse to participate in their medical appointments however, they had as required access to a GP and nursing support.

Systems were in place to safeguarding the residents and if required, safeguarding plans were in place. However, there were no safeguarding issues on file on the day of this inspection. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the skills, confidence and knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer, complaints officer and an independent advocate was available in the centre.

There were systems 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 wellbeing. Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and the last one held in August 2021, informed that all residents and staff present evacuated the building in under three minutes with no issues reported. Each resident had a personal emergency evacuation plan in place and from a small sample of files viewed, staff had training in fire safety.

There were also 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 infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff and residents wearing PPE throughout the course of this inspection.

The premises were observed to be luxurious, clean, warm and welcoming on the day of this inspection and both residents and a family member spoken with, reported they were very happy with the house. However, a number of issues were found with the premises to include some of the equipment and facilities required for the residents use. For example, the mode of transport provided and required for residents to access their community was unreliable. It had not been available to the residents on at least four occasions over the last number of months (the last time

being for over a week) as it had broken down on numerous occasions and regularly required repairs. A downstairs bathroom required upgrading so as to ensure it was adequately laid out and equipped to meet the changing needs of one of the residents. The floor of one ensuite bathroom required repair and some ceilings required repainting. It was also observed that the septic tank required some maintenance work.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support from both staff and family representatives as required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Information on rights, the complaints process and independent advocacy was also available to residents in an easy to read format and it was observed that staff respectful and supportive of the residents individual choices.

### Regulation 10: Communication

Each resident was assisted and supported to communicate in line with their assessed needs. Staff were also observed to be aware and respectful of the individual communication supports required by each resident

Judgment: Compliant

### Regulation 17: Premises

A number of issues were found with the premises to include some of the equipment and facilities required for the residents use. The mode of transport provided and required for residents to access their community was unreliable. A downstairs bathroom required upgrading to ensure it was adequately laid out and equipped to meet the changing needs of one of the residents. The floor of one ensuite bathroom required repair and some ceilings required repainting. The septic tank required some maintenance work.

Judgment: Not compliant

### Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk 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 wellbeing.

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 infection prevention control, donning and and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their families.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy,

physiotherapy, occupational therapy, and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Access to mental health and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. It was observed that at times, one resident might refuse to participate in their medical appointments however, they had as required access to a GP and nursing support.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguarding the residents and if required, safeguarding plans were in place. However, there were no safeguarding issues on file on the day of this inspection. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service. Staff had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer, complaints officer and an independent advocate was available in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support from both staff and family representatives as required).

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not 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-0029874

Date of inspection: 20/09/2021

## 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
Outline how you are going to come into compliance with Regulation 15: Staffing: Additional contracted oncall staff will be allocated to this DC to ensure continuity of care in the case of any absenteeism.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In relation to a downstairs bathroom required upgrading, a new Parker bath is on order with 6 months leadtime being quoted by supplier and 3/4 week installation giving a completion time by 30.04.22.  In relation to unreliable transport, immediate review of vehicle to take place with local garage. Monthly checks on vehicle by garage to be put in place. Review of vehicle performance to take place in 6 months. Application for 2022 funding to be made to HSE for replacement vehicle.  A septic tank issue route cause has been identified, and plan in place to address gulley route outside kitchen to address proper fall not being in place for sewer. Estimate completion by 17/12/21  Painting of ceilings identified will be carried out with completion date of 30/11/21.	

## 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	20/10/2021
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	17/12/2021
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by	Not Compliant	Orange	30/04/2022

	residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.			
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