



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

Issued by the Chief Inspector

Name of designated centre:	High Lane
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0007751
Fieldwork ID:	MON-0028472

About the designated centre

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

High Lane is a four-bedroom bungalow situated in a rural setting in Co. Louth. Four adult males live here. The centre comprises a large kitchen dining room, two sitting rooms, a utility room, and a large bathroom. There is a large garden to the front and the back of the property. Garden furniture is provided where residents can sit and enjoy the countryside views. There is a garage to the side, which has been converted to provide additional storage facilities. The staff team is made up of staff nurses and health care assistants. Residents are supported on a twenty-four-hour basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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
Wednesday 10 November 2021	09:30hrs to 16:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspector found that the residents' home was well maintained and had a warm and homely atmosphere. Residents had their own rooms, and there was adequate space to take time away or relax if they wished to do so.

While the inspector did not sit and interact with the residents for an extended period, they observed caring and considerate interactions between the residents and those supporting them. The group of residents had moved into their home in late 2019 from a campus-based setting. Family members who spoke with the inspector expressed that the transition had been positive, referencing that their loved ones had more opportunities since their move. There were also a number of compliments submitted by family members regarding the service being provided.

Some of the residents living in the centre were identified as being part of the high-risk category if they were to contract the COVID-19 virus. As a result, there had been periods where residents had limited activities outside of their home. Records did show that residents were supported to complete activities in their community or further afield when possible. A review of information demonstrated that some of the residents' liked to go for walks near their home or go shopping. Some of the residents had recently gone on day trips, there was also a plan for some to attend an upcoming concert.

Personal plans had been developed for the residents, support plans had been formulated, and these were guiding the care being provided to the residents. Following the review of a sample of residents' information, the inspector found that there were improvements required regarding supporting residents to achieve personalised goals that had been identified. This will be discussed in more detail in the Quality and Safety section of the report. The inspector does note that overall the needs of the residents were being met, but there was some improvement required to the monitoring practices.

Additionally, monitoring practices regarding risk management, infection prevention, control practices, and fire precautions were also found to require improvement. These areas will be discussed in more detail in the Quality and Safety section of the report.

The inspector had the opportunity to speak with two residents' family members. Both spoke positively of the service being provided to their loved ones and felt that the residents were appropriately supported. They spoke of visiting their loved ones and that they had regular contact with the staff team. The inspector also found that a number of compliments had been made by family members regarding the service being provided to their loved ones.

Residents were engaged in weekly meetings where the activities of the previous week were discussed. The staff team also encouraged the residents to make plans

for the coming week and to make suggestions regarding meals. Residents were also provided with information regarding the COVID-19 pandemic. The inspector found that information had been adapted to meet the communication needs of the residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

The service was led by a person in charge and house manager. The staff team comprised staff nurses and health care assistants. The inspection found that appropriate systems had been developed to meet the needs of the residents. There were, however, improvements required to ensure that all aspects of the service were consistently and effectively monitored. Audits were being completed, but it was found that they had not identified all areas that required improvement. The impact of this will be discussed in the Quality and Safety section of the report.

The provider had ensured that an annual review for 2020 had been completed and that reviews of the quality and safety of care being provided to the residents had been carried out. Identified actions had been added to the quality improvement plan. This was under the review of the management team. The person in charge was also submitting the required notifications for review by the Chief Inspector as per the regulations.

An appraisal of the staffing rosters identified that residents were receiving continuity of care. There was a consistent staff team in place that knew the needs of the residents and, as mentioned earlier, were observed to support the residents in a warm and caring manner.

A complaints procedure had been devised, and the review found that there were effective systems in place regarding the management of complaints. The inspector found that there had been no recent complaints submitted. However, as noted earlier, there had been a number of compliments submitted by residents' family members.

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Overall, the provider and person in charge had ensured that there were effective

systems in place to meet the needs of the residents.

Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

While there were auditing and monitoring systems in place, the inspection found that the systems had not led to the effective monitoring of all areas. This negatively impacted the service provided to the residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was submitting the required notifications for review by the Chief Inspector as per the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

For the most part, the provider and management team had appropriate systems for the assessment, management, and ongoing review of risk. The inspector found that

some improvements were required regarding assessing the risk of one staff member supporting residents at night time. The provider had failed to identify this as a risk and had not listed control measures to support the staff member or the group of residents. This was brought to the attention of the person in charge, who set about addressing the issue during the course of the inspection.

A risk register had been developed that captured social and environmental risks. Individual risk assessments were created for each resident, control measures were listed, and evidence of the risk assessments being updated when required. There was also a system in place where adverse incidents were documented and investigated. Learning was then identified following the investigation.

The provider had ensured that there were arrangements for the prevention and control of infection. Staff had also been provided with a series of training in infection control. While the provider had adopted a range of procedures in line with public health guidance in response to COVID-19, some areas required enhancements. A COVID-19 contingency plan had been developed for the centre. The review of this and other information found that isolation management plans had not been developed for residents if they were to contract the virus. This was brought to the attention of the management team, who rectified this for each resident during the inspection.

During the walk through the residents' home, the inspector observed that handrails located in both bathrooms had been damaged. The paint had been chipped away from the handrails, and they had rusted. There were also minor aspects of rusting on one of the shower chairs. This impacted the staff team's ability to appropriately clean the handrails and shower chair. The inspector notes that the handrails were not in regular use but that audits of infection prevention and control practices had failed to identify them as an issue.

The provider had developed a range of fire safety management systems. Regular fire drills were taking place, demonstrating that residents and staff members could safely evacuate their house. There were adequate arrangements for the containing and extinguishing of fires. The review of information found that the fire detecting equipment and emergency lighting were reviewed regularly by an appropriate person. A review completed on 17.08.21 found that minor adaptations were required to ensure that all areas were in line with fire safety standards. Neither, the person in charge or house manager were unaware that the review had identified areas that required improvement. This further demonstrates that improvements were needed to ensure that all aspects of the service were being appropriately monitored.

As noted earlier, personal plans had been developed for residents. The inspector reviewed a sample of these. There were aspects of the plans under regular review, which captured the changing needs of the residents and the staff and management team's efforts to best support each resident. This was, however, was not consistent for all areas. The inspector found that there were improvements required to support residents to achieve personal goals. However, personal goals were being identified for residents; there was limited evidence to verify if some goals had been

progressed or achieved.

The information reviewed demonstrated that residents were receiving and had access to appropriate health care. Residents' health needs were under constant review, and support plans were updated if required. The review of a sample of support plans showed that the plans captured the steps to be taken to best support each residents' health.

There were arrangements in place that ensured that residents had access to positive behavioural; support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific and focused on developing the staff team's understanding of the behaviour and the supports required to reduce the behaviours. Restrictive practices were being reviewed, and where possible restrictive practices had been reduced for some residents.

Residents were being supported by a staff and management team that respected and promoted their rights. Where possible, residents were supported to engage in their community, and there was evidence of the residents being supported to maintain links with family and friends if required.

The residents' home was well maintained, and as mentioned earlier, there was a homely atmosphere in the house. The premises had been appropriately designed; ceiling hoists were also fitted for use should residents' mobility needs deteriorate. The inspector noted that there were some small paint works required to the hallway. The person in charge was, however, in the process of arranging for the works to be completed..

While the needs of the residents were being met, there were improvements required across a number of areas to ensure all areas were compliant with the regulations.

Regulation 17: Premises

The residents' home was well maintained and appropriately designed.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found that some improvements were required regarding assessing the risk of one staff member supporting residents at night time. The provider had failed to identify this as a risk and had not listed control measures to support the staff member or the group of residents.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Overall, there were suitable procedures in place for the prevention and control of infection, which were in line with national guidance for the management of COVID-19. However, some improvements were needed to ensure that all support plans were appropriate. Furthermore, the damage to the handrails in the bathrooms meant that these areas were difficult to clean from an infection control perspective.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire detecting equipment and emergency lighting were reviewed regularly by an appropriate person. A review completed on 17.08.21 found some improvements were required to ensure that all areas were in line with fire safety standards. The person in charge and house manager were unaware that the review had identified areas that required improvement. This further demonstrates that improvements were needed to ensure that all aspects of the service were being appropriately monitored.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents, with the support of the staff team, had created individual goals. There was, however, a lack of evidence to demonstrate if some goals had been achieved or attempted.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural; support if required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for High Lane OSV-0007751

Inspection ID: MON-0028472

Date of inspection: 10/11/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC will ensure monitoring of reports following scheduled servicing of fire equipment PIC will amend the IPC audit to include areas that were missing and discuss the audits at next team meeting.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk register has been updated to incorporate a risk assessment for lone working in High Lane	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Hand rails will be repaired or replaced as necessary	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Required upgrading of emergency lighting system has been carried out	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Residents personal plan has been reviewed and updated in relation to goals	

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	30/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	10/11/2021
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	31/01/2022

	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 published by the Authority.			
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	11/11/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	01/12/2021