



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

Issued by the Chief Inspector

Name of designated centre:	Naomh Eoin
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	02 December 2021
Centre ID:	OSV-0007823
Fieldwork ID:	MON-0029782

About the designated centre

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

Naoimh Eoin provides full-time care to four older adults with an intellectual disability. The residents have additional medical, healthcare, and mobility needs. The group of residents requires high levels of support each day.

Nursing care is available at all times, supported by care assistant staff. The residents do not attend day services but have individual day supports implemented from the centre. The building is a four-bedroom detached bungalow, with four single bedrooms. One has an en-suite bathroom, a large combined sitting room, dining area, and kitchen. It is wheelchair accessible and has a garden and patio area. The centre is located in a rural village and transport is available for the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 2 December 2021	09:00hrs to 15:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

This inspection found that residents were receiving an appropriate service catered to their needs. When possible, residents were being supported to engage in activities in their community and attend social and sporting events.

The group of residents moved into their home in June 2020. Before this, they had spent many years living in a congregated setting. There was evidence that they had been supported to develop links with their new community. The inspector spoke to two of the residents' family members. They spoke positively of the service and the residents' move to the community. They felt that the residents had more opportunities since the move.

The inspector observed warm and considerate interactions between the residents and those supporting them. Some of the residents chose to sit and watch TV or relax in the kitchen area. Others moved freely through their home and settled in their bedrooms at different times during the day.

The inspector found that the residents' home had been decorated internally and externally for Christmas. Some of the residents were observed to be very happy when listening to Christmas music at different stages of the day. Staff members were also observed to support residents to go for a walk near their home.

The inspector had the opportunity to meet with all four residents. Some of the residents interacted non-verbally. The staff members demonstrated that they were aware of the residents' communication needs throughout the day and supported the inspector in interacting with the residents. The residents appeared happy in their home. It was evident that a great effort had been made to promote a homely environment. The inspector did observe that there were areas of the house that required painting. There were also issues with storage space. The person in charge and house manager had also identified that there were improvements required regarding fire safety practices. There were, however, delays in responding to this. These issues will be discussed in more detail in the Quality and Safety section of the report.

As mentioned above, the staff team were aware of the residents' needs and how to respond to them. However, a review of the staff team's training records demonstrated improvements were required to ensure that the staff team received appropriate training to meet those needs. A number of staff members required refresher training in manual handling and basic life support, both of these training pieces were important due to the group of residents they were supporting. However, the provider had failed to prioritise this group of staff to receive the training.

The following 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

This service was led by a person in charge and house manager. The review of information found that the service being provided to the group of residents was appropriate and that the provider and the services management team had developed suitable monitoring arrangements. This ensured that the service being provided was effectively monitored and focused on meeting the needs of each resident.

The house manager had completed a number of audits in recent months. There was evidence of these audits identifying areas that could be improved. Action plans had been developed and these were being responded to promptly by the management and staff team. A quality improvement plan was under regular review and captured the areas that required attention. The review of the plan demonstrated that, for the most part, actions were being addressed in a prompt manner. However, as mentioned above, there had been delays in ensuring that all staff members had received appropriate training.

The majority of the group of residents relied on wheelchairs for their mobility. This resulted in numerous transfers being required to support residents each day. Eight of the current staff team required refresher training in this area. Two of the staff members' training expired in 2020. Three staff members required basic life support training.

Furthermore, there was evidence that some of the staff team had not completed refresher training in adult safeguarding despite requests from the management team. The provider had not ensured that the staff team's training needs were effectively monitored or met.

The inspector noted that some of the above training had been postponed due to the COVID-19 pandemic; however, there were periods when training was being provided. There were, therefore, improvements required to ensure that the staff team received training that responded to the needs of the residents they were supporting.

The staff team comprised staff nurses and care assistants. The provider had ensured that the number and skill-mix of the staff team was appropriate to the needs of the residents. The service was nurse led, with a nurse in charge of both day and night shifts with the support of care assistants. The review of staff rosters demonstrated that the residents were receiving continuity of care as a consistent staff team supported them.

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 16: Training and staff development
The inspector found that the provider had failed to deliver training to the staff team which was specific to the residents' needs. In particular, eight staff members had outstanding refresher manual handling training.
Three staff members required basic life support training. Furthermore, there was evidence that some of the staff team had not completed refresher training in adult safeguarding.
Judgment: Not compliant
Regulation 23: Governance and management
There was an internal management structure appropriate to the size, purpose, and function of the residential service. However, improvements were required to ensure that the provider effectively monitored and provided appropriate training to all staff members. There was also evidence of the provider delaying responding to actions identified following audits.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
The person in charge submitted notifications for review by the Chief Inspector of Social Services as per the regulations.
Judgment: Compliant

Quality and safety

The inspector found that the residents' home had been designed and laid out to suit the needs of the residents. There were, however, some areas that required painting, including hallways and residents' bedrooms. The service was previously inspected in November 2020. The inspection found that there was not sufficient storage space. The provider had also acknowledged this in audits. The provider had yet to respond to this, and there was still insufficient storage space available in the centre. This impacted the residents as there was a large amount of filing and documents stored in the residents' sitting room.

On review of information, the inspector found that an audit completed on 2 November 2021 identified that a door to the utility room was not closing correctly. This impacted upon containment measures if a fire was to start in the utility room. This had been identified as an area that needed to be addressed. The inspector, however, found that the issue had yet to be fixed four weeks after the audit was completed. This identified that there were improvements required to fire safety management practices.

The inspector found that the provider had appropriate fire fighting and detection equipment in place. There were arrangements in place to ensure that these were serviced as required. However, a review of the fire drills that had taken place for 2021 did not provide assurances that staff could safely evacuate all residents from their home. The review of records showed that all residents had not engaged in a fire drill mimicking night-time circumstances in 2020 or 2021. Simulated drills had taken place, with an estimated time given regarding how long it would take to evacuate all residents. These simulated drills had not demonstrated that the residents could be safely evacuated out of their home with the minimum number of staff on duty. The inspector also observed that some residents had not engaged in daytime fire drills in 2021. This was brought to the attention of the house manager, and on the day following the inspection, they submitted evidence that a daytime fire drill took place with all residents and staff on duty. The inspector was, as a result, assured that residents and staff could evacuate during the day in the event of a fire. The provider had, however, not demonstrated this under night-time circumstances.

A sample of residents' information was reviewed, and it was found that a range of care plans had been developed that were specific to each resident. The plans were under regular review and reflected the changing needs of the residents. Comprehensive assessments of residents' health and social care needs had been completed. Residents' healthcare needs were under review and documented, along with the supports required to promote their physical and mental health.

As mentioned earlier, when possible, residents were supported to engage in activities outside of their home. In recent months, some of the residents had attended sporting events and gone on day trips. This had, however, reduced in recent weeks due to the increase in COVID-19 community transmission and the fact that the group of residents were identified as being at risk of complications if they

were to contract the virus. The staff team now focused on activities close to the residents' home or organised in-house activities.

Residents had access to positive behavioural support services. A review of a sample of behaviour support plans demonstrated that residents were regularly reviewed by allied healthcare professionals and the provider's multidisciplinary team members. This led to developing detailed support plans and clear guidance on how to best support each resident.

There were arrangements for the identification, recording, and investigation of and learning from serious incidents or adverse events involving residents. The inspector reviewed the centre's adverse incident log and found that incidents were reviewed by the centre's management team and members of the provider's senior management. There was also a local risk register; these were under review by the centre's management team and captured environmental and social risks.

Infection control arrangements at the centre were robust. They reflected current public health guidance associated with managing a possible outbreak of COVID-19. The provider had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff members, or staff shortages. COVID-19 risk assessments were developed for residents, the staff team, and visitors. The inspector found that slight adaptations were required to some risk assessments to ensure they followed the most up-to-date information from the Health Protection Surveillance Centre (HPSC).

Overall, residents were receiving a service that was tailored to their needs.

Regulation 17: Premises

There was a lack of adequate storage options in the residents' home as a large amount of filing and documents were being stored in the residents' sitting room. This was identified on the last inspection carried out in the centre and the provider had not addressed this issue.

There were also areas of the residents' home that required painting.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse

events and incidents.
Judgment: Compliant
Regulation 27: Protection against infection
The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by HIQA.
Judgment: Compliant
Regulation 28: Fire precautions
The provider had failed to demonstrate that they could safely evacuate the maximum number of residents with the minimum number of staff under night-time circumstances.
The provider had also failed to address fire containment issues identified following their own internal audits.
Judgment: Not compliant
Regulation 5: Individual assessment and personal plan
The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.
Judgment: 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 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially 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	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Naomh Eoin OSV-0007823

Inspection ID: MON-0029782

Date of inspection: 02/12/2021

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. Four out of eight staff received manual handling training on 14/12/2021, The four remaining staff are booked for training on 12/01/2022 2. Three staff requiring Basic Life support training received training on 21/12/21 3. Five staff requiring refresher safeguarding training, scheduled to complete this training on HSEland by 16.01.22 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new maintenance data base has being devised to ensure requests are dealt with in a timely manner.</p> <p>Priority scheduling for Manual Handling & BLS will be given to Designated Centre who require this type of training.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: Large storage press was installed for residents file and other house documents on 09/12/21</p> <p>The hall and residents bedrooms to be painted, schedule of works put out to procurement</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A night time fire drill took place on 09/12/21 all residents evacuated the building</p> <p>Closure mechanism on fire door to utility fixed on 14/12/21</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	16/01/2022
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	30/03/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	09/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/01/2022

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	14/12/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	09/12/2021