



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

Issued by the Chief Inspector

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| Name of designated centre: | Rivergrove |
| Name of provider: | St John of God Community Services CLG |
| Address of centre: | Louth |
| Type of inspection: | Unannounced |
| Date of inspection: | 21 May 2025 |
| Centre ID: | OSV-0003010 |
| Fieldwork ID: | MON-0046237 |

About the designated centre

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

Rivergrove is a large four bedroom, two storey detached house located in a village in Co Louth. There is a large garden to the back of the property. The centre is within walking distance of all community amenities and two vehicles are available for residents to travel to other towns and areas. The centre supports four male adults, some of whom have mental health issues and require supports with positive behaviour support. All of the residents are supported by staff in the centre to have meaningful activities during the day. Residents have access to a range of allied health professionals and medical practitioners. The person in charge is suitably qualified and is supported in their role by a house manager. Both of whom have responsibilities for other centres. The skill mix in the centre includes social care workers, nurses and health care assistants. Three staff are on duty during the day and two staff are on duty at night time in order to support residents.

The following information outlines some additional data on this centre.

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| 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 (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 21 May 2025 | 10:40hrs to 16:00hrs | Anna Doyle | Lead |

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding, to ensure that residents felt safe in the centre and that supported decision making arrangements were in place that incorporated the will and preference of the residents where required.

Overall, the inspector found that the delivery of care was centred on the philosophy of person-centred care. There were adequate resources that enabled residents to make decisions on a day to day basis around activities they wanted to engage in. The provider and staff team had implemented new strategies for supported decision-making that provided residents with autonomy or took into account the residents known will and preferences.

At the last inspection of this centre in July 2023 significant improvements had been required to the premises in particular the down stairs flooring in the centre which was not stable and needed to be replaced. The inspector followed up on some of those actions also.

On arrival to the centre, two of the residents were out (one grocery shopping and the other for a walk) and the other two residents had just returned from getting a morning takeaway coffee in the local shop and the newspaper. Both residents were sitting down enjoying their coffee and one of them was looking through the newspaper. Over the course of the inspection, the inspector met all of the residents, the staff on duty and the person in charge. One staff met with the inspector formally to discuss their views on the quality of care. The inspector also reviewed records specific to the residents care and the governance and management of this centre.

Prior to the inspection some safeguarding concerns had been notified to HIQA over the last year. These concerns had related to some negative interactions between residents. These concerns were followed up as part of this inspection to ensure that the person in charge and registered provider had systems in place to manage and review these concerns and prevent or minimise a re occurrence of these events.

The centre is a two storey home located in a busy town in County Louth. At the time of the last inspection, considerable improvements were required to the premises. Since then the downstairs of the property had been updated, with new floors, furniture, and other decorative updates. The day before the inspection new windows had been installed to the front of the property and there were more plans in place to upgrade the property. The person in charge outlined some of those upgrades which included painting the exterior of the house and installing new fascia boards and gutters. The inspector observed residents bedrooms were decorated to a good standard and were personalised to suit their personal preferences. One resident as an example, loved shoes and had a collection of some of their favourite ones displayed in their bedroom. Another resident showed the inspector their bedroom and photographs of family members that were important to them. In each residents

bedroom there was an easy to read personal plan available for residents. This plan contained pictures of relevant staff and allied health professionals who supported the resident. There were also pictures depicting some of the activities that residents had engaged in. There was adequate communal space in the centre for residents to spend time alone. There was a large sitting room and on the day of the inspection, two residents went to purchase a new sofa for the sitting room as the other one had become worn. The residents chose recliner sofas and chairs with cup holders which looked very comfortable.

There was also a large conservatory to the back of the property that one resident in particular liked to spend time in and over the course of the inspection when the resident was not out doing activities they were observed spending time in this room. Since the last inspection, this room had been redecorated and was now a more relaxing space for the residents to spend time. There was some equipment available for residents such as an exercise bike, desk and chair. The person in charge also informed the inspector that they had plans to introduce more equipment like lighting to make it more of a sensory experience for the residents should they choose this.

The residents were actively engaged in activities throughout the day and were observed going grocery shopping, out for walks in the local community or to the beach. Having a routine each day was very important to the residents living here. The staff were observed throughout the inspection ensuring that these routines were respected for each of the residents. As an example, one resident liked to go for a walk each day in the town and staff were observed adhering to this. As stated earlier one of the residents was out for a walk on the beach when the inspector arrived in the centre, and two other residents had got their morning takeaway coffees. These morning routines were also important to these residents.

Some of the residents were getting involved in community groups, as an example one of them was joining the tidy towns association. The person in charge informed the inspector that they were liaising with members of this association to work on a joint project with the residents in the centre. This was an example of how residents were being integrated into their local community. All of the residents used the local community amenities. Some of them liked to go for a beer to the local pubs. Two of the residents had taken part in a fund raising bicycle ride raising funds for a local community group. One of the residents was now in the process of getting a bicycle to add to their list of hobbies and interests following this event.

The person in charge also provided the inspector with an example of how they had considered the will and preference of a resident through a review of incidents that were occurring in the centre. This resident had previously left the centre unattended on a few occasions, and a review of these incidences showed that the resident always ended up in a local shop. In response to this, the staff team incorporated a visit to this shop as part of the residents routine which the resident was enjoying. This meant that the staff had responded in a positive way to this possible risk and considered the will and preference of the resident.

A review of the residents personal plans showed that residents had goals in place for the year and some of them had particular activities they liked which was

incorporated into their weekly planners and goals. As an example one of the residents had hired a hot tub last year to celebrate a their birthday. They had liked this so much, that they were planning to hire one this year again.

The residents had also been on numerous holidays and had plans to go again this year. One of the staff informed the inspector that they were planning to organise a sun holiday for one resident.

The residents were involved in the running of the centre. Two of the residents were responsible for mowing the grass and also grew vegetables and fruit in a large polytunnel in the back garden. One of the residents showed the inspector some of the vegetables and fruit they were growing and the strawberry plants that were nearly ripe for picking. Most of the residents did not enjoy cooking, however one of them enjoyed helping prepare some of the vegetables for dinner and another resident liked to watch the meals being prepared.

There were also meetings held with the residents where they were also informed about things that were happening in the centre. A review of a sample of these minutes showed that residents had been informed about renovations and upgrades to the property when they were happening. The residents were also provided with easy to read information at these meetings to educate them around safeguarding, human rights and making decisions. The inspector also observed that the registered provider was taking proactive measures to improve the education and information provided to the residents about their rights. For example; there was guidance provided to staff about how to discuss safeguarding issues with the residents. This guidance was used at these meetings.

The staff were observed to treat the residents with dignity and respect at all times. In the morning time the inspector had coffee and scones with two of the residents and staff to chat about things that were happening in the centre. Both of the residents used non verbal communication styles. The inspector observed that staff were kind and attentive with the residents and included them in the conversation. Visual aids were also displayed around the house to remind or inform residents what was happening next or what staff were on duty each day. Residents had their specific communication needs outlined in their personal plans. One plan reviewed included detailed observations about how the resident communicated and what the resident was communicating when they used different verbal and non verbal cues. While the inspector found that the plan for another resident was not as detailed, the person in charge had informed the inspector that they were seeking a referral from an allied health professional to improve the residents communication assessment and supports going forward. The inspector was satisfied therefore that this was being addressed at the time of this inspection.

The inspector found examples of where the residents were supported with their anxieties and where family members had complimented staff on their patience, support and resilience when supporting one resident with hospital procedures that the resident found difficult. Another staff member went through the support provided to another resident around difficulties they had with another procedure which they used to refuse to attend. This procedure was important to safeguard the

residents health care needs. Following this support the resident was now attending these appointments in their local community with no difficulties or anxieties.

Residents were also supported to keep in touch with their families. Some of the residents visited their family homes. The staff had also supported a resident to reconnect with a family member who they had lost touch with. This resident was now visiting the family member in their home.

Capacity and capability

Overall the inspector found that the governance and arrangements in this centre were assuring that the delivery of care and support was being reviewed and audited to improve outcomes for residents.

There was a consistent staff team employed and the numbers and skills mix of staff were appropriate to meet the needs of residents.

Staff had been provided with appropriate training, in respect of safeguarding and supported decision making. The staff were knowledgeable about the care and support needs of each resident, and of the reporting procedures in place should a safeguarding concern arise in the centre.

Regulation 16: Training and staff development

From reviewing the training records of three staff members, the inspector found that they were provided with the required training to ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and well being.

For example, staff had undertaken a number of in-service training sessions which included:

- Safeguarding of Vulnerable Adults
- Children's First
- Positive Behavioural Support
- Crisis Prevention and Intervention Training
- Medicine Management

- Epilepsy Awareness (to include the administration of emergency medication)
- Feeding Eating Drinking and Swallowing Difficulties (FEDs)
- Manual Handling
- Basic Life Support
- Infection Prevention and Control (to include five modules such as personal protective equipment).

Some of the staff were due to refresh some of the training listed above and the person in charge had booked this training for the coming weeks.

Additionally, staff had undertaken other courses to promote the safeguarding of residents' rights and autonomy to include training in the following:

- Supported Decision Making
- Data Protection

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by an experienced and qualified director of care.

The person in charge had only recently being appointed in the centre and had significant experience working in and managing disability services. Since taking up the position they had been implementing some changes that were enhancing the lives of the residents living here. They were also aware of the assessed needs of the residents living in this centre and residents were observed to be relaxed and comfortable in the presence of the person in charge. One staff member spoke with also reported that the person in charge was supportive and approachable.

The centre was adequately resourced and included a staff team of nurses, social care workers and healthcare assistants. On call arrangements by senior managers was also provided should staff need guidance or assistance. Three staff were on duty each day and there were two vehicles available which provided choice to residents if they wanted to go on different community activities.

The designated centre was being audited as required by the regulations and an

annual review of the service had been complete for 2024 along with a six monthly unannounced visit to the centre carried out February 2025. These audits were to ensure the service was meeting the requirements of the regulations and was safe and appropriate in meeting the needs of the residents. On completion of the audits, actions were being identified along with a plan to address them in a timely manner. Actions from these audits were added to a quality enhancement plan which was reviewed by the person in charge and the director of care regularly. This was a way of ensuring that actions were completed in a timely manner. The inspector observed that some minor improvements were being identified in these audits and at the time of the inspection, they had either been addressed or were in the process of being addressed. As an example as discussed there were still some upgrades required to the outside of the property.

The inspector also observed in the annual review for 2024, there had been no complaints raised and in total there had been only eight adverse events in 2024. Two family representatives had provided some feedback on the services provided and they reported no concerns with the quality of care provided.

Regular staff meetings were held where staff could raise concerns and where issues like safeguarding, restrictive practices and the care and supported provided to residents was reviewed. A review of a sample of these minutes showed that staff had not raised any significant concerns and that discussions from these meetings was bringing about positive changes for residents.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the staff team were striving at all times to provide person-centred care to the residents in this centre. This meant that residents were supported to make decisions about their care.

Safeguarding concerns were being identified, reported to the relevant authorities and managed in the centre to ensure that residents were safe.

Each resident had a personal plan which included an assessment of need and support plans to guide staff practice. Easy to read personal plans were also stored in residents' bedrooms.

Residents were supported with their communication needs and easy to read information was provided where necessary.

The premises were spacious, had undergone significant renovation works since the last inspection and each resident had their own bedroom where they could spend time on their own if they wished.

Regulation 10: Communication

Residents were assisted to communicate in accordance with their assessed needs and wishes. Residents had their specific communication needs outlined in their personal plans. One plan reviewed included detailed observations about how the resident communicated and what the resident was communicating when they used different verbal and non verbal cues. While the inspector found that the plan for another resident was not as detailed, the person in charge had informed the inspector that they were seeking a referral from an allied health professional to improve the residents communication assessment and supports going forward. The inspector was satisfied therefore that this was being addressed at the time of this inspection.

Easy read information on safeguarding, advocacy, the complaints process and rights was available to the residents. Each residents plan also had details of how a resident liked to communicate, and what supports they would need to enable them to make decisions.

Residents also had access to telephones and other such media as internet, televisions, radios and personal computers.

Judgment: Compliant

Regulation 13: General welfare and development

Overall residents were supported with their general welfare and development and were provided with opportunities to be included in their local community.

Three staff were on duty each day and there were two vehicles available which provided choice to residents if they wanted to go on different community activities.

The residents were actively engaged in activities over the course of the inspection and were observed going grocery shopping, out for walks in the local community or to the beach. Having a routine each day was very important to the residents living here. The staff were observed throughout the inspection ensuring that these routines were respected for each of the residents. As an example, one resident liked to go for a walk each day in the town and staff were observed adhering to this. As stated earlier one of the residents was out for a walk on the beach when the inspector arrived in the centre, and two other residents had got their morning takeaway coffees. These morning routines were also important to these residents.

Some of the residents were getting involved in community groups, as an example

one of them was joining the tidy towns association. The person in charge informed the inspector that they were liaising with members of this association to work on a joint project with the residents in the centre. This was an example of how residents were being integrated into their local community. All of the residents used the local community amenities. Some of them liked to go for a beer to the local pubs. Two of the residents had taken part in a fund raising bicycle ride raising funds for a local community group. One of the residents was now in the process of getting a bicycle to add to their list of hobbies and interests following this event.

Two of the residents liked gardening and grew vegetables and fruit in a large polytunnel in the back garden.

Residents were supported to keep in touch with their families. Some of the residents visited their family homes. The staff had also supported a resident to reconnect with a family member who they had lost touch with. This resident was now visiting the family member in their home.

Judgment: Compliant

Regulation 17: Premises

The premises were spacious, and had undergone significant renovation works since the last inspection and each resident had their own bedroom where they could spend time on their own if they wished. At the time of the inspection there were still some upgrades to the property in progress, such as painting the exterior of the home and replacing external gutters.

There was also adequate communal space in the centre for residents to receive visitors in private or spend some time alone.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which included an easy to read version which was stored in the residents' bedrooms. The easy to read version included pictures of allied health professionals who supported the residents and pictures of some of the activities that they liked to do. It also had information about the medicines that the residents were prescribed and pictures of those medicines. This meant that residents could access their own plans at anytime and the easy to read information like pictures kept residents informed about their plans.

Each residents plan contained a section about what supports they needed to make decisions. One resident for example, needed a quiet environment, and visual aids. The plan also provided examples of what non verbal gestures/verbal sounds the resident may present with if they were not consenting to something. The staff member who met with the inspector was aware of these non verbal gestures/verbal sounds also.

The residents plans or events that occurred in the centre for residents were reviewed and where required actions were taken to address improvements required. For example, as outlined in the first section of this report one resident had been leaving the centre without staff support which could be a safeguarding concern. However, a review of incidents that had occurred in relation to this showed that the resident always ended up in a local shop when they left the centre. In response to this, the staff team incorporated a visit to this shop as part of the residents routine which the resident was enjoying. This meant that the staff had responded in a positive way to this possible risk and considered the will and preference of the resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents were provided with support around their anxieties which sometimes presented as behaviours of concern. As an example, routine was important to each resident to allay their anxiety and the staff made sure that a routine was in place each day.

Positive behaviour support strategies were also outlined in a positive behaviour support plan for each of the residents. This plan was developed and reviewed by a behaviour specialist to provide guidance to staff. The staff who met with the inspector was very knowledgeable about the supports that residents required including how the residents presented when they were anxious. The staff member was also able to outline when a resident presented with anxiety what supports they required to manage this. The staff member said for example, that it was important to firstly see if there was anything in the environment that might be causing this anxiety or whether the resident may be in physical discomfort.

There were some restrictive practices used in the centre which related to risks in the environment. For example, the side gate to the back of the property was locked as one resident may leave unsupported. This restrictive practice had been reviewed to see if it was the least restrictive measure or whether it could be removed altogether. This review found that if the gate was unlocked that the resident would not have free independent access around their large back garden.

The rationale for using restrictive practices was discussed at the residents annual reviews which included family representatives.

Judgment: Compliant

Regulation 8: Protection

The registered provider has a policy on safeguarding, which included, who to report concerns to, roles and responsibilities about actions to be taken to safeguard the residents.

All staff had received training in the safeguarding of residents, and were aware of the various types of abuse, the signs of abuse that might alert them to any issues, and their role in reporting and responding to those concerns. The residents were provided with education and information about their right to raise a concern or make a complaint to the staff team or the person in charge.

As identified some safeguarding concerns had been reported to HIQA prior to this inspection. The inspector found from a review of the records, that the person in charge had reported all of these concerns to the appropriate authorities, had implemented safeguarding plans to reduce the risk of the events reoccurring and had ensured that these plans were reviewed.

Additionally, the inspector viewed a sample of staff meetings and found issues to do with safeguarding were discussed.

Overall, the inspector found that any concerns which had been raised were reported in a timely manner. A review of all of the documents pertaining to these concerns showed that they had been investigated where appropriate and where relevant, safeguarding plans had been developed.

Judgment: Compliant

Regulation 9: Residents' rights

Overall the inspector found that the care provided in this centre was person-centred, meaning that the residents voices through their observed will and preferences was included in supported decision making arrangements.

Residents were provided with information in an easy to read format about safeguarding, their rights and how to make a complaint.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|---|-----------|
| Capacity and capability | |
| Regulation 16: Training and staff development | Compliant |
| Regulation 23: Governance and management | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |