



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

## Issued by the Chief Inspector

Name of designated centre:	Glebe
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0003615
Fieldwork ID:	MON-0029447

## 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 residential care and support to five adult men with disabilities. The centre comprises of a large detached two storey house on the outskirts of a large town in Co. Louth. Each resident has their own bedroom which are decorated to their individual style and preference. Communal facilities include a large well equipped kitchen cum dining room and TV area, a separate large sitting room, utility facilities, bathing/showering facilities and a staff office. The centre has a small well maintained garden area to the front with ample on street parking available. To the rear of the property there is also a large well maintained garden area with the provision of private car parking facilities. Systems are in place so as to ensure the health, social and emotional needs of the residents are provided for and as required access to GP services form part of the service provided. The centre is staffed on a 24/7 basis by a qualified person in charge, (who is a clinical nurse manager III - CNM III), a CNM I, a team of health care assistants, a team of staff nurses and social care professionals. There is also one waking night staff on duty seven nights a week.

**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
Tuesday 5 October 2021	10:50 am to 4:00 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 number of towns and villages.

The inspector met with three residents and spoke with two of them so as to get their feedback on the service provided. Verbal feedback (over the phone) from one family representative on the quality and safety of care also formed part of this inspection process.

On arrival to the service, the inspector observed that the premises were warm and welcoming. One resident came to greet the inspector and appeared comfortable and relaxed in their home. They also invited the inspector to sanitize their hands prior to entering the house. Staff were busy with their morning routines but were observed to be person centred, warm and friendly in their interactions with the residents. Residents also appeared very much at home and happy in their house.

The person in charge and house manager were not in the house on the morning of the inspection however, an experienced staff member provided the inspector with the information and documentation required to commence the inspection process. It was observed that this staff member was knowledgeable on the assessed needs of the residents and their individual care plans.

Staff were supportive in ensuring that residents got to engage in activities of their choosing and interest. For example, one resident was at work on the morning of this inspection and, was attending a college course later in the day. The inspector saw some of this resident's college certificates and achievements, which they had framed on their sitting room wall. This resident also liked animals and, cared for and kept guinea pigs in the garden.

One of the residents was retired and liked to keep themselves busy with a number of activities and hobbies of their choosing. For example, the resident liked gardening and, had their own gardening shed and tools in the back garden. On the morning of this inspection, the resident was working in the garden with the support of staff.

Another resident told the inspector that they loved the house and, showed the inspector pictures of themselves on holidays and at other various events. The resident looked very happy in the pictures and smiled when showing them to the inspector. Staff also told the inspector that this resident was soon going on a short hotel break which they were very much looking forward to. During this break the resident was going to meet up with family members and, engage in social activities of their choosing.

Later on in the inspection process, another resident invited the inspector to view

their room. The room was decorated to take into account their individual style and preferences. The resident showed pictures to the inspector of family, friends and important occasions which they had hanging on their bedroom walls. The resident also liked to keep their bedroom door locked and this decision was supported and respected by the staff team.

Feedback from one family representative (spoken with over the phone) was also positive and complimentary. They said that they were very happy with the house and most importantly, their relative was very happy living there and viewed it as their home. They said that the health and social care needs of their relative were very well provided for and that the staff were very good with regard to the support they provided. For example, the family member said that staff had supported their relative to redecorate their room and they were very happy with the finished result. When asked had they any complaints about the service the family member responded that they had none and were generally very happy with the quality and safety of care provided in the service.

Over the course of the day the inspector observed residents engaging in activities of their choosing, with the support of the staff team where required. For example, some residents went for a drive, some went shopping and one was relaxing in the back garden. Staff were also observed to be respectful, person centred and kind in their interactions with the residents. The inspector observed that the atmosphere in the house was pleasant, relaxed and family orientated.

While some issues were found with the premises, this was not impacting on the quality of care provided in the house and feedback from 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 home.

## Capacity and capability

On the day of this inspection residents appeared happy and content in their home and the provider ensured that appropriate supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who was supported in their role by a house manager. The person in charge and house manager were experienced qualified nursing professionals, who provided good leadership and support to their team. The inspector also observed that they were responsive to the inspection process and aware of their legal requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with

Disabilities) Regulations 2013 (The regulations).

For example, they were aware of their legal remit to update the Statement of Purpose on an annual basis or sooner if required. 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.

The person in charge ensured that resources were used appropriately in the centre which meant that the individual and assessed needs of the residents were being provided for. From a small sample of files viewed, the inspector also observed that staff were appropriately trained, supervised and supported and they had the required skills to provide a responsive service to the residents. For example, staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, manual handling, positive behavioural support and infection prevention control.

From speaking with two staff members over the course of this inspection, the inspector was assured they had a good working knowledge of the assessed needs of the residents.

The centre was also being monitored and audited as required by the regulations. An annual review of the quality and safety of care had been undertaken for 2020 along with six-monthly unannounced visits/audits. This auditing process was ensuring that the service remained responsive to the needs of the residents. For example, the most recent six-monthly audit identified that three staff members were required to complete refresher training in basic life saving. This issue was actioned and addressed by the person in charge at the time of this inspection.

Overall residents appeared happy in their home and feedback from family representatives on the quality and safety of the service provided was positive.

#### Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre with experience of working in and managing services for people with disabilities. They were also aware of their legal remit to the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were adequate staffing arrangements in place to meet the assessed needs of residents

and in line with the Statement of Purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

From a small sample of files viewed, the inspector observed that staff were appropriately trained, supervised and supported and they had the required skills to provide a responsive service to the residents. For example, staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, manual handling, positive behavioural support and infection prevention control.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place in the centre, with clear lines of authority and accountability. The centre was also being monitored and audited as required by the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. The statement of purpose 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.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by the regulations.



Judgment: Compliant

## Quality and safety

Residents were supported to have meaningful and active lives within their home and within their community and systems were in place to meet their assessed health, emotional and social care needs. However, some issues were identified with 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 achieve goals, use their community and maintain links with their families. For example, some residents were supported to attend work each day and/or attend college so as to further develop their knowledge and skills. Another resident was retired and liked to choose their own daily routine and social activities. The inspector observed that these decisions were encouraged and supported by the staff team. For example, on the day of this unannounced inspection, one resident with the support of a staff member, was attending college. Transport was also available to the residents for drives, social outings and to go on holiday breaks.

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP services formed part of the service provided. Where required, care plans were in place to inform and guide staff practice. Residents also had access to an optician and dentist and, hospital appointments were facilitated as required. The inspector observed that a dental appointment for one resident was overdue however, when this was brought to the attention of the house manager, they rectified the situation immediately.

Residents were supported to experience best possible mental health and had access to behavioural and psychiatry support. Where required, they also had a positive behavioural support plan in place. From a small sample of files viewed, staff had training in positive behavioural support techniques and, from speaking to two staff members, the inspector was assured they were familiar with the behavioural support needs of each resident.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, there were no safeguarding issues open at the time of this inspection. Information was available in the house on how to access and make contact with an independent advocate, the complaints officer and the designated officer. From a small sample of files viewed, staff also had training in safeguarding of vulnerable adults.

There were systems in place to manage and mitigate risk and keep residents safe. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. For example, where a resident may be at risk in the community, they were

provided with staff support at all times so as to ensure their safety and well-being.

Systems were also in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge said there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. The inspector also observed there were adequate hand washing facilities and hand sanitising gels available throughout the house.

Adequate fire fighting equipment was provided for to include a fire panel, fire extinguishers, emergency lighting and fire signage. Such equipment was also being serviced as required. Regular fire drills were taking place and each resident had a personal emergency evacuation plan in place.

While the house appeared warm and welcoming on the day of this inspection, some issues were identified with the upkeep of the premises. For example, parts of the external grounds were not being adequately maintained. Internally, some areas of the house required painting and a sitting room to the front of the premises required attention.

Notwithstanding, residents appeared happy with the service provided and systems were in place to ensure their health and social care needs were being supported and provided for. Residents made their own choices (with support as required) and were consulted with about the running of their own home.

### Regulation 17: Premises

Some issues were identified with the upkeep of the premises. For example, parts of the external grounds were not adequately maintained. Internally, some areas of the house required painting and a sitting room to the front of the premises required attention.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

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 well-being.

Judgment: Compliant

### Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. There were also adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand washing facilities and there were hand sanitising gels available throughout the house.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire fighting equipment was provided for throughout the house to include a fire panel, fire extinguishers, emergency lighting and fire signage. Such equipment was also being serviced as required. Regular fire drills were taking place and each resident had a personal emergency evacuation plan in place.

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 achieve goals, frequent their community and maintain links with their families

Judgment: Compliant

### Regulation 6: Health care

The inspector was satisfied that residents health needs were being provided for with appropriate input from GP services and allied healthcare professionals as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience best possible mental health and had access to behavioural and psychiatry support. Where required, residents had a positive behavioural support plan in place.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. Residents also had access to an independent advocate and from a small sample of files viewed, staff had training in safeguarding of vulnerable adults

Judgment: Compliant

### Regulation 9: Residents' rights

Systems were in place to promote the rights of the residents living in the centre. Residents were consulted with about the running of their home and made their own choices regarding their daily routines (with support if 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 14: Persons in charge	Compliant
Regulation 15: Staffing	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 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Glebe OSV-0003615

Inspection ID: MON-0029447

Date of inspection: 05/10/2021

## 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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ol style="list-style-type: none"><li>1. Sitting room floor will be sealed and linoleum laid</li><li>2. Communal areas will be repainted</li><li>3. Contract gardener will clear weeds on cobble lock paving and tidy planted areas</li></ol>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	28/02/2022