



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

Issued by the Chief Inspector

Name of designated centre:	Shanlis
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	30 March 2022
Centre ID:	OSV-0003648
Fieldwork ID:	MON-0031904

About the designated centre

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

This residential service provides full-time care and support to five adults with disabilities. The house is located in a peaceful, rural setting in Co. Louth but is near a number of large towns and villages. Transport is provided so residents can access day services and community-based amenities such as shopping centres, hotels, pubs, and restaurants. The house is a large detached bungalow on its own grounds. It consists of a large, very well-equipped kitchen cum dining room, a large separate sitting room, a number of communal bathrooms, a laundry facility, and well-maintained gardens to the rear and front of the premises. Each resident has their own bedroom, personalised to their style and preference. The healthcare needs of the residents are comprehensively provided for, and access to a range of allied healthcare professionals, including GP services, form part of the service provided. Residents are also supported to attend a day service where they can engage in activities of their choosing. The house is staffed on a twenty-four-hour basis. The staff team comprises a person in charge, house manager, staff nurses, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 30 March 2022	09:30hrs to 17:00hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

Through observations and the review of information, the inspector found that the needs of the residents were being met. The inspector was introduced to all five residents living in the designated centre. They were observed to move freely throughout their home, listen to music or watch television in their rooms as they chose. Some relaxed in the kitchen/ dining area, and others watched television in the sitting room.

The group of residents presented with individual complex needs. The inspector found that there were systems in place to respond to the changing needs of each resident. There was evidence of regular input from the provider's multidisciplinary team.

While the inspector was introduced to all residents, they had limited conversations with them however, the inspector observed the residents appeared comfortable in their home. Following the lifting of public health restrictions the residents had not yet returned to their previous day service arrangements. However, the staff team supported them to engage in regular activities in their home and community. The inspector found that as part of the services annual review for 2021, the staff team had developed a collage of some of the residents' activities. Residents had engaged in gardening and DIY projects. Residents were more recently being supported to engage in their preferred activities in their community.

As part of the annual review, family members were asked to give their opinion of the Quality and Safety of care being provided to their loved ones. The inspector reviewed three questionnaires that had been returned. The feedback was very positive, with family members expressing that they were happy with the service provided. The inspector also observed that family members had submitted a number of compliments regarding the staff team supporting the residents, the design of residents' bedrooms and how the residents were supported. The staff team supported residents to re-connect with family and maintain existing links.

The inspector found that the residents' home was designed and laid out to meet the needs of the residents. The environment was busy due to the number of residents and staff members supporting them. Residents did, however, have space to take time away if they wished to do so. The inspector observed that aspects of the resident's home required repair or update. The impact of this will be discussed in more detail in the report's Quality and Safety section.

The review of the staffing rotas and correspondences between the centre's management team and the provider's senior management team identified a requirement for an increase in staffing hours for a two-hour period each day. This had been determined following a review of an incident that occurred in late December. However, the provider had yet to secure the funding for this increase in funding support. The impact of this will be discussed in the report's Quality and

Safety section.

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 the Quality and safety of the service being delivered.

Capacity and capability

The inspection found that there were effective governance and management arrangements in place overall. The service was led by a person in charge who was supported by a house manager and a team comprised of staff nurses and care assistants.

As discussed earlier, the person in charge had identified that additional staffing was required. The existing arrangements were that three staff members supported the five residents between 09:00 and 19:00. Staffing levels were reduced to two staff supporting five residents until 21:00. Following a review of an incident that occurred in late December 2021, it was identified that in order to maintain the safety of all residents that the third staff member's hours should be increased by two hours each day. The inspector sought assurances that the provider's senior management team was addressing this. The inspector received confirmation that there was a plan to address the increase in hours. However, this had not yet been implemented. There was, therefore, a delay in responding to identified actions by the provider which posed a potential risk to the safety of residents.

The inspector found that regular audits were being completed by the staff and the services management teams. The audits were focused on enhancing the service provided to each resident and ensuring that the service was under regular review.

The provider had completed the required reviews and reports as per the regulations on the quality and safety of care and support provided to the residents. Areas that needed improvement were identified, and action plans were developed that outlined how and when the actions would be addressed. The actions identified through audits and the above-mentioned reviews and reports were added to a quality improvement plan. An appraisal of the plan demonstrated that it was updated regularly and that actions, for the most part, were addressed promptly by the provider and the services management team.

The review of the quality improvement plan also showed that the management team had been monitoring the training needs of the staff effectively. Staff members had been provided with the appropriate training, with refresher training being provided to staff when required. There was also evidence of additional training being provided to staff members following the review of incidents or near misses.

It was found that the provider had developed an appropriate complaints policy.

However, as mentioned above, there had been a number of compliments submitted by family members regarding the service being provided to their loved ones.

Regulation 15: Staffing

For the most part, appropriate staffing numbers were supporting the residents. However, the provider had failed to increase staffing hours by two hours each day despite the need being identified following an incident in December 2021.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

While the inspector found adequate systems at the local level to ensure that the residents' care was appropriate, the person in charge had identified areas that required improvement, such as increasing staffing levels and addressing issues with the premises. The inspector found that there had been occasions where there had been delays in responding to actions.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

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

Judgment: Compliant

Quality and safety

The person in charge supported the inspector to review the residents' home. During the walk through the premises, it was found that some areas required attention. There was painting needed in a number of areas including hallways and bathrooms. It was also found that deep cleaning was needed in the two bathroom areas. The inspector also found damage to kitchen presses due to regular usage. Overall, the residents' home required updating to ensure that it was suitably decorated in all areas. The inspector saw that the services management team were raising issues with the provider's senior management team and that steps were being taken to address all areas.

The inspector found that the issues with the premises had impacted the provider's ability to employ effective infection prevention and control practices. Damages to the surface of the kitchen presses meant that they could not be effectively cleaned. The inspector also found a need to replace the chopping boards being used to prepare meals for residents. These again had been damaged due to regular use, the inspector notes that this was addressed promptly by the person in charge. The inspector saw that infection prevention and control audits were completed weekly by staff members and that the person in charge completed a further monthly audit. These audits had identified that there was a need to repair or replace the furniture in the residents' home as the surfaces had been damaged. The inspector found that some of the furniture had recently been replaced and that there was a plan to replace or repair all damaged furniture.

There were appropriate systems to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements to identify, record, investigate, and learn from adverse incidents. Adverse incidents were discussed as part of team meetings, and learning from incidents was promoted.

The inspector reviewed a sample of residents' plans and assessments. The provider and staff team ensured that these plans were under regular review and, as stated above, reflected the changing needs of the residents. While there had been person-centred plans developed for the residents, some improvements were required to capture the work done to support residents to achieve identified goals. However, overall there were appropriate arrangements in place to ensure that the individual assessments and personal plans for residents were appropriate.

The inspector reviewed a sample of residents' health care records and found that these were under frequent review. Health care plans had been developed that were focused on the individual needs of each resident and listed the residents' medical histories and also how best to support each resident in the future. Residents had access to allied healthcare professionals and were supported to attend appointments when required.

The inspection found that there were appropriate positive behavioural supports for residents. A sample of behaviour support plans were reviewed. These were resident-specific and focused on understanding and alleviating the cause of the challenging behaviours. Restrictive practices had been introduced to maintain the safety of the

residents. These were under regular review and, where possible, were reduced.

The inspector found that the staff team had received training regarding the protection of residents. Staff members had completed children's first training as well as adult safeguarding training. There was also a system to respond to safeguarding concerns if required. The inspector reviewed safeguarding plans and found these to be appropriate. The person in charge had also initiated investigations into concerns if required.

The inspector observed positive interactions between the staff team and residents. The review of information also found that residents were being supported in a way that promoted and supported their rights. Residents, where possible, were encouraged to make decisions regarding their daily lives and the support they received. Resident meetings were held regularly. Information was shared with residents regarding the service being provided. Residents were engaged in one-to-one activities weekly. Some residents were supported to go out for food or a drink.

Regulation 17: Premises

There were aspects of the residents' home that required painting, repair or updating. The inspector notes that there were plans in place to address these.

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

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, it was noted that the damage to kitchen presses meant that this area was difficult to clean from an infection control perspective.

Judgment: Substantially 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 8: Protection

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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 Shanlis OSV-0003648

Inspection ID: MON-0031904

Date of inspection: 30/03/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The increase in staffing by two hours each day has commenced on 11.4.2022	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The increase in staffing by two hours each day has commenced on 11.4.2022 A deep clean of the bathroom was completed on 8.4.2022 An Tuath Housing visited the house on 21.4.2022	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All required works are logged on the maintenance list and will be completed by 30.8.2022	

Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Works to kitchen presses will be completed by 30.9.2022	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	11/04/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with	Substantially Compliant	Yellow	21/04/2022

	the statement of purpose.			
Regulation 27	The registered provider shall ensure that residents who may 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.	Substantially Compliant	Yellow	30/09/2022