



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

## Issued by the Chief Inspector

Name of designated centre:	Four Winds
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	01 March 2023
Centre ID:	OSV-0003651
Fieldwork ID:	MON-0030331

## About the designated centre

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

This centre is a detached bungalow in Co. Louth. It can provide full-time residential services for up to four adults with an intellectual disability. The residents' home is staffed twenty-four hours by a team of staff nurses, a social care worker and care assistants. The houses are within commuting distance of a number of nearby villages and larger towns. Transport is also provided for residents to attend day services and local community-based activities. Residents' healthcare needs are comprehensively provided for, and as required, access to GP services and a range of other allied healthcare professionals. Each resident has their own bedroom (one being en-suite), and communal facilities include a kitchen cum dining room, a sitting room, a separate utility room, and communal washroom facilities. There are also well-maintained gardens to the front and rear of the house.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 1 March 2023	09:30hrs to 16:15hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

When the inspector arrived to the centre they met the person in charge and observed that some of the residents were up and engaging in their morning routines.

Staff were supporting one resident in the main hallway. The resident said hello to the inspector and, with the staff member's support, informed the inspector that their chair had been removed from their room to be fixed. The person in charge explained that a replacement was being sourced. The resident was observed to go on an outing during the day and received a visit from family members in the afternoon. The resident appeared content and comfortable in their interactions with staff members.

A second resident was sitting at the kitchen table interacting with other staff members. The resident appeared happy and also engaged in activities outside their home with staff.

The third resident came to speak with the inspector in the sitting room. The resident was preparing to leave for their work. The resident stated they were happy living in their home and liked going to work.

The inspector met with the fourth resident later in the day. This resident was relaxing in the dining area and chatting with the staff. The resident spoke to the inspector about their family and plans for the day. They appeared happy and, later in the day, was observed to be using their tablet device to play games whilst relaxing.

The inspector found that, the needs of the residents were being met by the management and staff team supporting them. They were supported to engage in activities outside of their home, such as going to music events, going out for food and coffee and going on day trips.

The inspector was informed by staff that the residents had strong links with their families. Families visited on a regular basis, and there was good contact between families and the staff members. The inspector spoke with a family member visiting their sibling during the inspection. They expressed that they were happy with the service provided and that residents were given opportunities to engage in a number of activities.

The inspector observed the resident's home to be a busy and, at times, noisy environment. There was ample space for residents to take time away if they wished. Residents were observed to move freely through their home. Some of them spent time in their bedrooms relaxing, while others relaxed in the living rooms. Transportation was essential for this group of residents as they all liked to go on outings, and the location of the house meant that transport was required for all

activities. Following a review, the provider had recently sourced two modes of transportation to aid the residents' daily routines and ensure the residents could get out of the centre when they wished.

While the inspector found that there were areas where, positive advancements had been made, the appraisal of information and review of safeguarding incidents found that there were occurrences where, residents negatively impacted one another. An internal review had been completed in recent weeks regarding safeguarding incidents and actions were identified. The inspector found evidence of the provider responding to the issues, such as sourcing a second mode of transport.

One identified learning from the review was the need to develop a more structured day for the residents. The inspector was provided with a copy of the new routine which was focused on engaging residents in a routine which limited opportunities for them to impact negatively on one another. The new routine included opportunities for residents to engage in activities separately and as the kitchen area was identified as an antecedent for incidents, meal times would be staggered to promote a low-stimulus environment. The staff team and the residents were beginning to adapt to the new plan at the time of the inspection.

Notwithstanding the above, the inspector found that there were areas that the provider needed to improve. For example, the inspector found that, parts of the residents' home were not in a good state of repair or decoration. The provider had failed to respond to concerns raised by the services management team regarding the premises. There had also been delays in responding to issues relating to fire containment control measures and infection prevention and control (IPC) practices. The most concerning issues were that, the provider was notified of problems, but there were significant delays in the matters being addressed.

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

## Capacity and capability

This centre was previously inspected on the 25 August 2021. That inspection found high levels of non-compliance regarding the service provided to residents. The provider submitted an appropriate compliance plan regarding how they would come into compliance with the regulations.

This inspection found that, for the most part, the provider had responded to the concerns. However, the inspector found that, the provider had failed to ensure the residents home was in good repair. The issues will be discussed in more detail in the quality and safety section of the report. The inspector notes that this is the third consecutive inspection where the premises was non-compliant with the regulations.

This is despite residents moving out of their home to allow for renovations in late 2021. The inspector found that the person in charge and the house manager were raising issues with the provider's senior management team requesting work to be carried out. However, there were significant delays in this being achieved which demonstrated that, the provider did not have adequate systems in place to respond to issues the services management and staff team raised.

The inspector was informed that the existing maintenance request system was being overhauled. A new online system was to be introduced where requests and arrangements for works to be completed would be addressed effectively. This system had not been fully implemented at the time of the inspection.

The review of information in the centre demonstrated that there were systems in place to monitor the service provided to residents. Audits were conducted monthly by the house manager and the information was shared with the staff and the provider's senior management teams. However, while the audits were identifying actions regarding the premises and other areas, such as issues impacting IPC and fire containment control measures, there were delays in the provider effectively responding to the issues.

The provider had completed an annual review studying the service provided to residents and completing unannounced visits to the service. Reports focused on the safety and quality of care provided to the residents were conducted following the visits. Action plans were devised following the reports, and there was evidence of some actions being addressed.

The inspector found that the provider had, in recent months, carried out a review of the staffing arrangements and had made changes to the staff team. Concerns had been raised through audits relating to the staff shift patterns where one staff member supported the four residents each evening from 18:00hrs. This was identified as an issue, as it prevented residents from engaging in activities outside their home after this time. It had been raised as a complaint on behalf of residents on 16 August 2022.

The person in charge had raised the issues with the assistant director of nursing on two occasions following this, on the 29 September 2022 and the 12 December 2022. Additional staffing hours were eventually implemented on the 27 February 2023, with three staff now supporting residents each evening. The inspector reviewed current staffing arrangements and found that a full and consistent team was now in place to support the residents. The team comprised staff nurses, a social care worker and health care assistants.

The staff training records were recorded on an online document. The inspector reviewed this with the person in charge. There was evidence that in recent months the training needs of the staff team had been reviewed and addressed. The staff team had completed their mandatory training, and other training focused on improving the service provided to residents. The staff team were also receiving regular supervision that was focused on their development.

The provider ensured that there was an effective complaints policy in place. Residents had been supported to make complaints or have complaints raised on their behalf by staff members. Some of the complaints related to staff shift patterns and transport. The provider responded to these issues in recent weeks with changes to staff shift patterns and a second bus being sourced for the residents.

In summary, the provider needed to improve their response to issues being raised by local management. Local management was following processes per the provider's guidelines, but the response by the provider was ineffective.

#### Regulation 14: Persons in charge

The provider ensured that the person in charge had the necessary qualifications, skills and experience to manage the designated centre. The person in charge had arrangements in place that ensured that the service was effectively monitored and that the needs of residents were being met.

Judgment: Compliant

#### Regulation 15: Staffing

The provider ensured that the number and skill mix of staff was appropriate to the number and assessed needs of residents. During the inspection, the inspector observed that the staff members respectfully supported the residents and that the residents appeared to enjoy the staff members' company.

Judgment: Compliant

#### Regulation 16: Training and staff development

The provider ensured that staff development was prioritised and that the staff team had access to appropriate training. Staff members had been provided with a suite of training that prepared them to support and care for the residents. Staff members were also receiving supervision in line with the provider's guidelines. The supervision was focused on staff development and ensuring that those supporting the residents were focused on ensuring that the care needs of each resident were met

Judgment: Compliant

## Regulation 23: Governance and management

The inspection found that the provider's oversight and management of the service provided to residents required improvement. The local management team comprising of the house manager and the person in charge raised concerns with the provider's senior management team regarding areas such as the premises and the residents' negative impact on one another.

While the provider had responded to the safeguarding issues in recent weeks, there had been delays in doing so. Furthermore, the provider had not responded to all measures relating to the resident's home. This was a long-standing issue and the residents had been living in a house that required improvements for a number of years. The outstanding issues overshadowed the staff team's efforts to promote a homely environment for residents.

Judgment: Not compliant

## Regulation 3: Statement of purpose

The provider had prepared a statement of purpose that contained the required information in Schedule 1 of the regulations. The inspector found that the statement of purpose accurately reflected the service being provided to the group of residents.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had ensured that there was an effective complaints policy in place. Residents had been supported to make complaints or have complaints raised on their behalf by staff members.

Judgment: Compliant

## Quality and safety

As noted above, the inspection found that the provider had failed to respond to issues with the residents' home. The inspector found that there were parts of the resident's home that required painting and repair, and there was a need for a

complete overhaul of the utility room due to damage and maintenance work not being completed. This was despite the person in charge and house manager seeking for work to be completed regularly. The provider was putting systems in place to address the issues, but this had yet to occur at the time of the inspection.

The inspector also observed that the countertop in the kitchen had been damaged in a number of areas. The surface damage was an IPC risk as the areas could not be appropriately cleaned.

During the walk through the centre, the inspector looked at a number of fire doors and found that, two of the doors were not closing fully. In the event of a fire, this could pose a fire containment risk as the doors need to close to be fully effective. While the doors could be pulled shut by staff when residents were in their rooms, there had been delays in the provider responding to the issues. This was the second consecutive inspection where there were fire containment issues identified.

The inspector found that overall the needs of the residents were met by the management and the staff team. As mentioned earlier, increasing staffing hours was an important development for all residents. The person in charge informed the inspector that the provider was completing a Sustainability Impact Assessment for all residents which was a detailed assessment of the residents' needs. After completing the assessments, if required, the provider would seek additional funding to enhance the service provided to each resident.

Care plans were created which detailed where residents needed support. The plans related to the health and everyday needs of the residents and guided staff members on how to best meet those needs. The residents had also been supported to identify potential achievements they would like to work towards. For some residents, this included going on an overnight break or going to a car racing event or concert. There was evidence of steps to support residents to achieve their goals.

Residents were supported with their health care needs, including access to a range of allied healthcare professionals and medical doctors. There were health care plans and a detailed health assessment completed for each resident, that tracked their medical history and current medical needs.

While the needs of the residents were being met, there had been periods in the last 12 months where residents had negatively impacted on one another. The person in charge and the house manager had carried out a detailed review of the incidents which was focused on gaining an understanding of the behaviours and how to reduce the occurrences of such behaviours. Based on the risk assessment noted above, a referral was also sent to the provider's Human Rights Committee regarding the impact residents had on one another.

Actions from the report included sourcing a second vehicle for the service and increasing staffing hours each day which was completed. Other agreed actions included, a commitment to stabilise the staff team and ensuring that the residents received continuity of care.

Discussions with the staff members and the management team identified that efforts were being made to support positive interactions and promote a more positive home environment for the residents.

The inspector reviewed a sample of incident reports that had been completed. It was found that there were systems to identify, record, investigate, and learn from adverse incidents. The person in charge and the staff team supported a group of residents with complex needs. Individual risk assessments were devised for each resident. These were concise and provided the staff team with the information to keep themselves and residents safe. There was also evidence of the risk assessments and support plans being updated regularly to track the changing needs of residents.

In summary, the inspection found that there were some improvements required. However, residents were cared for in a person-centred manner.

## Regulation 12: Personal possessions

Residents had their own bank accounts. There were safeguarding systems in place to ensure that residents' finances were protected. The charges regarding rent and other expenses were clearly laid out. Quarterly audits of residents' finances had been completed, and spending checks were completed each day.

Judgment: Compliant

## Regulation 17: Premises

As stated in the earlier sections of the report, the provider had not ensured that the residents' home was maintained in a good state of repair which was a long-standing issue. While the provider had made some improvements to the premises, the inspector found further problems.

For example, work had been carried out in the utility room however, the work had not been fully completed. There were exposed pipes and a bin had been put in front of the area to block it. The countertop in the utility room was damaged, and there was also an electrical extension lead hanging from the side of one of the presses which posed a safety risk to residents.

The inspector found that the staff bathroom required repair as the flooring was damaged and torn in some areas.

The flooring in the kitchen was badly damaged from general wear and tear. A leak from the dishwasher had further damaged the flooring, and parts of the floor were warped.

Kitchen presses were damaged along with the countertops. The kitchen area, hallways and the residents' sitting rooms needed painting as the walls were damaged and dated. This did not promote a homely atmosphere.

While the provider addressed some concerns raised in previous inspections they did not ensure that the residents' home was presented and maintained appropriately.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. Records demonstrated that there was an ongoing review of risk. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents.

The inspector reviewed adverse incident records and found that an appropriate review of incidents had occurred and that learning was identified following the review.

Judgment: Compliant

### Regulation 27: Protection against infection

During the review of the residents' home, the inspector found that there was damage to the kitchen countertop surface. This damage meant that the area could not be appropriately cleaned which posed an IPC risk. The inspector noted that the provider had identified this as an issue before the inspection but, steps had not been taken to address the issue.

The inspector did find that the staff team had access to up-to-date information and had been provided with appropriate training focused on IPC practices. The provider and person in charge had also devised a COVID-19 contingency plan that outlined how best to support suspected and confirmed cases of the virus.

The provider also ensured that there was appropriate information in areas such as cleaning and disinfecting practices and laundry and waste management. The provider was also reviewing IPC practices and control measures regularly.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

As noted earlier, the inspector found that two of the resident's bedroom doors were not closing fully. This posed a fire containment risk. The person in charge had identified the issues with one of the doors on the 14 July 2022 and had raised the issue again on the 04 November 2022.

The inspector found issues with the fire doors during the inspection in 2021. The provider stated that new fire doors would be put in place with "swing free opening" by the 04 November 2021. While new doors had been put in place there remained issues with the doors closing appropriately in the event of a fire.

The provider had not responded to this issue which posed a risk to the residents in the event of a fire.

An appraisal of fire evacuation records found that the residents and staff could safely evacuate the premises under day and nighttime scenarios. Fire fighting and detection appliances had been serviced appropriately, and the staff team had received the relevant training.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised support for residents, which promoted positive outcomes for residents. Care plans specific to each resident's needs had been set. The plans outlined how best to support residents to remain healthy and to engage in their preferred activities. Residents had been supported to identify social goals they would like to work towards, and there were systems in place to help them achieve them.

Judgment: Compliant

### Regulation 6: Health care

The provider had ensured that the residents were in receipt of appropriate healthcare. The health and mental health needs of the residents were under review, the residents were in receipt of support from a range of therapeutic and healthcare

professionals, the residents were prepared for and brought to appointments by the staff team.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were arrangements that ensured residents had access to positive behavioural support if required. The inspector reviewed a sample of behaviour support plans. The plans were focused on developing an understanding of the reasoning for the challenging behaviours. The plans also clearly outlined how to support residents proactively and reactively.

Judgment: Compliant

### Regulation 8: Protection

While there had been periods where residents had negatively impacted one another, there were appropriate systems in place to mitigate the impact and support residents to have positive outcomes. As referenced earlier, a new daily routine had been introduced to promote positive outcomes for the residents.

There were systems to respond to and investigate safeguarding concerns. Staff members had received appropriate training in the area. There were also systems where incidents were reported to HIQA as required by the regulations.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider and staff team supporting the residents ensured that the rights of each resident were being upheld and promoted. There was evidence of staff members acting on behalf of residents and seeking the best possible outcomes for the residents.

As discussed in earlier parts of the report, the staff team were observed to respond to residents in a caring and respectful manner. Staff members also supported residents in identifying and engaging in activities they enjoyed.

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
<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	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Four Winds OSV-0003651

Inspection ID: MON-0030331

Date of inspection: 01/03/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>All barriers on the QEP will be addressed immediately with the PPIM and escalated if necessary.</p> <p>A new software maintenance package which allows for requesting tracking and reviewing maintenance issue is being purchased by the service, until the system is in place all maintenance issues are being addressed weekly by the PIC with the Operations Manager.</p> <p>The Service Level Agreement is being reviewed presently by the Housing Association and the Service.</p> <p>A new Risk Management software system is being purchased by the Organization.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Person in Charge has met with the Housing Association and the following works have been agreed; Replacement of flooring in Kitchen, utility room and toilet, replacement of kitchen and utility room worktops, servicing of kitchen cabinets, box off exposed cable and pipework in utility room and reconfigure layout of the utility room.</p> <p>Painting will be completed following completion of the works on Kitchen.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:  The damaged kitchen worktops will be replaced as part of the Kitchen up grade.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The Fire Doors were repaired on the day of the inspection on 01/03/2023</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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/08/2023
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/06/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	30/06/2023

	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	01/03/2023