



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

Issued by the Chief Inspector

Name of designated centre:	Lionshead
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	25 March 2021
Centre ID:	OSV-0005288
Fieldwork ID:	MON-0031795

About the designated centre

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

Lionshead is a four bedroom detached bungalow situated in small village in County Louth. The bungalow is within walking distance to shops, pharmacy, churches and pubs. It is also a short drive from a large town and a bus is provided for residents in the centre. The centre provides care to male adults who have some medical and mobility needs. Each resident had their own bedroom and the property consists of a well equipped kitchen/dining room and adequate communal space for residents. There was a garden to the back of the property.

The centre is primarily nurse led but direct nursing care is not provided on a 24 hours basis. Health care assistants, social care workers are also employed. There are three staff on duty during the day and one waking staff at night. There is an out of hours on call support system in place which is facilitated by senior nursing personnel. None of the residents currently attend a formalised day programme. Day activities are planned for residents by the staff in the centre. The person in charge is supported in their role by a clinic nurse manager. Services provided in the centre are done in collaboration with residents, their representatives and allied health professionals as appropriate to the needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 March 2021	10:00hrs to 15:00hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall residents were being supported to enjoy a good quality of life in the centre and were being supported to have some meaningful activities despite the restrictions in place around COVID-19.

The inspector met all four residents living in the centre and they were observed to be relaxed in the company of staff. One resident was preparing to celebrate a significant birthday and showed the inspector the very trendy suit and shoes they had chosen and purchased for the occasion. One resident was enjoying the nice weather in the garden and was awaiting some work to be finished there to enable them to use a cabin that had been built for them by a family member. Another resident went out for a drive and one resident was enjoying listening to music.

While COVID-19 restrictions had limited residents ability to access community facilities they had found other ways to keep active and had put together a photo album of all the activities they had gotten up to during 'lock down'. Looking through this the inspector was able to see a number of activities that had happened. This included one residents version of afternoon tea which was 'cider and trifle'. Residents had taken up gardening and had also made a 'bug house' in the garden. One resident had taken up baking. A restaurant night 'in' was hosted where residents got dressed up and enjoyed a nice meal. Residents had made cards to send to family members for Christmas and special occasions. One resident who liked to go to mass every Sunday was now availing of this online.

All of the residents' bedrooms had been personalised with their favourite things. For example; one resident liked music from the 60's and 70's and had an old style record player to listen to albums from that era.

Staff were observed to be very respectful when they were supporting the residents. Residents had free access around their home and one resident was supervising the dinner being made by the staff in the kitchen.

One family member spoke with the inspector over the phone and said that they, and all of the family were very happy with the services provided. They said they were kept informed of everything about their family member, even the very small things. They were very happy with this and had regular contact with the staff and their family member over the phone. They said that prior to COVID-19 they had enjoyed parties and family events in the centre and were looking forward to things getting back to normal so they could enjoy this again.

As part of the providers own quality improvement initiatives, families and residents were asked to complete surveys about the care and support in the centre every year. Overall the feedback provided was very positive two family representatives rated the service as excellent and one family member had rated it good. One family member had raised a concern, which the person in charge had followed up with. The

four resident surveys indicated that they were also very happy with the service and outlined some of the activities they had been supported with. Residents reported in this survey that they felt safe in the centre and liked the staff there.

Residents had easy read personal plans that they kept in their bedrooms. This included things that were important to them and some of the things they liked to do. One resident liked helping around the house, going for coffee, watering the plants and keeping in touch with family. They also had information about COVID-19 and the vaccinations in an easy read format. Residents met with their key staff every month to plan new activities or goals. The centre was also located in a small town and amenities were very close by. This meant that residents could walk to their local shops anytime.

Residents were briefly observed having their meals and the choices provided were also what had been recorded in their personal plans. For example; it was noted in one residents plan that they liked a specific breakfast and the resident was observed enjoying this on the morning of the inspection.

Meetings were also held every week with residents where they discussed meals for the week and other important things that were happening. A number of those records were viewed and the inspector could see that residents were being kept informed about issues relating to COVID-19. For example; residents were recently informed about the vaccinations available.

There was information available to residents throughout the centre to inform them about some practices. For example; one resident had a visual timetable in their room so they would know what was happening that day. The inspector also found that one residents right to refuse a medical intervention had been respected because they found it very difficult. The resident had been supported in other ways to manage their health care need and their doctor was aware of this also. This informed the inspector that residents' rights were considered in the centre.

Overall the inspector found that residents appeared happy living in this centre. The person in charge and staff team were ensuring that residents received a safe and quality service. Audits conducted were identifying areas for improvement and the person in charge and the provider had arrangements in place to address these going forward. However, the inspector noted a number of issues with the premises which needed to be addressed to ensure that the premises were in a good state of repair and met the needs of the residents.

The following two sections of the report outline the governance and management structures in the centre and how these impact on the quality and safety of residents lives.

Capacity and capability

Overall this centre was well resourced and care was provided by a consistent staff team. The governance and management systems in place were ensuring that services were monitored and audited to provide a safe quality service to the residents there. This was reflected in the high levels of compliance found at this inspection. However, one area of improvement was required in residents' records and a number of improvements were required in the premises (which the provider had identified through their own audits).

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by a clinic nurse manager.

The person in charge was a nurse, who provided good leadership and support to their team and knew the residents well. The person in charge reported to the director of services who was also a person participating in the management of this centre. They both met to discuss the services provided in the centre which provided assurances that good governance arrangements were in place. The person in charge was also aware of their regulatory remit under the regulations. For example; from a review of incidents in the centre, the person in charge had notified the Health Information and Quality Authority (HIQA) where required.

There were sufficient staff on duty to meet the needs of the residents at the time of the inspection. Some relief staff were available to cover planned and unplanned leave. However this was not regularly needed in the centre which meant that residents were ensured consistency of care during these times.

Staff met with said they felt supported in their role and were able to raise concerns if needed to a manager on a daily basis. Regular staff meetings had also been held to review the care and support being provided in the centre and staff received supervision.

Personnel files had been reviewed at an earlier date to this inspection and were found to contain the requirements outlined in the regulations. So for example; staff had up to date Garda vetting records on file.

The training records viewed indicated that all staff currently working in the centre had completed training in, fire safety, safeguarding adults basic life support, positive behaviour support and manual handling. Some staff were due refresher training in positive behaviour support and basic life support. This had been identified by the provider themselves through their own audits and was due to be completed once the COVID-19 restrictions were lifted. The inspector did note that staff had completed an online refresher course in first aid as an interim measure to keep up to date with their skills.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. The provider also had a quality enhancement plan

for this centre. This meant that all actions from audits by the provider and previous inspections conducted by HIQA were compiled on one report.

Regular audits were also completed to assess the quality of care being provided. This included audits in areas such as; infection control, medication management, residents' personal plans and residents' personal possessions. Overall the findings from these audits showed that if improvements were required they were implemented. Some actions were outstanding at the time of the inspection following recent audits conducted in the centre, however due to restrictions in place around COVID-19 they could not be completed. For example; a number of issues in the premises needed to be fixed.

For the most part the records stored in the centre were up to date, regularly reviewed and detailed the care and support being provided to residents. However, one assessment of need for a resident needed to be reviewed to ensure that it was up to date and one plan for a resident regarding COVID-19 needed to be updated to outline the supports in place should a resident find isolating in their bedroom difficult.

Regulation 14: Persons in charge

The person in charge was a nurse, who provided good leadership and support to their team and knew the residents well.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents at the time of the inspection. Some relief staff were available to cover planned and unplanned leave if required.

Judgment: Compliant

Regulation 16: Training and staff development

The training records viewed indicated that all staff currently working in the centre had completed training in, fire safety, safeguarding adults basic life support, positive behaviour support and manual handling.

Judgment: Compliant

Regulation 21: Records

One assessment of need for a resident needed to be reviewed to ensure that it was up to date.

One plan for a resident regarding COVID-19 needed to be updated to outline the supports in place should a resident find isolating in their bedroom difficult.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which included systems to monitor and review the quality and safety of care for residents.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of incidents in the centre, the person in charge had notified the Health Information and Quality Authority where required.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful lives in the centre. The care provided to the residents was being monitored and reviewed to ensure their needs were being met. Several examples of where residents' rights were respected in the centre was observed as outlined earlier in this report.

The centre was clean, spacious and residents had a large garden to the back of the property, that they were helping to maintain themselves. There were no environmental restrictions in the centre, meaning that residents could freely access all areas of their home. All residents had their own bedrooms.

There were a number of maintenance issues in the house that needed to be completed. All of the issues had been reported and while some work had been done, other work had not because of the restrictions around COVID-19.

This included;

- floors and skirting boards needed to be replaced in a number of areas
- one bathroom needed to be upgraded including the shower chair and the vanity unit
- a pathway to the purpose built cabin in the back of the garden needed to be completed
- some of the rooms needed to be repainted.

Personal plans were in place for all residents and they were supported to develop goals or choose activities they might like to do. Residents health care needs were assessed and reviewed on a regular basis. Where treatment was advised by an allied health professional it was implemented and reviewed. For example; daily exercises had been recommended by a physiotherapist for one resident and this was being recorded as been done everyday. The resident had also recently been reviewed by the physiotherapist. An annual review had been completed and residents were supported to develop goals. Some residents were being supported to increase their independent living skills and one resident was learning about road safety.

Residents had regular and timely access to a range of allied health care professionals. This included access to GP services, physiotherapist, occupational therapist and a speech and language therapist. Care plans were also in place to support residents in achieving best possible health and these were reviewed regularly. As mentioned residents had the right to refuse medical treatment and their doctor had been informed of this. Where required residents also had access to support from a clinic nurse specialist and a psychiatrist.

There were systems in place to manage and respond to risk. A review of the incident forms over the last year showed that only a small number of incidents had occurred in the centre. Where an incident had occurred it had been followed up and additional supports or advice had been sought where required. One resident had been provided with education from staff around one risk. A risk register was also maintained and this had been reviewed recently. Equipment was maintained in good working order, for example; the boiler had been serviced within the last year and fire equipment had recently been serviced. The bus available in the centre was also insured and there was a record to indicate that it was in a road worthy condition.

Infection control measures were in place which included systems in place to prevent/manage an outbreak of COVID-19. Personal protective equipment (PPE) was available in the centre and stocks were checked to ensure adequate supplies at all times. Staff had also been provided with training in infection prevention control

and donning and doffing of PPE. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There were adequate hand-washing facilities and hand sanitising gels available throughout the house and there were enhanced cleaning schedules in place. An area was available in the centre for staff to change their clothes and store their personal belongings.

Weekly audits were also being conducted by staff to ensure that the practices in the centre were in line with current public health guidelines. Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19. As mentioned under records one residents plan needed to be updated to ensure that the arrangements in place to support them if they were suspected or confirmed of having COVID-19 was accurate in order to guide practice.

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

The inspector found a number of examples where residents' rights were protected in the centre. For example; residents were kept informed about all issues pertaining to COVID-19. The provider also had a rights protection audit in each residents personal plan, which required staff to review and consider if residents' rights were impacted in the centre. From this action plans could be put in place to address those. This meant that part of the service provided reviewed residents' rights in the centre.

Regulation 17: Premises

There was a number of maintenance issues in the house that needed to be completed. All of the issues had been reported and while some work had been done, other work had not because of the restrictions around COVID-19. This included;

- floors and skirting boards needed to be replaced in a number of areas
- one bathroom needed to be upgraded including the shower chair and the vanity unit
- a pathway to the purpose built cabin in the back of the garden needed to be completed
- some of the rooms needed to be repainted
- a couch in the sitting room was worn.

Judgment: Substantially compliant

Regulation 26: Risk management procedures
There were systems in place to manage and respond to risk in the centre to ensure that residents and staff were safe.
Judgment: Compliant
Regulation 27: Protection against infection
Infection control measures were in place which included systems to prevent/manage an outbreak of Covid-19.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Residents had personal plans, including easy read versions which outlined their individual support needs and their personal preferences. Reviews were conducted to evaluate the care being provided.
Judgment: Compliant
Regulation 6: Health care
Residents had regular and timely access to a range of allied health care professionals. This included access to GP services, physiotherapist, occupational therapist and a speech and language therapist. Care plans were also in place to support residents in achieving best possible health and these were reviewed regularly.
Judgment: Compliant
Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Examples of where residents' rights were protected and reviewed were found on this inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Lionshead OSV-0005288

Inspection ID: MON-0031795

Date of inspection: 25/03/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Assessment of need for one resident was reviewed and updated 27.3.21.</p> <p>One plan for a resident regarding COVID-19 was updated on the 25.3.21 to outline the supports in place should a resident find isolating in their bedroom difficult</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The following maintenance issues in the house have been addressed.</p> <ul style="list-style-type: none"> -The floor covering and skirting boards were replaced 16.4.21 in a number of areas . - The upgrading of one bathroom has been scheduled and will be completed by the 31.8.21, the shower chair has been replaced 16.4.21 and the vanity unit ordered and will be fitted before the 31.8.21 - The pathway to the cabin in the back of the garden is completed. - The rooms that require painting have been identified and contractor contacted.The works will be completed by the 31.8.21 - The new couch has been ordered for the sitting room and will be in situ before the 31.8.21. 	

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)(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	31/08/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	27/03/2021