



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

Issued by the Chief Inspector

Name of designated centre:	Proleek
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:	21 April 2021
Centre ID:	OSV-0005810
Fieldwork ID:	MON-0032726

About the designated centre

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

Proleek is a community home located in a large town in Co. Louth and so is close to community amenities. The property is a four bedroom bungalow which has been adapted to meet the needs of residents who have mobility issues. The house is modern, decorated to a high standard, clean and well maintained. All of the residents have their own bedrooms. There is a large landscaped garden to the back of the property that has a patio area with furniture where residents can sit and enjoy the outdoors. Transport is also provided should residents wish to avail of it for leisure activities and appointments. The centre provides full-time residential care to four male adults some of whom require support around behaviours of concern, healthcare and to enjoy a meaningful life. The centre is nursing led, meaning that a nurse is on duty 24 hours a day. Health care assistants and a social care worker are also employed to support residents. There are three staff on duty during the day and one staff at night. This centre is also an approved centre to facilitate a learning environment for student nurses. Residents do not attend formal day services but are supported by staff in the centre to having meaningful activities during the day in line with their personal preferences. The person in charge is responsible for three other designated centres under this provider but is supported in their role by a clinic nurse manager in order to ensure effective oversight of the care being provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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
Wednesday 21 April 2021	10:10hrs to 14:45hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

Overall the residents had a good quality of life in this centre. The residents living here had moved here in 2018 from a campus based setting. The care and support provided encouraged residents to be integrated in their local community.

Examples were observed of how residents' lives had improved since moving from a campus based setting to this community home. For example; prior to the pandemic one resident had secured a part time job in a local supermarket for which they received a weekly wage. This enabled them to have some additional income and also get to know new people in their community. Other residents had been involved in local retirement groups or swimming clubs.

Residents had also developed relationships with some of their neighbours and their were pictures of the residents and neighbours enjoying afternoon tea in the back garden.

The inspector got the opportunity to meet all of the residents. Some residents were enjoying a cup of tea, listening to music or were out enjoying the good weather in the large garden at the back of the property.

The inspector had a brief chat with the residents and got the opportunity to see some of the activities that had been happening in the centre over the last number of months. One resident automatically greeted the inspector with an elbow bump. This informed the inspector that the resident had been made aware of COVID-19 and the precautions required around this.

This resident also showed the inspector some of their pottery skills and an array of their work was hung in the garden and around their home. It was clear that this resident was very skilled at pottery and enjoyed doing it.

The house was well decorated, very clean and each resident had their own bedroom which had been personalised to their individual tastes. There was a large garden to the back of the property where a barbeque and seating area was provided. The garden was a lovely area for residents to enjoy the good weather. In fact, the inspector was shown an album called 'lock down memories' showing pictures last summer of the residents enjoying their meals outside. Some residents were observed sitting enjoying a cold beer in the good weather.

A polytunnel had also been purchased for the back garden and residents were involved in planting and growing flowers and some vegetables. Some of the produce was being used in the house. A sensory garden had been incorporated into the garden and there was a large swing which one resident really enjoyed using.

Due to public health guidelines activities had been limited in the community. However, as weather permitting residents had a beautiful garden to keep

themselves busy. In addition they had been supported to enjoy other activities in their home during the public health restrictions, some of which included; baking, making seasonal decorations and cards to send to family members and playing cards. When restrictions had eased last year some of the residents went swimming in the sea, went to 'Tayto Park' and some had taken a trip on a ferry boat. One resident was a member of the Special Olympics and was still able to attend meetings via zoom during the restrictions, in fact a meeting was planned for the evening of the inspection.

When the restrictions eased one resident had plans to join a health and fitness club. The person in charge also outlined that they were planning to raise funds for a hot tub in the garden as two residents particularly liked swimming and the water.

Staff were observed to be very respectful of the residents when they were supporting them. There were a number of examples of where residents rights were respected in the centre. Since COVID-19 residents had been supported to keep in contact with family members on a regular basis. Residents were observed to have free access around their home meaning there were no doors locked which impeded them from accessing areas of their home.

Weekly meetings also took place where a number of topics were discussed. These included menu plans and activity options for the week. Other topics discussed included information on COVID-19 and informing residents when items were broken in their home and when and who this was reported to. Residents had also been informed that this inspection was taking place. This informed the inspector that residents were consulted and informed about changes in their home.

Three family representatives spoke with the inspector over the phone to talk about their views on the quality of services provided. All of them reported that they were very happy with the service provided and said that their family members were very happy in their homes.

One family representative spoke about how happy their family member was living there and described the centre as 'excellent' another described it as 'fantastic'. Another family representative reported that their family members quality of life had really improved since they moved to this centre from the campus and although resistant to this move at first, they were now very happy with it.

Family members commented that the staff were very approachable and that should they have concerns they would report them to the staff or the person in charge. They also said that they were kept informed by staff through regular phone calls about their family members. One family representative also said that prior to COVID-19 they visited the centre regularly and had attended birthday celebrations and other events held there.

Written feedback on the service also informed the inspector that residents and their representatives were happy with the services provided. For example; residents were happy with the staff supporting them and the level of activities in the centre. Some commenting that they enjoyed going to football matches, concerts and visiting home prior to COVID-19. In addition, one resident had raised a concern about the

temperature of their bedroom at night, this had been followed up with the maintenance department who had called to the centre to fix the issue.

There were no complaints recorded in the centre, however a number of compliments of the services provided were recorded. Overall these were very positive with some family representatives complimenting the care being provided or noting improvements in their family members well being since moving to this community house.

The following two sections of this report outline how governance and management structure 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 a safe quality service to the residents.

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 to ensure effective oversight of the centre.

The person in charge was a social care professional, who provided good leadership and support to their team and knew the residents well. They were very aware of their requirements under the regulations and were completing further education to enhance their own professional development.

The person in charge reported to a director of care and support, who is also a person participating in the management of this centre. They met regularly and maintained regular contact to discuss any issues pertaining to the centre. This provided assurances that good governance arrangements were in place.

The centre was also 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. A small number of actions were outstanding at the time of the inspection relating to the premises which required painting in some areas, the purchase of a new sofa and refresher training for training for staff. However, these actions were due to be completed pending public health advice on when restrictions could be eased.

Other audits were also completed in areas such as; infection control, medication practices and residents' personal plans. Overall the findings from these audits were for the most part compliant. However, where areas of improvement had been identified they had been addressed.

Some of the actions from the last inspection were also followed up and they had been addressed. For example; fire drills had been completed to assure a safe evacuation of the centre. The provider has also made contact with local fire officers who had visited the centre. This was to ensure that in the event of a fire that this centre was listed with the fire brigade as a priority as one resident may not evacuate at night.

There were sufficient staff on duty to meet the needs of the residents. There were no vacancies in the centre at the time of this inspection. A regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care.

Staff met felt supported in their role and were able to raise concerns if needed to a manager on a daily basis. A sample of supervision files viewed found that staff could raise concerns through this and also request additional training supports if needed. Staff meetings were also held in the centre and when COVID-19 restrictions prevented teams meeting together, the person in charge had daily contact with the staff team and provided updates via e-mails around any changes. A senior nurse is also on call 24/7 in the wider organisation to provide support and assistance to the staff team.

The training records viewed indicated that all staff had completed training in safeguarding adults, manual handling, fire safety, basic life support, positive behaviour support and the safe administration of medication. As identified through the providers own audits, some staff were due refresher training in positive behaviour support and basic life support. Once the COVID-19 restrictions were lifted this training would be completed.

A review of incidents that occurred in the centre over the last year, informed the inspector that the person in charge had notified HIQA as required under the regulations.

Regulation 14: Persons in charge

The person in charge is a social care professional, who provided good leadership and support to their team and knew the residents well. They were very aware of their requirements under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents in the centre.

Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

The training records viewed indicated that all staff had completed training in safeguarding adults, manual handling, fire safety, basic life support, positive behaviour support and the safe administration of medication. As identified through the providers own audits, some staff were due refresher training in positive behaviour support and basic life support. Once the COVID-19 restrictions were lifted this training would be completed.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well resourced and the governance and management arrangements in place to oversee the centre were assuring a safe quality service to the residents who lived there.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that occurred in the centre over the last year, informed the inspector that the person in charge had notified HIQA as required under the regulations.

Judgment: Compliant

Quality and safety

Overall the residents enjoyed a safe quality service in this centre. They had integrated into their local community, knew their neighbours well and were accessing community facilities regularly.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that residents were being supported to achieve personal and social goals and to maintain links with their families and community. Prior to COVID-19, residents were regularly frequenting local amenities such as shops and restaurants and attended clubs. Residents were also being supported to go on trips overseas to France, one had found a job in their community and some of the residents enjoyed swimming twice a week.

Personal plans were in place for all residents. Including an easy read version for residents. Residents were supported with their health care needs and as required access to a range of allied health care professionals including; GP, dietitian, occupational therapist and physiotherapist. Hospital appointments were facilitated as required and care plans were in place to support residents in achieving best possible health. Of the family representatives spoken with, they reported that they received regular updates from staff if there was any change to a resident's health care needs. Residents were supported to experience best possible mental health and where required had a positive behaviour support plan in place and access to behavioural and psychology support.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented. For example; one resident had sustained an injury after a fall last year. Following this the resident had been reviewed by allied health professionals to support them. A risk assessment had also been developed to outline the control measures in place to reduce the risk of falls for this resident.

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.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. 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 and there were enhanced cleaning schedules in place. Staff were knowledgeable about what to do in the event that a staff or a resident was suspected of having COVID-19. There were measures in place to ensure that both staff and residents were monitored for possible symptoms. One staff member was also appointed as the lead person for the management of COVID-19 in the centre. This person was responsible for carrying out audits to ensure ongoing compliance with public health guidance.

As already stated earlier in this report there were a number of examples of where residents' rights were respected in the centre. In addition, one resident was supported by staff to seek alternatives to a restrictive practice that had always been used when a specific medical intervention was required due to the resident's anxiety.

An alternative option had been trialled as a less restrictive intervention which had been very successful and reduced anxiety for this resident.

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to protect against infection in the centre, this included systems to manage/prevent an outbreak of COVID-19.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans which included an up to date assessment of need. The personal plan was also in an easy read version for each resident. Plans were regularly reviewed and updated to reflect the residents' changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their health care needs and as required access to a range of allied health care professionals formed part of the service provided.

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

There were a number of examples of where residents' rights were respected in the centre, this included residents being consulted about the running of the their home.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
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