



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

## Issued by the Chief Inspector

Name of designated centre:	Blossomville
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	28 August 2020
Centre ID:	OSV-0001822
Fieldwork ID:	MON-0030238

## About the designated centre

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

The provider's vision for the quality of care in this centre is that residents are provided with a nurturing home where their ever changing needs are met by staff who support each other to make this a reality.

The centre is a purpose built single storey bungalow. Accommodation comprises six bedrooms, two sitting rooms; a spacious well equipped kitchen and utility room; a bathroom and a shower room; storage cupboards for linen and household equipment and an office with overnight accommodation for staff.

The bungalow is set in mature and secure grounds, which is planted with shrubs, trees and flowers and a generous paved area with patio table and chairs.

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

Number of residents on the date of inspection:	6
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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
Friday 28 August 2020	11:00hrs to 15:00hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet four of the six residents who lived in the designated centre. As a result of the COVID-19 pandemic, and due to the size of the designated centre, the inspector reviewed documentation relating to the designated centre in a central location before visiting the residents in their home. At the time of the inspector's visit, two residents were out for a drive in the designated centre's transport with the support of staff members.

On arrival to the designated centre, it was evident that one resident was excited to have a visitor as they came to the door to welcome the inspector. The resident said hello to the inspector and offered to make them a cup of tea. It was observed that staff members used verbal reminders and redirection in a positive manner to ensure that the residents remembered to maintain social distancing with the inspector. Another resident was observed relaxing in the sitting room watching the television. Staff members spoken with told the inspector that they had removed the perspex that had previously been put in place around the television. It was communicated to staff members that residents were happy about this change.

Staff members were observed preparing a snack and a drink for residents. One resident who was relaxing in their bedroom joined their friends in the kitchen, and sat at the table with them while having their snack. Residents appeared comfortable and relaxed in the presence of staff members and each other. The atmosphere in the designated centre was observed to be quiet, calm and relaxed. It was clearly evident that the residents and staff members had developed positive relationships, with residents observed to be smiling, laughing and sharing jokes with the staff.

Staff members told the inspector that the residents had chosen how they would like their bedrooms decorated and that these requests had been completed. It was noted that some of the wallpaper border had been removed in the hallway of the designated centre. Staff members told the inspector that one resident had helped the staff to remove this in preparation for painting.

## Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents and found that it was of a high standard. It was evident that effective monitoring and oversight of the designated centre had been maintained, and that this had a positive impact on the quality of service that residents received in their home.

Residents living in the designated centre were supported by staff nurses, social care workers and care assistants. The person in charge told the inspector that there was a consistent staff team, who were flexible and responsive to the needs of the residents. Following a review of the designated centre's rota and residents' personal plans, it was evident that the staffing levels in place were in line with the assessed needs of residents and the designated centre's statement of purpose. A review of the designated centre's training matrix demonstrated that staff members had received mandatory training to support them in their role. Where face to face training had been cancelled due to COVID-19, online training had been provided. The inspector observed a number of interactions between residents and staff members throughout the inspection. It was evident that staff members knew the residents well, and that residents were relaxed and comfortable in the presence of staff.

There was a clear governance and management structure in the designated centre. Oversight was provided by the person in charge, who held the necessary skills and qualifications to effectively carry out the role. The registered provider maintained oversight by completing six-monthly unannounced visits and an annual review of the services provided to residents. Following these reviews, an action plan identifying areas for improvement was developed. It was evident that residents' views were included and that they were consulted in these service reviews.

On admission to the designated centre, an agreement in writing, detailing the care and support to be provided to residents and the fees to be charged, had been developed. The inspector reviewed a sample of these contracts and found that they were consistent with the assessed needs of residents.

#### Regulation 14: Persons in charge

There was a designated person in charge in the centre who had the necessary skills and qualifications to carry out the role.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider had ensured that the number, qualification and skill-mix of staff was appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training as part of a continuous professional development programme.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that a defined management structure was in place, which clearly identified the lines of authority and accountability in the designated centre.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that, on admission to the designated centre, a written agreement had been completed for each resident. This agreement included the fees to be charged and outlined the details of the care and support to be provided to the resident.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the development of a statement of purpose

which contained the information set out in Schedule 1.

Judgment: Compliant

### Regulation 30: Volunteers

There were no volunteers working in the designated centre at the time of the inspection.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of the care and supports provided in the designated centre and found that residents received a good quality service. The premises of the designated centre was a bungalow located in a small town, with a back garden. The designated centre was noted to be homely, clean and suitably decorated. The registered provider had noted that painting was required in the hallway, however this had been postponed due to COVID-19 and was due to recommence when non-essential works could be facilitated. Staff members told the inspector that one of the residents had enjoyed helping staff members remove the wall paper border in preparation for the painting to occur.

The inspector reviewed a sample of the residents' comprehensive assessments and personal plans and found that they provided clear guidance to staff members on the supports to be provided to residents. Appropriate healthcare was provided to residents in line with their assessed needs. For example, where a resident's healthcare plan identified that they required regular blood tests, these were facilitated and results were recorded as outlined in their healthcare plan. Residents had access to a general practitioner (GP) of their choice, and other allied health professionals, such as chiropodists and dentists, when required. Where residents required support to manage their medicines, this was completed by trained staff. Each resident's medicines plan identified how they liked to receive their medicines. For example, it was documented that one resident liked a cup of tea after taking their medicines and this request was facilitated for the resident. Each resident's medicines were stored separately in a locked press in the office of the designated centre.

It was evident that the rights of residents were promoted. There was documented evidence that one resident had received the support of an advocate, while another resident was registered to vote, and was provided with the choice to do so when the occasion arose. Residents were provided with opportunities to learn new skills, in



line with their interests. For example, one resident regularly checked the oil and water in the designated centres vehicle with the support of a staff member. According to staff members, residents regularly enjoyed walks in the local community and visits to pubs and restaurants. Although some activities had been restricted due to COVID-19, residents were consistently provided with opportunities for recreation.

On discussion with the person in charge, it was identified that there had been less incidences of behaviours that challenge in the designated centre. Perspex that had been put in place over the television had been removed and a number of restrictive practices had been discontinued. On each shift, staff members were allocated to provide supports to a particular resident or number of residents to ensure that supervision levels were in line with their assessed needs. Where residents required a structured routine, a clear timetable of activities was outlined in their personal plan. It was also noted in a resident's behavioural support plan that in the unlikely event of a staff shortage, their daily plan should not be changed. A clear protocol was outlined to staff to contact management and seek additional staff support to ensure the resident's routine was not interrupted if necessary.

The registered provider had implemented a range of measures in response to COVID-19, to ensure that residents were safe and protected against potential sources of infection. A COVID-19 folder had been put in place with updated information and guidance. Cleaning schedules and checklists had been put in place to ensure that regular touch points, including those on the designated centre's vehicle, were cleaned on a regular basis. Due to the size and layout of the designated centre, staff members wore face masks at all times. There was evidence of regular temperature checks being taken for both staff and residents.

### Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider had ensured that residents were provided with opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

<b>Regulation 17: Premises</b>
The designated centre was homely in nature. It was evident that the premises was of sound construction and kept in a good state of repair.
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
Each resident was provided with a guide to the designated centre, outlining information for them about life in the centre.
Judgment: Compliant
<b>Regulation 27: Protection against infection</b>
The registered provider had systems in place to ensure that residents were protected against infection.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The registered provider had ensured that effective fire management systems were in place in the designated centre.
Judgment: Compliant
<b>Regulation 29: Medicines and pharmaceutical services</b>
The person in charge had ensured that the designated centre had suitable practices relating to the prescribing, storing and administration of medicines.
Judgment: Compliant

<b>Regulation 5: Individual assessment and personal plan</b>
The residents' health, personal and social care needs were assessed by appropriate healthcare professionals.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents received appropriate health care in line with each resident's personal plan.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
The person in charge had ensured that staff had up to date knowledge and skills, appropriate to their role, to respond to behaviours that challenge and to support residents to manage their behaviour.
Judgment: Compliant
<b>Regulation 8: Protection</b>
The registered provider had ensured that residents were protected from all forms of abuse.
Judgment: Compliant
<b>Regulation 9: Residents' rights</b>
The registered provider had ensured that residents' rights were promoted in the designated centre.
Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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