



Office of the Chief Inspector

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

Name of designated centre:	Oropesa
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	27 February 2019
Centre ID:	OSV-0002987
Fieldwork ID:	MON-0022500

About the designated centre

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

This is a service providing residential care and support to eight residents with disabilities in Co. Louth. The centre comprises of one detached two story dwelling and two small bungalows, all in close proximity to each other. Each resident has their own bedroom, decorated to their individual style and preference. Communal facilities in each house include fully furnished kitchens cum dining rooms, sitting/TV rooms, laundry facilities, private garden areas and adequate parking facilities. Residents are supported to experience best possible health and have as required access to GP services and a range of other allied healthcare professional supports. Residents are also supported to use their local community and where required, transport is provided so as residents can access local shops, beauticians, shopping centres, pubs, cafés, hotels and trips further afield. The service supports some residents to attend day services however, some residents have retired and a range of in-house and community based activities based on residents preferences is provided. There is a person in charge of the centre who is a qualified nurse and is supported in their role by a qualified social care leader. The two story house is staffed on a 24/7 basis and the bungalows (where residents are more independent) are staffed so as to ensure the needs of the residents are provided for. One waking night staff provides care and support to the bungalows at night-time. They are stationed in one of the bungalows and check in on the other one on a two hourly basis.

The following information outlines some additional data on this centre.

Current registration end date:	21/08/2019
Number of residents on the date of inspection:	7

How we inspect

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
27 February 2019	10:30hrs to 16:30hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector spent time with and spoke with four of the residents who live in the three houses that comprise this centre. One resident told the inspector over a cup of tea that they were living in the house for a long time and they loved living there as it was their home. The resident also said that staff are very good to them and that they could ask for anything and nothing was ever a problem. The inspector also sat with another resident for some time in the sitting room watching TV. This resident was retired and reported that they were very happy in the house and that staff are very helpful. Another resident informed the inspector that they loved the house and that they had no complaints about any aspect of the service. Residents also reported that they loved their work and going to their various day services each day and that they really liked going out and about with staff. In one of the bungalows the inspector met and had tea with one resident. They appeared very happy and content in their home and told the inspector that they were very happy in the house and got on very well with their housemate. They also informed the inspector that they had no complaints about the service provided. A sample of feedback from a relative also informed that they were happy with the service saying that staff were wonderful and provided excellent care. At all times throughout this inspection the inspector observed that staff interacted with the residents in a warm, caring and dignified manner. Residents were observed to be comfortable in the presence of staff. While staff were observed to be professional at all times in carrying out their duties, there was a strong sense of camaraderie, warmth and respect evident between residents and staff.

Capacity and capability

Residents reported that they were very happy and content living in this service and the provider had ensured that appropriate supports and resources were in place to meet their assessed needs. The model of care provided to the residents promoted their autonomy while at the same time supported their individual preferences and choice. The care and support provided to the residents was person centred and to a high standard which was reflected in the high levels of compliance found across the regulations assessed as part of this inspection process.

The centre had a management structure in place which responded to residents' needs and feedback. There was a clearly defined and effective management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in his role by a full time and experienced social team leader

The person in charge was a qualified professional and provided good leadership and support to his team. He ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the Regulations. He also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the residents.

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications and all had undertaken a suite of in-service training to include safeguarding, dysphagia, fire safety, manual/patient handling, safe administration of medication and positive behavioural support. This meant that staff were able to demonstrate to the inspector that they had the skills necessary to respond to the needs of the residents in a consistent, capable, person centred and safe way.

The person in charge and social care leader leader ensured the centre was 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. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre. For example, an audit on the centre identified that some policies required review and plans needed to be prioritised with regard to a resident who wished to retire from work. Both these issues had been addressed at the time of this inspection and the inspector met with the resident who had retired since the audit and they reported they they were very happy with their retirement package.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. Resident directly informed the inspector that they could speak to any staff member at any time if they had any issues or concerns. However, residents were very complimentary about the service provided and the management and staff team overall. There were no serious complaints on file at the time of this inspection however, there were effective systems in place to manage a complaint if one was received. Residents where required, also had information on and access to an independent advocate if required.

Residents were also involved in the running of the centre and they chose what social activities to engage in and agreed weekly menus between them. They were also consulted with about their care plans and were very complimentary with regard to how their needs were being supported and provided for.

Overall, from spending time with and speaking directly to the residents, from speaking with management and staff and from viewing feedback from family representatives during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner. Residents reported that they were very happy with their living arrangements, got on very well with each other and the

staff team and appeared happy and content in their home.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of registration of the centre to the Health Information and Quality Authority

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified professional with significant experience of working in and managing services for people with disabilities.

He was not met with as part of this inspection however, has been met with on previous inspections and it was found that he was aware of his remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

He also provided good supervision and support to his staff team and knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication, Positive Behavioural Support, Fire Safety and

Dysphagia training.

From speaking with one staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place which had been submitted to HIQA by the registered provider representative prior to this inspection process

Judgment: Compliant

Regulation 22: Insurance

The registered provider representative had ensured that their was a contract of insurance in place and in date at the time of this inspection

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There was an experienced person in charge in place who was supported by an experienced social team leader. The social care leader facilitated the inspection process and it was found that she had the skills, knowledge and competence to do so

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The management team of the centre were aware of their legal remit to inform the Chief Inspector of any notifiable incident occurring in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant.

It was also observed that residents had access to independent advocacy services if required

Judgment: Compliant

Quality and safety

The quality and safety of care provided to the residents was being monitored as required by the Regulations and it was found to be of a very good standard. The service was delivered in consultation with each resident and their health, emotional and social care needs were being supported and comprehensively provided for.

Residents were also supported to have meaningful and active lives within the centre and within their local community. One minor issue was identified with regard to the management of risk which is further discussed later in this report.

The individual social care needs of residents were being supported, provided for and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and community. Residents were also being supported to engage in activities of their interest and choosing. For example, residents were supported to cook and bake, engage in arts and crafts such as knitting and attend day services where they engaged in meaningful activities of their choosing. Some residents were retired and they had a range of in-house and community based activities to choose from so as to ensure they could experience a meaningful day based on their preferences. Residents used their local community frequenting the local pubs, hotels, cafes, barbers, bingo hall and shops. They also enjoyed short holiday breaks of their choosing to in various locations around Ireland.

Residents were comprehensively supported with their health care needs. Regular and as required access to a range of allied health care professionals also formed part of the service provided. The inspector saw that residents had as required access to GP services, dentist, chiropodist, speech and language therapy and physiotherapy. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals. Where required, residents also had emotional supports in place and had access to a behavioural support specialist. Complimentary therapies were also provided for at residents requests.

Residents reported to the inspector that they felt safe, knew they could make a complaint if they wished to and had access to independent advocacy services. Staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to safeguard the residents and to report any issue of concern if they had to.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk of falling, they had a physiotherapy review and assessment and specialised equipment such as support railings was placed in key areas of the centre to support their balance and mitigate this risk. However, it was observed that some of the control measures in place to manage some elements of risk were not documented in the centre. For example, a number of measures were in place to support one resident safely travel independently. These measures were not documented on the residents risk assessment.

There were systems in place to ensure all fire fighting equipment was serviced as required to include the fire panel/alarm system, emergency lighting, fire doors and fire extinguishers. A sample of documentation informed the inspector that staff

undertook as required checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were regularly carried out and each resident had a personal emergency evacuation plan in place. It was observed that on the last two fire drills, no issues were identified with evacuating the centre.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. All residents had undertaken a self administration of medication assessment and where required, staff provided support to some residents with their medication. p.r.n. (as required) medicine, where in use was kept under review and there were protocols in place for its administration.

Overall, residents reported to the inspector that there were very happy with the service, they felt adequately supported and that their health and social care needs were being comprehensively provided for.

Regulation 17: Premises

The premises were generally maintained to a good standard and one house that comprised the centre had recently been renovated/refurbished. This carpeting in this house required cleaning however, the social care leader informed the inspector that once the new windows had been installed for the house, the carpets would be cleaned/replaced.

Judgment: Compliant

Regulation 28: Fire precautions

There were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting.

Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe.

Practices on the areas such of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe. There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular to GP services, their medication requirements were being reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required. Where required, residents had access positive behavioural support and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis

There was a system in place to monitor one resident at certain times so as to ensure their safety. The resident had agreed to this and it was also referred to the human rights committee of the organisation.

At the time of this inspection the person in charge and social care leader were reviewing this intervention with a view to seeking advice from the restrictive intervention committee of the organisation.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to adequately safeguard residents to include their well being and finances. Staff also had training in the safeguarding of vulnerable adults.

Judgment: Compliant

Regulation 26: Risk management procedures

Some of the control measures in place to manage some elements of risk were not documented or on file in the centre

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	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 26: Risk management procedures	Substantially compliant

Compliance Plan for Oropesa OSV-0002987

Inspection ID: MON-0022500

Date of inspection: 27/02/2019

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The risk assessment has been reviewed and updated to include all control measures that are being implemented.	

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 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	01/03/2019