



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

## Issued by the Chief Inspector

Name of designated centre:	Rivergrove
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	08 July 2020
Centre ID:	OSV-0003010
Fieldwork ID:	MON-0029966

## About the designated centre

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

Rivergrove is a large four bedroom, two storey detached house located in a village in Co Louth. There is a large garden to the back of the property. The centre is within walking distance of all community amenities and a bus is available for residents to travel to other towns and areas. An additional bus is also available at weekends and in the evening times. The centre supports four male adults, some of whom have mental health issues and require supports with positive behaviour support. All of the residents had transitioned to the centre last year. One resident attended a formal day placement and the other residents were supported by staff in the centre to have meaningful activities during the day. Supports are well planned for and were done in collaboration with the staff team and allied health professionals. The person in charge is suitably qualified and is supported in their role by a clinical nurse manager. Both of whom have responsibilities for other centres. The skill mix in the centre includes social care workers, nurses and health care assistants. Three staff are on duty during the day and two staff are on duty at night time in order to support residents.

**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 8 July 2020	10:00hrs to 15:00hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met all four of the residents and spoke directly with two of them to get their views on what it was like to live in this centre. Staff interactions with residents was observed to be person centred at all times and residents were observed to be enjoying the company of staff members. Staff were seen to be warm in their interactions with residents and attentive to their needs. As part of this inspection process, the inspector also spoke with two family representatives to get their views on the service provided.

The inspector had a cup of coffee with two of the residents on the garden patio and residents appeared very happy and content in their home. Residents were aware of the importance of social distancing and both residents and staff were observed to be adhering to national guidelines on same. Residents were very much involved in the running of their own home and liked to participate in the upkeep of the house. For example, one resident particularly loved gardening and invited the inspector to view the grounds around the house. The resident maintained social distancing throughout this process and showed the inspector both the front and back garden areas and some raised vegetable beds where they grew their own fresh vegetables. It was observed that the gardens and vegetable plots were maintained to a very high standard of which the resident was very proud of.

The same resident was also a very keen wood worker and the inspector observed some garden furniture they had made over the last few months. The resident had their own wood work shed in the garden and was happy to show the inspector this facility and some of the work they were doing.

Some residents liked to have their own space in the house and this was respected and supported by the staff team. One resident particularly liked the conservatory and this area had been decorated and organised to take into account their likes and preferences. Another resident had their own TV room upstairs which they liked to use from time to time. Some residents were happy to show the inspector their bedrooms and it was observed that they were spacious, large double rooms, and decorated to take into account each residents individual taste and preference.

The inspector also spoke with two family members via phone over the course of the inspection. Both family members reported that the care and support provided to their loved ones was excellent and they were extremely happy with the service provided. They also reported that communication between the service, residents and family members during the COVID-19 crisis was maintained to a very good standard. One family member informed the inspector that they had a very good rapport with the management and staff of the centre and that staff were very friendly, professional, person centred, and at all times very helpful. Both family members reported that the quality and safety of care provided to the residents was excellent, the residents were very happy living there and that they had no

complaints whatsoever about any aspect of the service provided.

Systems were also in place to meet the assessed healthcare needs of the residents and access to allied healthcare professionals (including GP services) was provided for as required. Residents were also being supported to have meaningful days during the COVID-19 pandemic. Some day service staff had been redeployed to the house while day services remained closed and these staff members (along with the residential staff team) ensured residents were supported to engage in meaningful activities based on their likes, interests and preferences. For example, some residents loved the beach and walks in the countryside and staff ensured that these activities were provided for on a regular basis. As said above, another resident loved gardening and wood work and these activities were also being supported by the staff team.

Overall, the house appeared to be welcoming and organised to meet the likes and preferences of each resident. However, it was observed that some parts of the premises required maintenance and refurbishment such as a shower room and the conservatory. Notwithstanding, residents appeared very happy and contented in their home, staff were observed to be person centred in their interactions with residents and family member reported that the care and support provided in the centre was excellent.

## Capacity and capability

Residents appeared content and very happy in their home, feedback from family representatives on the service provided was very complimentary and the provider had put systems in place to ensure residents assessed needs were provided for.

The centre had a clearly defined management structure in place consisting of an experienced person in charge, who was a qualified clinical nurse manager III (CNM III). The person in charge worked on a full-time basis in the organisation and was supported in their role by a full-time and experienced clinic nurse manager II (CNM II) and by the director of care and support.

Staff were provided with relevant training to assist them in supporting residents. Training provided included, safeguarding of vulnerable adults, fire training, manual handling, positive behavioural support and the safe administration of medication. The person in charge had also taken steps in relation to staff training to prepare for a possible outbreak of COVID-19. For example, there were enhanced cleaning schedules in place, staff and residents temperatures were taken twice daily and all staff had received training in infection control (including hand hygiene).

There was sufficient staff in place to meet the assessed needs of the residents at the time of this inspection. Day service staff from the wider organisation had been deployed to the centre so as to ensure that sufficient staff supports were

available throughout the day (as residents were unable to attend their day services due to the current public health crisis). Of the staff spoken with, the inspector was assured that they had the experience and knowledge required to support the residents in a safe and effective way. They reported to the inspector that they felt supported in their role and knew the needs of the residents very well. Residents also appeared very happy and content with the range of meaningful activities and social outings that they could avail of each day.

Systems were also in place to ensure 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. Quality enhancement plans had also been developed in order to ensure improvements arising from the auditing process were addressed in a reasonable time frame. For example an audit of the centre in January 2020 identified that one aspect of a residents care plan required review and updating. This issue had been addressed by the time of this inspection. The most recent audit in June 2020 identified that some staff required refresher training in positive behavioural support. At the time of this inspection, a plan of action had been devised so as to address this issue.

The inspector observed that there was a mechanism in place to record, log and respond to complaints. If required, access to advocacy also formed part of the service provided. However, it was observed that no complaints had been made about the service in 2019/2020 and family members spoken with as part of this inspection process were complimentary about the quality and safety of care provided to their loved ones.

Overall, residents appeared to be very happy in their home, the provider had put systems in place to ensure their assessed needs were provided for and feedback from family members on the service provided was positive.

#### Regulation 14: Persons in charge

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

They were also aware of their responsibilities under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector was satisfied that there were appropriate staff numbers and skill-mix in place to meet the assessed needs of residents.

Contingency plans were in place to ensure that in the event of a shortfall of staff, additional staffing support would be available.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were provided with relevant training to assist them in meeting the assessed needs of the residents. Training provided included, safeguarding of vulnerable adults, fire training, manual handling, positive behavioural support, the safe administration of medication (where required) and infection control.

The person in charge had also taken steps in relation to staff training to prepare for a possible outbreak of COVID-19. For example, all staff had training in infection control and hand hygiene.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents with all the information as required by the regulations in the centre

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure in place consisting of an experienced person in charge, who was a qualified clinic nurse manager III (CNM III).

The provider representative and person in charge had also taken the necessary steps in relation to the governance and management of the centre in preparation for a possible outbreak of COVID-19.

The inspector was also satisfied that the quality of care and experience of the

residents was being monitored and evaluated on an ongoing basis.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The registered provider had prepared in writing a statement of purpose detailing the services and supports to be provided to the residents.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge was aware of their remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The provider representative had ensured that an effective complaints procedure was in place which was accessible to residents. However, it was observed that there had been no complaints made about this service in 2019 or 2020 and family members spoken with were extremely complimentary about the quality and safety of care provided to the residents.
Judgment: Compliant
<b>Quality and safety</b>
<p>The quality and safety of care provided to the residents was being monitored as required by the regulations and residents' assessed healthcare needs were being provided for. Some issues were identified with the premises which are discussed in more detail later in this report.</p> <p>The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were</p>

being supported to maintain links with their families and friends. At the time of this inspection, access to the community was restricted for residents due to the current COVID-19 pandemic. However, residents were supported to go for walks of their choosing, scenic drives, trips to the beach and participate in activities such as gardening and wood work while at the main time maintaining social distancing. Regular communication with family and friends was also being maintained and supported. The inspector observed that residents were members of local health clubs, leisure centres and sporting groups and were looking forward to recommencing these activities in the near future.

Systems were also in place to ensure the healthcare needs of the residents were being provided for. Regular access to GP services was ongoing and access to a range of other allied healthcare professionals, such as dentist and optician services, were provided for as required. Hospital appointments were facilitated and comprehensive care plans were in place to support residents in achieving the best possible health. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the healthcare professionals. Family members spoken with were also complimentary about the health care services provided to the residents.

Residents were also supported to enjoy best possible mental health and, where required, had access to psychiatry and behavioural support. Residents who required them, had a positive behavioural support plan in place and it was also observed that staff had training in positive behavioural support techniques. This meant that they had the skills required to support residents in a professional and calm manner if or when required. Of the staff spoken with, the inspector was assured that they had the knowledge required to support residents in a low arousal and person centred manner. Systems were also in place to safeguard the residents and where required, safeguarding plans were in place. Staff had training in safeguarding awareness and systems were in place to ensure refresher training was also provided for.

Systems were also in place to manage and mitigate risk in the centre. Where required, each resident had number of individual risk assessments on file so as to promote their overall safety and well-being. For example, where a resident may be at risk in the community, staffing support and supervision was provided so as to ensure the resident could continue to engage in community based activities in a safe manner

The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of Covid-19 to residents and staff working in the centre. The provider representative was in daily contact with public health, the premises were observed to be clean, there was sufficient access to hand sanitising gels and hand-washing facilities and all staff had adequate access to a range of personal protective equipment (PPE) as required. Staff also had up-to-date training in infection control. Staff temperatures were also taken prior to commencing work. Where physical distancing was not possible, staff were required to wear personal protective equipment (PPE) as required by national policy and guidelines. Residents were also educated on the

importance of social distancing and cough etiquette. The inspector witnessed some of these measures in place on the day of the inspection.

The premises were observed to be clean throughout and decorated to take into account the residents tastes and preferences. However, some parts of the building required repair and modernising. For example, the conservatory required some remedial work as did one of the shower facilities.

Overall, the quality and safety of care provided to the residents was being monitored as required by the regulations and residents' assessed healthcare needs were being provided for. Family members spoken with as part of this inspection process were complimentary of the quality and safety of care provided to their loved ones and residents appeared happy and contented in their home.

### Regulation 17: Premises

Some parts of the premises required upgrading and remedial work to include the conservatory and one of the showering facilities.

Judgment: Not compliant

### Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risks in the centre. There was an up-to-date risk policy available and where required, residents had individual risk assessments on file.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider and person in charge had ensured that control measures were in place to protect against and minimise the risk of infection of Covid-19 to residents and staff working in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The service has a fire alarm systems in place to include a fire panel, emergency lighting and a number of fire extinguishers. Staff did as required checks on all fire fighting equipment and where required, reported any faults. Fire fighting equipment was being serviced as required. It was observed that some fire fighting equipment was due a quarterly inspection at the time of this inspection. The person in charge was aware of this and informed the inspector that this delay was due to COVID-19 and restrictions on visits to the centre. They also reported that once the restrictions were lifted, this issue would be addressed as a priority.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Systems were in place to ensure the residents social care needs were provided for.

Judgment: Compliant

### Regulation 6: Health care

Systems were in place to ensure the healthcare needs of the residents were provided for and access to GP services (and other allied healthcare professionals), as required, formed part of the service provided.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to enjoy the best possible mental health and, where required, had access to psychiatry and behavioural support. Where required, residents had a positive behavioural support plan in place and it was also observed that staff had training in positive behavioural support techniques.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to ensure residents were safeguarded in the centre and all

staff had training in safeguarding awareness.

Judgment: Compliant

### Regulation 9: Residents' rights

Systems were in place to ensure the rights of the residents were promoted and upheld in the centre. While there was one restrictive practice in use so as to ensure the safety of the residents, it did not impact on their quality of life, was referred to the human rights committee of the organisation and kept under regular review.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rivergrove OSV-0003010

Inspection ID: MON-0029966

Date of inspection: 08/07/2020

## 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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The following works will be carried out on parts of the premises identified that require upgrading to include:</p> <p>Conservatory</p> <ul style="list-style-type: none"> <li>- Roof works to address water ingress</li> <li>- New heating system dedicated to conservatory area with thermostatic control</li> <li>- Double glazing on all windows</li> </ul> <p>Bathroom</p> <ul style="list-style-type: none"> <li>- Repair to water damage on ground floor ceiling from bathroom above</li> <li>- Address any source of leaks in said bathroom</li> <li>- Install non slip flooring returned up all walls</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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.	Not Compliant	Orange	31/08/2020