



Office of the Chief Inspector

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

Name of designated centre:	Pleasure Hill House
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	25 September 2019
Centre ID:	OSV-0004337
Fieldwork ID:	MON-0021878

About the designated centre

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

This is a residential service providing full-time care and support to five adults (both male and female) with disabilities. The centre comprises of a very large two storey house in a rural location in county Louth, but within close proximity to a number of large towns and villages. Each resident has their own large double bedroom (some being en-suite) which are decorated and personalised to their individual style and preference. Communal facilities include a large entrance hallway, a large fully furnished sitting room, a large fully equipped kitchen cum dining room, a second sitting room, a separate utility room, a relaxation/activities room, an office space and a large communal bathroom. There are also large well maintained gardens to the rear and front of the property and ample private parking space is available. Systems are in place to ensure the health, emotional and social care needs of the residents are comprehensively provided for and as required access to GP services and a range of other allied healthcare professionals forms part of the service provided. Transport is also provided so as residents can access community based facilities in nearby local towns and villages. The centre is staffed on a 24/7 basis to include a person in charge (who is a Clinical Nurse Manager III), a house manager (who is a Clinical Nurse Manager II) and a team of staff nurses, social care professionals and healthcare assistants. All staff have undertaken a suite of in-service training to ensure they have the skills and knowledge required to meet the assessed needs of the residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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
25 September 2019	10:30hrs to 14:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met with one resident over the course of this inspection and they appeared very happy and relaxed in the service. They were having breakfast with staff and appeared comfortable and at ease in the company of staff. All other residents were either on social outings or at a day service placement.

On arrival to the house it appeared very welcoming, well maintained and provided a homely environment for the residents and each resident had their own bedroom, which were decorated to their individual style and preference.

The inspector viewed written feedback on the service from family representative and residents which informed that residents were satisfied with the service provided, the house, food options and the care and support provided. One family representative reported that they were very satisfied with the accommodation and care provided to their relative.

Capacity and capability

Residents appeared happy and content in this centre and the provider ensured that appropriate supports and resources were in place to meet their assessed needs. The model of care provided to the residents was inclusive and respectful of their individual choice. This was reflected in the high levels of compliance found across all regulations assessed as part of this inspection process.

The centre had a management structure in place which was responsive to residents' assessed needs and feedback on the service. There was a clearly defined and effective management structure in place which consisted of an experienced person in charge (a clinical nurse manager III) who worked on a full-time basis in the organisation and was supported in his role by a full-time and experienced house manager (a clinical nurse manager II)

The person in charge provided effective leadership and support to his team. He ensured that resources were channelled appropriately which meant that the individual, changing and assessed needs of the residents were being provided for as required by the regulations. For example, a serious adverse incident occurred in the centre in June 2019. In response to that incident the person in charge ensured it was investigated thoroughly and post that investigation, ensured resources and supports were provided so as the issue would not reoccur. The person in charge also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge 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 (in nursing, social care/healthcare) and all had undertaken a suite of in-service training including safeguarding of vulnerable adults, children's first, fire safety, manual handling and positive behavioural support. This meant they had the skills necessary to respond to the needs of the residents in a knowledgeable, consistent, capable and safe way.

The person in charge and house manager 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 in June 2019 identified that key areas of the service required review. Some issues had been identified with the risk management policy and with the upkeep of some documentation such as individual personal plans. These issues had been addressed by the time of this inspection (or were in the process of being addressed), ensuring ongoing effective and responsive oversight and governance of the centre.

There were systems in place to ensure that the residents' voice was heard and their rights were respected in the centre. Management and staff advocated on behalf on some of the residents and ensured that where required, residents had access to independent advocacy support and advice if and when required. Residents individual choice was also respected in the centre.

There were also systems in place to record and respond to any complaint arising in the service. However, the inspector observed that there were no complaints logged about the centre in 2019 and a sample of feedback on the service from family members and residents informed that they were satisfied with the care and support provided.

Overall, 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 appeared happy and contented with their living arrangements and appeared relaxed and comfortable in the company of staff the staff members.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified professional (Clinical Nurse Manager III) with significant experience of working in and managing services for people with disabilities. He also held a third

level qualification in management.

He was also aware of his remit under 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 her 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. Staffing levels could also be adjusted as required depending on the needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required mandatory training to include safeguarding of vulnerable adults, safe administration of medication, positive behavioural support, fire safety, basic life saving and Children's First.

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 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 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 who was supported by an experienced house manager.

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 person in charge was aware of her remit to notify the chief inspector as required by the Regulations of any adverse incidents 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. However, it was also observed that no complaints had been logged about the service in 2019.

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 and was to a good standard. Residents were supported to have meaningful lives within the centre and their community, and their health, emotional and social care needs were being supported and comprehensively provided for. However, an issue related to fire containment was identified as part of this inspection.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that they were being supported to achieve personal and social goals and to maintain positive links with their families and their community. Residents were also being supported to achieve social goals such as city breaks, going to concerts, holiday breaks and a trip to Liverpool. Residents also liked to engage in a range of leisure activities of their preference and choice. For example, some residents were members of the local GAA club and frequented community-based amenities such as pubs, hotels, swimming pools, shopping centres, theatre, boat trips, cinema and restaurants. It was also observed that some residents, where appropriate, had computerised person-centred plans in place which was supportive of their assessed communication needs. It was observed that the individual planning process was under review at the time of this inspection.

Residents' healthcare needs were also being comprehensively provided for 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 access to GP services, dentist, speech and language therapy, occupational therapy and physiotherapy. Hospital appointments were facilitated as required 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.

Residents were also supported to enjoy best possible mental health and, where required, had regular access to psychiatry and behavioural support. Where required, residents had positive behavioural support plans in place and staff had training in positive behavioural support techniques so they had the skills required to support residents in a professional, calm and competent manner if required. Comprehensive support plans were also in place to help residents manage anxiety.

There were no current safeguarding issues in the centre at the time of this inspection however, residents had access to independent advocacy services if required. Staff also had training in safeguarding of vulnerable adults and Children's First.

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 undergone a physiotherapy assessment and specialised equipment was secured to mitigate this risk such as non slip mats and an adapted wheelchair. It was

observed that a serious adverse incident occurred in the centre in June 2019 however, in order to mitigate the risk of a re-occurrence, the person in charge has updated the risk assessment on same and ensured additional resources were made available to the centre post the incident. All staff were made aware of the incident and of the new protocols/risk assessments in place to prevent it re-occurring.

There were systems in place to ensure all fire fighting equipment (such as, fire panel and emergency lighting) was serviced quarterly and fire extinguishers were serviced annually. A sample of documentation informed the inspector that staff undertook weekly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were held regularly and all residents had a personal emergency evacuation plan in place (which were updated recently). It was observed that one residents personal emergency evacuation plan required review so as to take into account their assessed needs in evacuating the house during a fire drill. Notwithstanding, the most recent fire drill, conducted in August 2019, informed that all residents left the premises promptly when the alarm was sounded and from a sample of files viewed, the inspector observed that staff had training in fire safety awareness.

An issue was identified with fire containment as the service could not demonstrate that their were adequate fire doors in place throughout the designated centre.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. PRN (as required) medicine, where in use, was kept under review and there were protocols in place for its administration. There were also systems in place to manage, report, respond to and learn from any drug errors occurring in the centre. However, it was observed that there were no recent drug errors on file in the centre.

Overall, the inspector observed that residents and family representatives appeared happy with the service and from viewing a sample of personal files the inspector observe that their health and social care needs were being comprehensively provided for.

Regulation 17: Premises

The premises were designed in a way that met the aims and objectives of the service and the assessed needs of the residents. They were clean and comfortable and provided for a homely environment for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Systems were also in place to respond to and learn from any adverse incident occurring in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

An issue was identified with fire containment as the service could not demonstrate that there were adequate fire doors in place throughout the designated centre.

Not all fire evacuation plans for individual residents were up to date.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

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

Practices in the areas 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 multidisciplinary input into resident's personal 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 access 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 and on a regular basis. Where required, residents had regular access to psychology support and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis. Where a restrictive practice was in use the inspector observed that it was the least restrictive, kept under regular review and only used to promote the residents' safety.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that the residents were adequately safeguarded in the centre however, there were no current safeguarding issues of concern. All staff had undertaken training in safeguarding of vulnerable adults and Children's First. Access to independent advocacy services also formed part of the service provided.

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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

Compliance Plan for Pleasure Hill House OSV-0004337

Inspection ID: MON-0021878

Date of inspection: 25/09/2019

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider can confirm that all necessary arrangements for detecting, containing and extinguishing fires in accordance with regulation 28(3)(a) will be in place by 30/11/19 following works (including all necessary fire doors) as identified, subsequent to a visit by a suitably qualified fire safety consultant on 14/10/19.	

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2019