



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

Issued by the Chief Inspector

Name of designated centre:	The Gables
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	30 June 2021
Centre ID:	OSV-0005289
Fieldwork ID:	MON-0033192

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 care and support to four men with disabilities. The centre comprises of a four bedroom detached bungalow located in County Louth, just outside a small busy town. Each resident has their own bedroom which are decorated to their individual style and preference. Communal facilities include a shower room, a bathroom, a kitchen/dining room and a suitably furnished sitting room. There are also well maintained garden facilities to the front and rear of the property with adequate private and on street parking. Systems are in place to meet the assessed needs of the residents and their health, social and emotional care needs are comprehensively provided for. The service is managed and staffed by an experienced and qualified person in charge, an experienced and qualified clinical nurse manager I (CNM I), staff nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Wednesday 30 June 2021	10:15hrs to 17:05hrs	Caroline Meehan	Lead
Wednesday 30 June 2021	10:15hrs to 17:05hrs	Karena Butler	Support

What residents told us and what inspectors observed

This inspection was conducted during the COVID-19 pandemic and all public health guidelines were adhered to to minimise the risk of infection to residents and staff. A review of documentation was completed in an administration building away from the centre in order to be able to comply with social distancing.

The inspectors attended the centre in the afternoon and were introduced by staff to two of the four residents living there. Both residents appeared happy and comfortable in their home and the inspectors observed there were warm interactions between staff and the residents. From a review of personal plans and from speaking with staff members, the inspectors found residents were provided with a good standard of care and support, with a focus on the quality of life in terms of safety, health, skill development and positive social experiences.

While residents were not able to tell the inspectors of their experiences living in the centre, it was evident that the will and preferences of residents had been sought and provided for. For example, residents were central in the development of goals and staff key workers met residents at least monthly to discuss the progress of their goals, achievements of those goals, and to develop new goals as residents wished. For example, a resident had a goal to maximise their use of local parks and amenities and had recently taken a nearby ferry trip. Subsequently a new goal to go on holiday, had been developed and plans were progressing to achieve this goal in the coming months.

Residents were supported to engage in a range of activities both within the centre and in the community. While the recent pandemic had limited residents' access to some preferred community amenities such as restaurants, the person in charge and staff had supported residents with a range of alternative activities. For example, baking, walks, drives and drive-thru restaurants. Emphasis was also placed on supporting residents to develop new skills, for example, one resident enjoyed garden composting and was being taught this skill in a task analysis format. Other skills development included laundry skills, hand hygiene and managing household waste.

As part of the provider's annual review the views of residents and their families had been sought on their experiences of living in the centre. Residents and families gave feedback saying they were happy with the service provided, and suggestions residents had made in terms of improvements to the centre were observed to be acted upon.

Staff were observed to respectfully provide support to residents and to ensure that residents dignity and privacy was maintained during personal care. It was evident from talking to the person in charge, nurse manager and a staff member that the staff knew the residents well and communicated with residents in a kind and

engaging way, cognisant of their individual communication needs and preferences.

The centre was located in a small coastal town, and local community amenities were easily accessible from the centre. Each of the residents had their own bedroom, individually decorated, and residents had been provided with equipment in order to support accessibility and safety, such as wheelchairs, manual handling equipment and bathroom handrails. The provider had responded to residents' requests to avail of personal space in the centre and a conversion of a garage space was currently underway to accommodate this. Additionally a resident had been provided with an outdoor room with comfortable seating, as was their preference.

Residents were supported to maintain positive family connections and from a review of records, there was ongoing contact between residents and staff, and their representatives, through phone calls, and more recently family visits in line with public health guidelines. An inspector spoke to one family member, who told the inspector they were happy with the care provided to their relative, and that their loved one was supported to do all of the things they would like to do in the centre. The relative also told the inspector that staff kept them informed on all issues relating to the care and support of their loved one. Family members along with the residents had also been part of annual reviews of residents' personal plans, and video calls had been facilitated for meetings during the recent pandemic.

Residents' meetings were held regularly in the centre, in which residents were involved in decisions about social outings, meals and had also been given information in an easy to read format on COVID-19 vaccinations.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

Overall the inspectors found this centre was resourced to meet the needs of the residents, and there was an emphasis on providing high quality person centred care, reflective of the high levels of compliance found on this inspection. The management arrangements had ensured effective oversight of the service, while ongoing direct supervision and monitoring ensured a focus on continuous service improvement.

There was a defined management structure and a full- time person in charge was employed in the centre. The person in charge had taken up this post in the previous two days, and the inspectors found they had a good knowledge of the residents' needs. The person in charge was supported in their role by a nurse manager, nurses, and health care assistants. The person in charge reported to the director of nursing care and support.

At the time of inspection, a full complement of staff were in place, this provided continuity of care and support for the residents. A staff member told the inspectors the managers provided good support, and they could raise concerns about the quality and safety of care and support if needed. Support was also provided at night time by an on-call nurse manager.

The services provided in the centre were being monitored as required by the regulations. For example, a six monthly visit had been completed by the provider in December 2020, and the actions were either completed or a confirmed plan in place to address the issues. Similarly an annual review had been completed in 2020 and progress was being made on the feedback given by residents as part of the review. There were a number of regular audits completed such as restrictive practices, infection control, residents finances, fire and medicines management, and control measures developed in response to areas of risk, were found to be implemented in practice. For example, in response to an increase in falls, a physiotherapist had reviewed a resident's mobility and manual handling needs, and additional equipment had been trialled and ordered.

Staff personnel files contained most of the information as required, and one issue in relation to employment history was addressed on the day of inspection.

Staff had been provided with a range of mandatory and additional training, meaning the staff had the knowledge and skills to ensure diverse needs of residents could be met. A range of training had also been provided in infection control in response to the COVID-19 pandemic. Satisfactory arrangements were in place in relation to staff supervision and while formal supervision meetings had not occurred during the COVID-19 pandemic, the nurse manager provided direct supervision on a day to day basis. Additionally, monitoring of personal planning ensured that staff were provided with feedback on the care and support provided to residents and corrective actions agreed and taken.

There had been no recent admissions to the centre however, residents had been provided with a written agreement which included details of the service to be provided and the fees to be charged.

Regulation 15: Staffing

The inspectors saw evidence of the planned and actual roster, which were appropriately maintained. At the time of inspection a full complement of staff were in place. The staffing arrangements at the centre were appropriate to meet the needs of the residents and ensured continuity of care and support to the residents, reflective of the details in the Statement of Purpose. There were three staff on duty during the day time and one staff on duty at night time.

The inspectors reviewed the Schedule 2 documents for a sample of staff, in most cases the required information was available, however for one staff member the provider had not obtained a full work history. This was addressed on the day of

inspection by the service administration, and evidence provided to the inspectors.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors reviewed training records for staff and found staff had been provided with mandatory training in safeguarding, fire safety and behaviours of concern. Additional training had been provided in medicines management, epilepsy, manual handling, dysphagia, and feeding, eating, drinking and swallowing (FEDS). All staff had received training in basic life support, and refresher training was scheduled in the coming months for those staff who required it. Overall the inspectors found the training provided ensured staff had the necessary skills and knowledge to meet the diverse needs of residents.

Suitable arrangements were in place for the supervision of staff. A nurse manager worked with staff on a day to day basis, ensuring direct oversight of the care and support provided. Practices relating to the care and support of residents were also monitored through personal plan audits, and feedback was provided to staff members. Annual performance development reviews were completed, and while formal supervision meetings had not place since the last inspection in February 2020, the inspectors found these arrangements were satisfactory given the restraints during the COVID-19 restrictions.

Judgment: Compliant

Regulation 22: Insurance

An up-to-date insurance was submitted to HIQA as part of the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre and the services were monitored on an ongoing basis. The management arrangement, along with the provision of appropriate resources, ensured the service was safe and appropriate to residents' needs. Actions were taken in response to residents' wishes identified in the annual review, and in personal planning meetings, to ensure the wishes of

residents were responded to appropriately.

A range of audits were completed including a six monthly unannounced visit by the provider and actions arising from audits were acted upon. The provider had ensured risks within the centre were managed, and that the required resources and practices were in place to mitigate risks and ensure residents' safety.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Written agreements in place for all residents, outlining the services to be provided. The fees residents paid were set out in agreements, and any additional charges for which the residents were liable were also stated. Two agreements had yet to be signed by the residents' representatives, and the person in charge had arrangements in place for this to be completed.

There had been no recent admissions to the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose was up-to-date and contained all of the information as required by Schedule 1 of the regulations. The Statement of Purpose was reviewed annually having just been reviewed in June 2021. The Statement of Purpose also had information regarding the centre's COVID-19 response, and accurately reflected the recent change in the person in charge.

Judgment: Compliant

Quality and safety

Overall residents were being supported with a safe and good quality of service. Residents appeared comfortable in their home and were enjoying a varied lifestyle of their choice. Staff knew the residents well, and the preferences and views of residents were key factors in both personal planning and in the day to day life in the centre.

Residents had an assessment of need completed including their social, health and

personal care needs. Assessments of need and personal plans were developed with residents, and also included recommendations following reviews by allied healthcare professionals. For example, residents attended an annual review meeting of their personal plans, with their family, where their needs were reviewed, and goals for the upcoming period were agreed. Key workers met with residents monthly and reviewed how they were getting on with their goals, and talked about if they wished to change or develop new goals.

Comprehensive healthcare support was provided to residents and residents could access the services of a general practitioner and a range of allied healthcare professionals. There was a range of interventions to support residents achieving their best possible health and there was ongoing monitoring of residents' healthcare needs, for example, blood monitoring, blood pressure monitoring and bone health tests. Health care risks were responded to as they emerged, for example, where a resident had experienced a change in their mobility, an multidisciplinary team review had resulted in additional assistive equipment being sourced for the resident. Similarly residents had been offered vaccinations in response to the risks associated with COVID-19.

Residents were supported with their emotional needs and could access the support of a psychiatrist and a clinical nurse specialist. Positive behavioural support plans were developed and implemented, focusing on positive preventative strategies. Restrictive practices were implemented appropriate to the risk presented and were regularly reviewed.

There were measures in place to ensure residents were safeguarded. This included the implementation of a safeguarding plan following a report of a safeguarding concern. Staff had received training in safeguarding and were aware of the types of abuse, the contact person in the event of a safeguarding concern and of the measures in the safeguarding plan. Systems were also in place to protect residents' finances, and included guides on supporting residents with their finances, ensuring residents were involved in decisions about purchases, comprehensive finance record keeping, and auditing residents' finances.

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. The provider had a COVID-19 contingency plan in place and the staff on duty were familiar with the procedures in this plan. Twice daily temperature and symptom checks for residents and staff were completed, and an enhanced cleaning schedule was in place. Antibacterial gel was in several locations throughout the centre and staff were observed to adhere to regular hand hygiene practices and to wear PPE in line with public health guidelines. There was sufficient stores of personal protective equipment (PPE) in the centre, and a procedure in place to source additional enhanced PPE if required. Staff had been provided with specific training in response to the recent COVID-19 pandemic including infection control, hand hygiene and donning and doffing PPE. A weekly COVID-19 audit was in place and an inspector reviewed a sample of these.

Suitable and safe practices were in place in relation to medicines management, and

a local pharmacy supplied medicines to the centre.

Regulation 12: Personal possessions

Each resident has their own bedroom decorated to their personal tastes, with their personal possessions in it. The inspectors saw that residents were provided with sufficient storage for their personal items in their bedrooms.

The provider ensured each resident had a bank account and savings account in their own name, and had access to their finances to buy items of their preference. Residents had financial passports, which guided staff in the supports required to help residents manage their money, and these passports had recently been reviewed.

The provider had developed criteria for the decision making and shared responsibility for large purchases, and the procedure ensured residents were involved in each step of the process. A sample of residents' finances were reviewed by the inspectors on the day and all documentation was complete with receipts available for all purchases.

Judgment: Compliant

Regulation 27: Protection against infection

Suitable measures were in place for the prevention and control of infection and the provider had adopted procedures in line with public health guidelines in response to the COVID-19 pandemic. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control, and staff were observed to adhere to good hand hygiene, social distancing and wearing appropriate PPE.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Suitable and safe practices were in place for medicines management. The inspectors reviewed two administration and prescription records and found all documentation was complete. Medicines had been administered to residents as prescribed. Suitable secure storage was provided and there was a safe process for the disposal of medicines. PRN (as the need arises) prescriptions stated the circumstances for the administration of PRN medicines, and the maximum dosage in 24 hours was stated.

<p>The residents availed of the services of a nearby pharmacy.</p>
<p>Judgment: Compliant</p>
<p>Regulation 5: Individual assessment and personal plan</p>
<p>Each resident had an up-to-date assessment of need completed and recommendations from multidisciplinary team members also informed this assessment. Residents were actively involved in both assessment and personal plan development and reviews. Personal plans were in place for all identified needs and were reviewed regularly.</p> <p>Residents were supported to develop goals and plans were found to be implemented in practice. Residents representatives were invited to take part in annual reviews of residents' needs.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>Residents were supported with their health care needs and detailed health care plans were in place. There was ongoing monitoring of residents' healthcare needs in line with plans. Residents could access a range of health care professionals and there were regular reviews with the general practitioner and with, for example, a physiotherapist, occupational therapist, dietician and speech and language therapist as the need arose.</p>
<p>Judgment: Compliant</p>
<p>Regulation 7: Positive behavioural support</p>
<p>Residents were appropriately supported with their emotional needs and behaviour support plans were developed and implemented in consultation with a clinical nurse specialist in behaviour. Behavior support plans focused on supporting residents with positive preventative strategies.</p> <p>Restrictive practices were implemented in line with regulatory requirements and were reviewed regularly, so as to ascertain their ongoing need and consider the rights of the residents.</p>

Judgment: Compliant

Regulation 8: Protection

Staff had been provided with training in safeguarding and were aware of the measures in a safeguarding plan to mitigate the risk of a safeguarding incident.

A recent safeguarding incident had been reported in line with the centre policy, and safeguarding measures were in place. There were appropriate measures in place to protect residents, including arrangements for the safe management of residents' finances.

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 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
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 27: Protection against infection	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