



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

## Issued by the Chief Inspector

Name of designated centre:	Mulhussey
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	08 September 2021
Centre ID:	OSV-0002967
Fieldwork ID:	MON-0029959

## About the designated centre

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

Mulhussey designated centre, operated by St. John of God services is located in the countryside in Co. Meath. It is a six bedroom house, with a capacity for four male and female residents with disabilities. The property, a two-storey house has two sitting rooms, a dining room, two bathrooms, a large kitchen area and two offices. There are large garden areas and grounds (with adequate private parking facilities) for residents to enjoy. Residents are supported on a 24/7 basis by a person in charge, a team of social care workers and health care assistants. Access to the community is facilitated by two accessible vehicles.

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

Number of residents on the date of inspection:	4
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## 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
Wednesday 8 September 2021	10:10hrs to 17:15hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This inspection took place in a manner so as to comply with current public health guidelines. The service comprised of one large detached house in County Meath, which was in close proximity to a number of villages and towns.

The inspector met four of the residents and spoke with one family member over the phone, so as to get their feedback on the service provided. The residents met with, appeared happy in their home and staff were observed to be person centred, patient and caring in responding to their needs.

On arrival to the centre staff were supporting residents with their morning routine and breakfast. One of the residents smiled and greeted the inspector while two others were observed to be relaxing in the sitting room, listening to music.

The fourth resident was on the bus, awaiting to go for a drive. A staff member introduced the inspector to this resident and explained that at times, the resident liked to sit on the bus with the engine running after breakfast, as this helped them to stay calm. The person in charge further explained that the decision to sit on the bus was often self-directed by the resident and at times, they would take staff by the arm to the bus so as to get on it.

On meeting the resident, they appeared calm and relaxed and they smiled at the inspector. However, the inspector observed that they were on the bus for 45 minutes on the morning of this inspection and, this strategy to support the resident to relax had not been adequately risked assessed nor did it form part of their positive behavioural plan. However, the resident did go for a drive with the support of staff later on that morning.

Other activities residents liked to engage in was playing the drums and going for walks in the community. Prior to COVID-19, residents also liked to go to the pub, have a meal out and avail of relaxation and massage therapies. The person in charge said that now the restrictions were lifting and that all residents were vaccinated, they were were looking forward to reintroducing these community based activities.

The inspector observed that residents were supported to have meaningful roles and maintain contact with their families. For example, one of the residents had recently been to a relatives wedding where they played an important role of being best man. They were supported to attend this family occasion by a staff member, who reported that the resident enjoyed the wedding very much. The resident also had pictures of the occasion on their hand held computer which the inspector viewed. The resident appeared very happy to have attended the wedding and indeed, delighted to have been best man.

While aspects of the premises required painting and upgrading, a lot of renovations

had taken place over the last five months. This included new flooring where required and, the kitchen had been updated with new counter tops and appliances. The inspector also viewed some of the residents bedrooms and saw that they were decorated to take into account their individual needs, style and preferences.

At times over the course of the inspection process, the inspector observed staff supporting residents and, their interactions with them were warm and caring. The inspector also spoke with one staff member and was assured they had a good understanding and knowledge of the assessed needs of the residents in their care.

One family members spoken with (over the phone) was also positive about the quality and safety of care provided to their relative. They said that while they had some issues in the past with the centre, they were very happy with the service at the time of this inspection. They said their relative was well cared for, their room was decorated/furnished the way they wanted it and staff were respectful of their personal belongings. They also said their relative loved being on the bus and liked to go for drives. The family member reported that at the time of this inspection, they were much happier with the service overall and that the person in charge was approachable and easy to talk to.

While some issues were identified with the premises, risk management, positive behavioural support and the statement of purpose, management and staff were found to be knowledgeable of and responsive to, the assessed needs of the residents over the course of this inspection.

The following two sections of this report, discuss the above in more detail.

## Capacity and capability

Residents appeared settled in their home, there was a trained staff team in place to support them and, the provider had ensured that resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by an interim Regional Director and a Residential Co-ordinator. The person in charge was an experienced, qualified social care professional who provided leadership and support to their team. They were also aware of their legal remit to the Regulations and responsive to the inspection process.

They also ensured staff were appropriately trained so that they had the required skills to support the residents. For example, from a small sample of files viewed, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety, medication management, positive

behavioural support, hand hygiene and manual handling.

It was observed that one staff member required some additional refresher training however, the person in charge was aware of this and had a plan of action in place to address it. From speaking with one staff member and the person in charge over the course of this inspection, the inspector was also assured that they had a good knowledge of the care plans and assessed needs of each resident.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and found that for the most part, it met the requirements of the Regulations. It 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. However, one aspect of the statement of purpose with regard to the fire arrangements required review and updating.

The person in charge also 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 for 2020, along with six-monthly auditing reports. These reviews and audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the annual review identified that some residents' annual health assessments were to be completed and signed off by their GP. On a review of a sample of these assessments, the inspector saw that this issue was actioned, addressed and completed by the time of this inspection.

#### Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified social care professional with experience of working in and managing services for people with disabilities. They were also aware of their remit to the Regulations and responsive to the inspection process.

Judgment: Compliant

#### Regulation 15: Staffing

There were adequate staffing arrangements in place to meet the assessed needs of the residents. During the day there were four staff on duty and two waking night staff were also provided.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were appropriately trained so that they had the required skills to support the residents. It was observed that one staff member required some additional refresher training however, the person in charge was aware of this and had a plan of action in place to address it. From speaking with one staff member and the person in charge over the course of this inspection, the inspector was assured that they had a good knowledge of the care plans and assessed needs of each resident.

Judgment: Compliant

### Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by an interim Regional Director and a Residential Co-ordinator.

Judgment: Compliant

### Regulation 3: Statement of purpose

One aspect of the statement of purpose with regard to the fire arrangements required review and updating.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The person in charge aware of their legal remit to notify the chief inspector within 3 days of any adverse incident occurring in the service as required by the Regulations.



Judgment: Compliant

## Quality and safety

Residents were supported to engage in activities that they liked, to use their community and to maintain contact with their family members. Systems were also in place to meet their assessed health care needs. However, some issues were identified with the premises, positive behavioural support and the process of risk management.

The individual social care needs of residents were being supported. From viewing a small sample of files, the inspector saw that each resident had a personal plan in place identifying activities that they liked to engage in. For example, one resident loved to go for drives on a regular basis and this activity was facilitated for them. Another resident liked the drums and, had their own drum set in the house. Prior to COVID-19, residents also liked to go to the pub, have a meal out, go for walks and avail of relaxation and massage therapies. The person in charge said that now the restrictions were lifting and that all residents were vaccinated, they were looking forward to reintroducing these community based activities for the residents.

The healthcare needs of the residents were being provided for and, as required, access to a range of allied healthcare professionals, to include general practitioner (GP) services formed part of the service provided. From a small sample of files viewed, all residents were supported to undertake an annual healthcare assessment in consultation with and signed of by their GP. It was observed that one resident could refuse to cooperate and/or attend medical appointments however, their GP was aware of this issue and had recently completed a review of their healthcare needs in consultation with the service. Residents also had access to dental service and speech and language therapy as or if required. Hospital appointments were facilitated and care plans were in place to guide staff practice.

As required access to mental health services (to include psychiatry and psychology) and behavioural support were provided for, and where required, residents had a behavioural support plan in place. However, a strategy used to support one resident regulate their behaviour required review as it was not adequately documented in or reviewed as part of their positive behavioural support plan. This issue is further discussed under Regulation 23: Risk Management. A sample of files viewed by the inspector, informed that staff had training in positive behavioural support.

Systems were in place to safeguarding the residents however, there were no open safeguarding issues in the centre at the time of this inspection. One family member spoken with also said that that were happy with the service provided at the time of this inspection. From speaking with one staff member, the inspector was assured that they had the confidence and knowledge to report any concern to management if they had one. From a small sample of files viewed, staff also had training in

safeguarding of vulnerable persons and information on how to contact the safeguarding officer and the complaints officer was available in the centre.

There were systems in place to manage and mitigate risk in the centre. There was a policy available on risk management and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. However, aspects of the risk management process required review. For example, a strategy used to manage risk related to behaviours of concern displayed by one resident, which involved them sitting on the bus with the engine running, had not been adequately risk assessed or reviewed.

There were systems in place to mitigate against the risk of an outbreak of COVID-19. The person in charge reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. From a small sample of files viewed, staff also had training in hand hygiene and donning and doffing of PPE.

Fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers, emergency lighting and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and each resident had an emergency evacuation plan in place. It was observed that at times, one resident may not evacuate the building during a fire drill.

However, this issue was brought to the attention of a senior fire safety consultant in 2015. They reported that information was shown to the resident in question about fire safety issues, the chances of a fire in the house were remote, the most likely place a fire would start was the kitchen and it was well compartmentalised from the other areas of the house. They also reported that this would prevent the fire from spreading while staff evacuated the other residents. The resident who refused to evacuate also recently had their bedroom door upgraded to 60 minute fire door.

While the house was observed to be homely and welcoming on the day of this inspection, parts of the premises required attention. This included the some external parts of the premises and one resident's bedroom required painting. Notwithstanding, a number of renovations to the property had taken place of the last five to six months.

## Regulation 17: Premises

While the house was observed to be homely and welcoming on the day of this inspection, parts of the premises required attention. This included the some external parts of the premises and one resident's bedroom required painting.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. There was a policy available on risk management and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. However, aspects of the risk management process required review. For example, a strategy used to manage risk related to behaviours of concern displayed by one resident, which involved them sitting on the bus with the engine running, had not been adequately risk assessed or reviewed.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. The person in charge reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE throughout the course of this inspection. From a small sample of files viewed, staff also had training in hand hygiene and donning and doffing of PPE.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire fighting equipment was in place throughout the centre to include a fire alarm panel, fire extinguishers, emergency lighting and fire doors. All fire equipment was serviced as required by the regulations. Fire drills were taking place as required and each resident had an emergency evacuation plan in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Systems were in place for the safe ordering, storing, administrating and disposal of

medication in the house. From a small sample of files viewed, staff had training in medication management to include, emergency medication administration.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported. From viewing a small sample of files, the inspector saw that each resident had a personal plan in place identifying activities that they liked to engage in. For example, one resident loved to go for drives on a regular basis and this activity was facilitated for them. Another resident liked the drums and, had their own drum set in the house. Prior to COVID-19, residents also liked to go to the pub, have a meal out, go for walks and avail of relaxation and massage therapies. The person in charge said that now the restrictions were lifting and that all residents were vaccinated, they were were looking forward to reintroducing these community based activities for the residents.

Judgment: Compliant

### Regulation 6: Health care

The healthcare needs of the residents were being provided for and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to dental service and speech and language therapy as or if required. Hospital appointments were facilitated and care plans were in place to guide staff practice.

Judgment: Compliant

### Regulation 7: Positive behavioural support

As required access to mental health services (to include psychiatry and psychology) and behavioural support were provided for, and where required, residents had a behavioural support plan in place. However, a strategy used to support one resident regulate their behaviour required review as it was not adequately documented in or reviewed as part of their positive behavioural support plan.

Judgment: Substantially compliant

## Regulation 8: Protection

Systems were in place to safeguarding the residents however, there were no open safeguarding issues in the centre at the time of this inspection. One family member spoken with also said that that were happy with the service at the time of this inspection. From speaking with one staff member, the inspector was assured that they had the confidence and knowledge to report any concern to management if they had one. From a small sample of files viewed, staff also had training in safeguarding of vulnerable persons and information on how to contact the safeguarding officer and the complaints officer was available in the centre.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Mulhussey OSV-0002967

Inspection ID: MON-0029959

Date of inspection: 08/09/2021

## 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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:            PIC has reviewed and updated the Statement of Purpose to reflect all accurate information.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            The maintenance works in the back garden will be tarmacked on Monday 4th October 2021.</p> <p>One service users bedroom is scheduled to be painted once painter returns from leave.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:            PIC updated risk assessment in relation to resident's bedroom fire door and travelling on the service transport. These updated risk assessment have been updated and are in place on designated center's risk register.</p>	



PIC has arranged a positive behavior review regarding proactive strategy with psychology on 29 09 21. Behavior support plan will be updated to reflect this review.

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

PIC has arranged a positive behavior review regarding proactive strategy with psychology on 29 09 21. Behavior support plan will be updated to reflect this review.

## 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 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.	Substantially Compliant	Yellow	30/11/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/09/2021
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not	Substantially Compliant	Yellow	28/09/2021

	less than one year.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/09/2021