



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

## Issued by the Chief Inspector

Name of designated centre:	Shannon Villa
Name of provider:	St John of God Community Services CLG
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	08 February 2024
Centre ID:	OSV-0002995
Fieldwork ID:	MON-0037769

## About the designated centre

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

Shannon Villa provides care and support to four adults with disabilities. The designated centre is a bungalow which has been adapted to meet the accessed care needs of the residents. It is situated within easy access of a large town in Co. Meath and, a house vehicle is available to the residents. Residents attend day services locally and for those who chose not to attend a day placement, they are supported at home by staff to complete activities of their choosing with an emphasis on skills teaching. Each resident has their own room which are decorated to their individual style and preference. Communal facilities include a large sitting room, a kitchen cum dining room and a number of bathrooms. There are also large gardens to the rear and front of the house with ample private and on-street parking. The house is staffed on a 24/7 basis to include a person in charge, a house manager and a team of support staff.

**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 (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
Thursday 8 February 2024	10:55hrs to 16:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This service comprised of a detached house in Co Meath and at the time of this inspection, there were four residents living in the designated centre. Within the house one of the residents had their own self-contained apartment. The inspector met with three of the residents and spoke with two of them so as to get their feedback on the service provided. Written feedback on the quality and safety of care from all residents and two family representatives was also viewed by the inspector as part of this inspection process.

On arrival to the centre, the inspector was met with by one of the residents and a staff member. The resident greeted the inspector, smiled and appeared to be in good form. The house was observed to be compact, clean, warm and welcoming. There was a well maintained garden area to the front of the property and a large private garden area to the rear.

One resident was relaxing in the sitting room watching television. This resident also appeared in good form and invited the inspector to view their home and their bedroom. Their bedroom was observed to be decorated to their individual style and preference and they appeared happy and content with their accommodation.

Another resident also invited the inspector to see their room. They said they were very happy in the house and, as part of their goals for 2024, they were getting their room revamped later in the year. They had made plans with their key worker to go shopping for new furniture and said they they would choose for themselves how they wanted their room decorated overall. There was also plans in place to extend this residents bedroom later in 2024.

The resident also went through their individual personal plan with the inspector which contained a number of pictures and easy to read information detailing goals they had achieved in 2023 and their future plans for the year ahead. For example, the resident liked to support charity events and last year had raised funds for two national charities by taking part in a 100 kilometer walk and hosting a coffee morning. On completion of these events one of the charities invited the resident to model in a fashion show they were hosting. The resident showed the inspector a pictures of them modelling at this event and appeared happy and proud to have been invited to take part.

The resident also informed the inspector that they would be celebrating a big birthday very soon and had planned an overnight stay in a hotel of their choice and would invite some family members for a meal to their celebration.

The inspector also observed that staff supported the resident to pursue leisure activities they were interested in. For example, the resident enjoyed arts and crafts and had their own space in the centre to pursue this hobby. They also had a digital photo frame and liked to look at pictures on it from time to time. They showed the

inspector pictures of themselves attending various social events such as parties and bowling and appeared to very much enjoy these activities. Additionally, the resident had recently bought their own personal computer which they liked to use on and off throughout the day.

Later in the day another resident also invited the inspector to view their apartment and view their individual personal plans. They said that were very happy with their apartment and it was decorated to suit their individual style and preferences. They also had plans to buy a new armchair to relax in while watching television. The resident liked soap operas and as part of their goals for 2024, they had planned to travel to England for a specialised trip to view the sets of two of their favourite soaps. They said that they were really looking forward to this trip and that they also had plans to take a sun holiday to Spain later in the year. Additionally, they had their own work shed in the back garden and showed the inspector pictures of bird feeders and window boxes they had made for their home. They also told the inspector that they enjoyed their day service and liked to participate in activities such as swimming and having a pint.

On review of a sample of files, the inspector observed that staff had training in human rights. One staff member reported to the inspector that it was important to respect the individual choices of the residents and staff were supportive of promoting their will and preference. For example, the staff member said that residents choose their daily routines and what activities to engage in. Some residents had chosen to retire from day services and these choices were supported by the staff team. Residents goals and individual plans such as attending courses, going on holidays abroad and how to celebrate events such as birthdays were also respected and supported in the service. Additionally, from viewing a sample of residents plans, the inspector observed that they were consulted with and involved in any decision about the care and support they received in the service.

All four residents provided written feedback on the quality of care and support provided in the centre. This feedback was both positive and complimentary. For example, residents reported they were happy in their home, liked their accommodation, satisfied with the menu options and could receive visitors in private if they so wished. Residents also reported that they made their own choices regarding what time to get up at and what time to go to bed. One resident said that now they were retired from day services, they made their own decisions on how they wished to spend their day. Another resident reported that staff were very friendly and they were happy and content in their home.

Written feedback on the quality and safety of care from relatives of the residents was also positive and complimentary. For example, one relative reported that staff provided very good care in the centre and, they were delighted at how well their family member looked. Relatives also reported that they were satisfied with the the level of communication from the service and the overall accommodation provided. Others said that staff were respectful of the residents choices and goals, the service met their expectations and some reported that the service provided was excellent.

Over the course of this inspection the inspector observed staff supporting the

residents in a professional, person-centred and caring manner. They were attentive to the needs of the residents and residents were observed to be relaxed and comfortable in their home. Additionally, staff were respectful of the individual choices and preferences of the residents.

While some minor issues were identified with the premises and the process of risk management, written feedback from residents and relatives on the quality care provided in the centre was positive and complimentary.

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 care provided to the residents.

## Capacity and capability

Residents appeared happy and content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge and house manager. A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge and in line with the statement of purpose.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The inspector observed that all staff working in this centre had undertaken training in human rights. Examples of how they put this additional training into practice so as to further support the will and preference of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2022/2023 and, a six-monthly unannounced visit to the centre had been carried out in September 2023.

## Regulation 14: Persons in charge

The person in charge met the requirements of 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).

They were a qualified nursing professional and as part of their nursing qualification, had studied management modules and theory. They demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre to include the supervision and training of staff.

They also demonstrated a good knowledge of the assessed needs of the residents.

Judgment: Compliant

### Regulation 15: Staffing

From a review of a sample of rosters from the month of December 2023, the inspector found that there were adequate staffing arrangements in place to meet the assessed needs of the residents. For example, two staff worked 12 hour shifts each day and 1 staff provided 12 hour waking night cover.

Staff were also being supervised by the person in charge and/or team leader as required by the regulations.

The person in charge also maintained planned and actual rosters in the centre clearly showing what staff were on duty each day and night.

Judgment: Compliant

### Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included

- safeguarding of vulnerable adults
- fire safety
- manual handling
- basic life saving
- safe administration of medication
- infection prevention and control



- positive behavioural support
- children's first
- advocacy and,
- assisted decision making

Staff had also undertaken bespoke training relevant to the assessed needs of the residents. This included training in

- dementia and,
- epilepsy awareness.

Additionally, training was also provided to staff in human rights. Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

It was observed that some staff required refresher training in basic life saving however, the person in charge was aware of this and, it was actioned under Regulation 26: Risk Management.

From speaking to one staff nurse the inspector was assured that they had the required knowledge to meet the needs of the residents.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability evident in this service. The centre had a clearly defined management structure which was led by a person in charge and house manager who was a clinical nurse manager I (CNM I). They were supported in their role by an experienced and qualified person participating in management who worked in a senior management role in the organisation.

The centre was being audited as required by the regulations and an annual review of the service had been complete for 2022/2023 along with a six monthly unannounced visit to the centre in September 2023.

A quality enhancement plan had been developed based on the findings of the auditing process and this identified the issues along with a plan of action to address those issues in a timely manner.

For example, the auditing processes and quality enhancement plan identified the following:

- aspects of the individual planning process required review
- aspects of residents meetings required review

These issues had been identified, actioned and addressed by the time of this inspection.

It was observed that some issues were ongoing with the premises however, this was actioned under Regulation 17: Premises

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

It also detailed the management structure of the organisation, what therapeutic interventions would be provided, how the privacy and dignity of the residents would be promoted, what day service options were available and how complaints would be dealt with.

The person in charge was also aware of their legal remit to review and update the statement of purpose as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

### Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed health and social care needs. However, minor issues were identified with

the process of risk management and upkeep of the premises.

Residents' assessed needs were detailed in their individual personal plans and from a sample of files viewed, they were being supported to live lives of their choosing, achieve goals and frequent community-based activities.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services and where required, mental health supports. Residents were also supported to communicate in accordance with their assessed needs and preferences.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. However, a minor issue was identified with the process of risk management. Fire-fighting equipment was also provided for and was being serviced as required by the regulations.

The house was found to be clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents. However, some issues were identified with the upkeep and maintenance of the premises.

Overall this inspection found that the individual choices and preferences of the residents were promoted and residents appeared happy and content in their home.

## Regulation 10: Communication

Residents were assisted and supported to communicate in accordance with their assessed needs and preferences.

Residents communication needs and preferences were detailed in their personal plans and each resident had a communication passport on their files. These passports detailed how residents liked to be addressed, how they communicated their will and preferences and how best to communicate with the resident.

Additionally, residents communication preferences were also detailed in a hospital passport that they could take with them to hospital appointments so as medical professionals could effectively communicate with them.

Residents also had access to assistive technology devices such as personal computers, visual schedule boards and digital photo frames so as to support their individual communication style and preferences.

Access to a telephone and other online media was also provided for so as residents could communicate with and make video calls to their relatives and friends.

Other media was also provided to residents such as radio, television and Internet.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were being provided with appropriate care and support in accordance with their assessed needs and expressed wishes.

Where desired, residents had access to day services and were supported to participate in recreational activities of their choosing and pursue hobbies of interest.

Residents were also supported to maintain their independent living skills, maintain links with their family and friends and maintain links with their community in accordance with their wishes.

Examples of some of the community based activities residents liked to participate in were included in the first section of this report: *'What residents told us and what inspectors observed'*.

Judgment: Compliant

### Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own bedroom which were decorated to their individual style and preference.

The premises were compact however, residents appeared very happy, settled and relaxed in their home. There was a large TV/sitting room and a kitchen cum dining room available.

There were garden areas to the front and rear of the property for residents to relax in during times of warm weather.

However, some issues were identified with the premises to include:

- gaps in the floor tiles in the kitchen needed repair
- an ensuite bathroom and the main bathroom required attention and upgrading
- parts of the wooden floor in the hallway was worn.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and a risk register detailing the overall risks in the centre and control measures to mitigate those risks. Additionally, each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being.

For example, where a resident may be at risk of falling, they were referred to a physiotherapist and a number of appliances such as handrails were provided for in the main bathroom.

It was observed however, that some of the control measures being used to mitigate certain risks in the centre were not being adequately documented and/or required review. For example:

- the inspector observed that one resident could disengage from their mens health programme. While a number of steps were in place to address this risk, they were not adequately documented in their individual risk assessment
- a control measure to manage a certain health-related condition required staff to have training in basic life saving, While all staff had this training, it was observed that some required refresher training in this area.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the emergency lighting system and fire alarm system was being serviced on a quarterly each year.

Staff also completed as required checks on all fire equipment in the centre and from a sample of files viewed, had training in fire safety.

Fire drills were being conducted as required and each resident where required, had an up-to-date personal emergency evacuation plan in place

Judgment: Compliant

## Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- general practitioner (GP)
- physiotherapy
- speech and language therapy
- dentist
- chiropody
- optician

Residents were also supported to attend hospital appointments and clinics as required. Support and advice was also provided to residents from clinical nurse specialists as required.

Additionally, each resident had a number of care plans in place so as to inform and guide practice and one staff spoken with was knowledgeable of the assessed needs of the residents.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where required, residents had access to a behavioural specialist and had positive behavioural support plans in place.

Additionally, residents also had access to mental health support to include a psychiatrist as required.

Staff spoken with were familiar with residents behavioural plans and from a sample of files viewed, had training in positive behavioural support.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, at the time of this inspection there were

no safeguarding concerns in the centre.

The inspector also noted the following:

- one staff member spoken with said they would have no issue reporting a safeguarding concern to management if they had one
- the concept of safeguarding and how to stay safe was discussed with residents through key working sessions
- easy to read information on how to stay safe was available to residents
- one resident spoken with said they would speak with staff if they needed something
- another resident showed the inspector pictures of the safeguarding officer and complaints officers which were on the wall in the kitchen
- safeguarding was discussed at staff meetings
- there were no open complaints on file concerning this service at the time of this inspection
- feedback from family members about the care and support provided was positive.

Additionally, from a sample of files viewed, staff had training in:

- safeguarding of vulnerable adults
- children's first aid,
- open disclosure.

Judgment: Compliant

## Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported in this service.

Residents were supported to make their own choices and engage in social and recreational activities of their choosing and that they enjoyed.

Additionally, residents were consulted with about decisions that impacted them and were involved in their care plans

From a small sample of files viewed, staff also had training in human rights.

Examples of how they put this additional training into practice so as to further support the rights and individual choices of the residents were included in the first section of this report: *'What residents told us and what inspectors observed'*.

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 (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	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Shannon Villa OSV-0002995

Inspection ID: MON-0037769

Date of inspection: 08/02/2024

## 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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• A funding business case for minor capital was sent to the relevant authority end of 2023 and resubmitted on 19.02.24.</li> <li>• The gaps in floor tiles in the kitchen have been sent to maintenance for repair on 19.2.24.</li> <li>• The hallway floor will be replaced. 30.04.24</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> <li>• Basic Life Support training completed by the three staff who required refresher training. 27.2.24.</li> <li>• Risk assessment in place for resident who disengages from their men’s health program. 27.02.24</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.	Substantially Compliant	Yellow	30/04/2024
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	27/02/2024