



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

Issued by the Chief Inspector

Name of designated centre:	Glebe
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	20 October 2022
Centre ID:	OSV-0003615
Fieldwork ID:	MON-0029446

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 residential care and support to five adult men with disabilities. The centre comprises of a large detached two storey house on the outskirts of a large town in Co. Louth. Each resident has their own bedroom which are decorated to their individual style and preference. Communal facilities include a large well equipped kitchen cum dining room and TV area, a separate large sitting room, utility facilities, bathing/showering facilities and a staff office. The centre has a small well maintained garden area to the front with ample on street parking available. To the rear of the property there is also a large well maintained garden area with the provision of private car parking facilities. Systems are in place so as to ensure the health, social and emotional needs of the residents are provided for and as required access to GP services form part of the service provided. The centre is staffed on a 24/7 basis by a qualified person in charge, (who is a social care manager), a house manager (who is a Clinical Manager I), a team of health care assistants, a team of staff nurses and a social care professional. There is also one waking night staff on duty seven nights a week.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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 20 October 2022	09:30hrs to 16:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place over one day in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. The service provided residential care and support to a maximum of five adults with disabilities and comprised of a detached house in Co Louth.

The inspector met and spoke with three of the residents so as to get their feedback on the service provided. Written feedback on the quality of service from some residents and family representatives was also reviewed as part of this inspection process. Over the course of the day the inspector observed that the residents appeared relaxed and happy in their home and staff were observed to be professional, warm and caring in their interactions with them

On arrival to the house the inspector was met by the person in charge and was introduced to a resident who was relaxing in the dining room. The resident invited the inspector to see their room and it was observed to have been recently decorated to the individual style and preference of the resident. This resident also liked arts and crafts and was observed to be engaging in this hobby over the course of the inspection.

On walking around the premises the inspector observed it to be clean and suitably decorated. There was a large sitting room, a kitchen/dining room and TV room, a utility facility, a staff office and five individual bedrooms. There were also well maintained gardens to the front and rear of the property. One resident liked to trampolines and this piece of equipment was available to them in the back garden. Another resident liked to keep guinea pigs and had a purpose built shed in the garden where they kept and tended to them on a daily basis.

Residents also liked to grow fruit and vegetables and had a large polytunnel in the back garden. The inspector observed that over the summer and autumn months they were growing their own tomatoes, strawberries and aubergines.

The inspector spoke with one resident on their return from work. They said that they were very happy in the house and the staff team were great. The resident was also in college and said that staff were very supportive of them with their studies. They also reported that staff were respectful of their privacy and dignity and would never enter their room without permission.

The resident chose their own daily routine and made decisions for themselves regarding what social activities to engage in and staff were also supportive of this. For example, they said that they were a member of a sports club and attended competitions in running and swimming around the country and staff ensured that supports were available to them to attend these events. They were also a member of a social club and told the inspector that they liked to meet friends there and play snooker. The resident was also making plans for a night out in a theatre in Dublin

before Christmas and said staff would support them with this social outing.

The inspector met another resident on their return from day service. This resident appeared in very good form, smiled at the inspector and showed them some pictures in the dining room. Staff informed the inspector that it had been a while since the resident had been at their day service and, they were delighted to be back. The resident also had plans to go dancing and meet with friends that evening and they appeared to be very much looking forward to this social outing.

At the time of this inspection one resident was in hospital. However, prior to their discharge home the layout of the premises required a number of changes so as to ensure the residents safety and comfort. For example, due to a mobility issue, the resident would need to move bedrooms from the first floor to the ground floor. As there was no available bedroom downstairs, it was proposed to renovate a spare sitting room into a bedroom and turn the residents bedroom upstairs into an activities room. These proposed changes had been discussed and agreed with all residents. One resident told the inspector that they no issues whatsoever with the proposed changes to the layout of the house. They had also visited their housemate in the hospital the day before this inspection and said they were looking forward to the day when they could come home.

Written feedback on the quality and safety of care from residents and family members was also reviewed by the inspector. Generally they reported that they were satisfied with the accommodation and the care and support provided. One family representative reported that their relative had lived in the house for a long time and they seemed very happy living there.

Residents reported that they were happy in their home, they enjoyed their garden, they knew the staff well and enjoyed their company. Residents also enjoyed participating in a range of social/recreational activities to include cooking, music, walks, cinema, swimming, watching sport on TV and arts and crafts. One resident wrote in their feedback that they loved living in the house.

Over the course of the day the inspector observed residents relaxing in the house and having a cup of tea with staff. Residents appeared happy and content in the company and presence of staff and, staff were observed to be person centred in their interactions with the residents.

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

Capacity and capability

The residents met with appeared happy and content in their home and the provider had put supports and resources in place to meet their assessed needs.

The service had a clearly defined management structure in place which consisted of

a new and experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role a house manager and a person participating in management.

The person in charge was an experienced, qualified social care professional with an additional qualification in management and, provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

On the day of this inspection there were adequate staffing levels in place to support the residents and, the person in charge explained that the staffing arrangements were flexible so as to ensure there was adequate support available at all times.

The staff team were adequately trained and supervised 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 mandatory training to include infection prevention control, medication management, first aid, fire safety, behavioural support, and safeguarding.

The person in charge and staff team had also familiarised themselves with a guidance document on promoting a human rights-based approach to their work and, this document was available for the inspector to view. From speaking with both staff and residents, the inspector observed staff were respectful of the individual choices of the residents, promoted their rights and where required, advocated on their behalf. They ensured residents were aware that they had the right to make a complaint, make their own decisions, have control over their daily lives and to privacy and dignity in their home. This approach had a positive impact on the daily lives of the residents.

For example, one resident was dissatisfied with an issue to do with the postponement of their day service placement and had complained about this. The person in charge supported the resident with their right to have this complaint addressed and, at the time of this inspection the issue had been resolved to the residents satisfaction. The inspector met with this resident when they returned from their day service and they appeared delighted to be back at work and delighted that staff had listened to their concerns and addressed the issue. Another resident told the inspector that staff were supportive of their rights regarding their individual choices and were respectful of their privacy and dignity. They said that staff always knocked on their bedroom door and never entered their room without permission.

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). 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 statement of purpose met the requirements of the regulations and detailed the

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

The service was being reviewed and audited as required by the regulations. An annual review on the quality and safety of care had been completed for 2021 and an unannounced visits/audit of the centre were also being facilitated in April 2022. These audits were ensuring that the service remained responsive to the requirements of the regulations.

For example, the six monthly unannounced visit to the centre in April 2022 identified that some staff required refresher training, the house required painting throughout and some refurbishment works, aspects of the complaints process required review and the gardens required maintenance. Although the person in charge has only been working in the centre three weeks at the time of this inspection, most of these issues had been addressed. Additionally, the had a time bound plan of action in place to address the remaining outstanding issues.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

At the time of this inspection, the inspector was satisfied there were adequate staffing arrangements in place to meet the needs of residents. Staff were also observed to promote a rights-based approach to their everyday practice while supporting the residents.

Judgment: Compliant

Regulation 16: Training and staff development

From a small sample of files viewed the inspector found that staff were appropriately trained and supervised so that they had the required skills to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 19: Directory of residents

The service maintained a directory of residents as required by the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details for this centre as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The service 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 experienced house manager and a person participating in management.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of the regulations and detailed the aims and objectives of the service.

It also detailed the facilities to be provided to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were being supported to have meaningful and active lives (of their choosing and expressed preferences) within their home and community and systems were in place to meet their assessed healthcare needs. However, the paperwork regarding aspects of some individual person plans required updating and, the fire safety system in place required review.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that, residents were being supported to use their community and maintain regular links with their families.

For example, some residents attended day services where they engaged in social and learning activities of interest. One resident also had a job and was attending college on a part-time basis. This resident spoke with the inspector and said they were very happy in their work and college and staff were very supportive of them. Residents also liked to go for drives and social outings and enjoyed activities such as meals out, walks, cinema, gardening and swimming. It was observed that some documentation in some residents plans required review however, the person in charge had already identified this issue and was in the process of addressing it at the time of this inspection.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include general practitioner (GP) services formed part of the service provided. As required access to speech and language therapy, reflexology and dental services were also provided for. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. Access to mental health services and behavioral support were

provided for, and where required, residents had positive behavioral support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioral support. Additionally, from speaking with two staff members, the inspector was assured they were aware of the assessed needs of the residents.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, there were no safeguarding issues in the centre at the time of this inspection. Residents were provided with information on how to make a complaint, and independent advocacy was also available if requested or required. The person in charge also informed the inspector that all allegations and/or safeguarding concerns identified or reported in the centre followed the safeguarding pathway as required by the safeguarding policy. Residents were also provided with education on how to stay safe and from a small sample of files viewed, staff had training in safeguarding of vulnerable adults.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. For example, where a resident may be at risk of falls, a number of supports to include grab rails were in place in the centre to support their balance.

Additionally, there were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also 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 and sanitising their hands throughout the course of this inspection. There were also cleaning schedules in place so as to ensure 'high touch' areas (such as door handles and light switches) were cleaned regularly.

The premises were observed to be clean and well maintained on the day of this inspection. Although the person in charge had only commenced working in the centre three weeks prior to this inspection, they had addressed a number of issues with the premises in that time frame. For example, the entire house needed painting throughout, the garden required maintenance work and the kitchen needed refurbishment to include new counter tops, re-grouting of some tiles and a new hob. All of these issues had been addressed at the time of this inspection. There were some remaining updates required to the premise to include new flooring/carpets in some downstairs rooms and a shower room upstairs required attention. However, the person in charge had already identified these issues and, had a plan of action in place to address them.

Fire fighting equipment was in place to include a fire panel, emergency lighting and fire extinguisher. All equipment was serviced as required by the regulations and fire drills were also being facilitated on a quarterly basis. However, the overall fire precaution system required review. Due to an unforeseen circumstance, one

resident was in hospital at the time of this inspection. In order to transition back to their home safely, they would be required to move from their bedroom upstairs to a room downstairs due to mobility related issues. The room downstairs required review by a fire safety consultant so as to ensure it met the requirements of fire regulations. Additionally, while there were a number of fire doors in place in the centre, not all of them were self-closing and, some doors were observed not to be fire doors. The person charge had already identified these issues, had reported them to management and had a plan of action in place to address the matter by the end of November 2022.

Residents had freedom to exercise choice and control over their daily lives and, their autonomy was respected and promoted in this service. For example, residents made their own decisions regarding what time to go to bed and get up at, what recreational/social activities to engage in and what meals they would like to eat each day. Residents were also consulted with about new developments in the centre. Additionally, consent was sought from residents regarding medical interventions such as vaccinations and, information on their rights was made available to them in an easy to understand format.

Regulation 17: Premises

While the premises were generally well maintained and designed to meet the needs of the residents, some updates were required. This included:

- new flooring/carpets in some downstairs rooms
- a shower room upstairs required attention

The person in charge had already identified these issues and, had a plan of action in place to address them.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in IPC, hand hygiene and donning and doffing of personal protective equipment (PPE).

There was also a COVID-19 contingency plan in place specific to the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting equipment was in place to include a fire panel, emergency lighting and fire extinguisher. All equipment was serviced as required by the regulations and fire drills were also being facilitated on a quarterly basis.

However, the overall fire system required review as follows:

- due to an unforeseen circumstance, one resident was in hospital at the time of this inspection. In order to transition back to their home safely, they would be required to move from their bedroom upstairs to a room downstairs due to mobility related issues. The room downstairs required review by a fire safety consultant so as to ensure it met the requirements of fire regulations.
- additionally, while there were a number of fire doors in place in the centre, not all of them were self-closing and some doors were observed not to be fire doors.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their families.

Some documentation in some residents plans required review however, the person in charge had already identified this issue and was in the process of addressing it at the time of this inspection.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required access to a range of allied healthcare professionals, to include general practitioner (GP) services formed part of the service provided.

As required access to, speech and language therapy, reflexology and dental services were also provided for.

Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Access to mental health services and support were provided for where required.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents however, there were no safeguarding issues in the centre at the time of this inspection.

Residents were provided with information on how to make a complaint, and independent advocacy was also available if requested or required.

The person in charge informed the inspector that all allegations and/or safeguarding concerns identified or reported in the centre followed the safeguarding pathway as required by the safeguarding policy.

Residents were also provided with education on how to stay safe and from a small sample of files viewed, staff had training in safeguarding of vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had freedom to exercise choice and control over their daily lives and, their autonomy were respected and promoted in this service.

Residents made their own decisions regarding what time to go to bed and get up at, what recreational/social activities to engage in and what meals they would like to

eat each day. They were also consulted with about new developments in the centre.

Additionally, consent was sought from residents regarding medical interventions such as vaccinations and, information on their rights was made available to them in an easy to understand format.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glebe OSV-0003615

Inspection ID: MON-0029446

Date of inspection: 20/10/2022

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
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Since the inspection on 20-10-2022 the resident has been discharged from hospital and is currently convalescing in another DC which can support his current care & support needs. We will continue to review this residents progress within this designated centre.</p> <p>Commencement date of February 2023 has been set for installation of new fire doors & self closing fire doors where required.</p>	

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(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	28/02/2023