

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

## Issued by the Chief Inspector

Name of designated centre:	Four Winds
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 June 2024
Centre ID:	OSV-0003651
Fieldwork ID:	MON-0041372

## About the designated centre

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

This centre is a detached bungalow in Co. Louth. It can provide full-time residential services for up to four adults with an intellectual disability. The residents' home is staffed twenty-four hours by a team of staff nurses, a social care worker and care assistants. The house is within commuting distance of a number of nearby villages and larger towns. Transport is also provided for residents to attend day services and local community-based activities. Residents' healthcare needs are comprehensively provided for, and as required, access to GP services and a range of other allied healthcare professionals. Each resident has their own bedroom (one being en-suite), and communal facilities include a kitchen cum dining room, a sitting room, a separate utility room, and communal washroom facilities. There are also well-maintained gardens to the front and rear of the house.

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

Number of residents on the date of inspection:	3
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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
Tuesday 11 June 2024	08:45hrs to 16:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor compliance with regulations and standards. The inspector found that, the provider and the staff team supporting the residents were meeting their needs, and the residents appeared happy in their home. Two areas required improvement, but the overall inspection findings were positive.

The inspector was introduced to the three residents throughout the day and met with two staff members and the house manager. The inspector also reviewed a large volume of information relating to how the service was managed and the care and support provided to the residents.

Through observations, information reviews, and discussions, the inspector was assured that the residents were receiving a good service developed around their needs. To further corroborate this, family members had submitted compliments regarding the service their loved ones were receiving.

On inspection day, the inspector found a calm atmosphere in the house. The service was registered to meet the needs of four residents, but on the day of the inspection, there were three residents living in the service. Three staff members were rostered each day, and residents were now receiving one-to-one support, which was in place since late March 2024. Discussions with staff members and the review of information identified that the changes in the resident-to-staff ratio had resulted in a positive impact on the residents and there had been a reduction in residents engaging in behaviours that negatively impacted one another. The residents had also been engaging in increased community activities.

Previous inspections had identified issues regarding the residents' home. This inspection found that the provider had responded to the concerns raised in the March 2023 inspection and that the appearance and upkeep of the resident's home had improved. However, the inspector identified some areas that required attention, which will be discussed later in the report.

The inspector interacted with all of the residents. The inspector said hello to one resident who was having breakfast when the inspector arrived. The resident was observed throughout the day interacting with the staff team in a cheerful manner and they appeared to enjoy the staff members company. The resident said hello to the inspector a number of times but chose not to engage any further. The resident watched television in their room and living room and was offered an outing, but declined.

The second resident introduced themselves to the inspector. The resident was preparing to go to work, they appeared in good form and again seemed to be enjoying the interactions with those supporting them, often joking with staff. The resident was also observed seeking reassurance from staff members on a number of

occasions, and staff responded to the resident in a caring and comforting manner on each occasion.

The third resident was pacing in and out of a number of rooms after having breakfast. The inspector was informed that the resident was due to go out with family members. Staff members again reassured the resident on a number of occasions. The resident went on the outing and, on return, sat with staff members, having a drink and looking at pictures on their tablet device.

The review of information and discussions with staff members identified that the residents were supported to engage in activities outside of their home. The residents, where possible, identified the things they wanted to do, and the staff members supported them in engaging in the activities. Social goals had been identified for residents, and there was evidence of residents engaging and, in some cases, completing them. Residents were supported in maintaining links with their friends, and there was evidence of some residents visiting friends.

As mentioned earlier, residents were observed enjoying their interactions with the staff team. The staff members were observed interacting with the residents respectfully. Staff members were also observed knocking on doors and announcing themselves before entering the rooms that residents were in.

In summary, this inspection found that improvements had been made to the service provided to the residents compared to previous inspections. Some areas required improvement, but the overall findings were positive.

The following two sections of this report present the inspection findings in relation to the governance and management in the centre, as well as how governance and management affect the quality and safety of the service being delivered.

## Capacity and capability

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The person in charge was following the provider's systems, and there was evidence to show good oversight of the service being provided to the residents.

The inspector reviewed the provider's arrangements regarding, staffing, staff training and the notification of incidents. The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programs to support them in caring for

the resident.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

## Regulation 15: Staffing

During the inspection, the inspector reviewed the staff roster for the current period and two weeks in February 2024. The inspector found that there were minimal changes to the staff team, resulting in a consistent staff team that provided continuity of care to the three residents. The review of staffing arrangements also confirmed that the provider and the person in charge maintained safe staffing levels. The person in charge explained that consistent on-call staff were utilised if necessary, which was supported by the review of the rosters.

Furthermore, the inspector found that the provider had ensured the skill mix of staff was appropriate to meet the residents' needs. The staff team comprised staff nurses, a social care worker, and care assistants. As mentioned earlier, three staff members were scheduled to work each day and there was one waking night staff to support residents overnight.

In reviewing information regarding the residents' care, the inspector found that the staff team was proactive in reviewing and updating documents when necessary. This approach ensured that care and support plans accurately reflected the changing needs of the residents, which will be discussed in more detail in later sections of the report.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector sought assurances that the staff team had access to and had completed appropriate training. The inspector reviewed a training matrix the provider developed to capture staff members who had completed training. The first review of the matrix identified several gaps in staff members' training. The house manager was, however, able to provide assurances of when the staff members would be completing the outstanding training.

Staff members had completed training in areas including:

- fire safety
- safeguarding of vulnerable adults
- basic life support

- safe administration of medication
- training in the management of behaviour that is challenging, including de-escalation and intervention techniques
- infection prevention and control
- dysphagia
- children's first.

The inspector sought assurances that the staff members were receiving formal supervision from the management team. The house manager identified that some of the staff team (five out of twelve staff) had not received supervision this year. The house manager informed the inspector that there was a plan to address this and to ensure that all staff members received four supervisions in 2024 as per the provider's policy.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. The provider's audit and reporting mechanisms were also reviewed, and they were found to be effective in ensuring the service being provided was safe and meeting the residents' needs. The management structure was clearly defined, with the person in charge leading a competent staff team that provided the residents with a good standard of care.

The provider had completed the required annual and six-monthly reviews, which focused on the quality and safety of care and support provided in the centre. The provider had developed an audit schedule. Audits completed this year covered topics including fire safety, infection prevention and control (IPC), audits of residents' finances, and medication practices.

The inspector found that, for the most part, oversight practices were effective however, two areas did require attention and improvement. A completed IPC (Infection Prevention and Control) audit had not identified issues and the staff team failed to report and arrange for the repair of an electrical fault impacting a resident using their electrical standing desk; these two issues will be discussed in more detail later in the report. The inspector noted that where actions had been identified, the person in charge and the staff team had responded to the required actions.

Additionally, a quality improvement plan was developed to address any issues or areas that needed improvement, and the management team responded promptly to the action plan. Furthermore, the monthly statistic report was another audit tool that the provider used. The report covered topics such as adverse incidents, risk management, restrictive practices, safeguarding incidents, rights restrictions, complaints, and staffing matters. The person in charge updated this report regularly and made it available for review by the provider's senior management and



multidisciplinary team members. The inspector reviewed the reports for April and May 2024 and found that it was an effective method to review the service provided to the residents.

Overall, the provider had introduced systems to ensure effective oversight of the care and support provided to the residents and the running of the service, as demonstrated by the regular audits and reports.

Judgment: Compliant

### Regulation 31: Notification of incidents

As part of the inspector's preparation for the inspection, they reviewed the notifications submitted by the provider. The inspection also involved studying the provider's adverse incident and restrictive practices. This review showed that, per the regulations, the person in charge had submitted the necessary notifications for review by the Chief Inspector.

Judgment: Compliant

### Quality and safety

The review of information and observations found that the residents were receiving a service tailored to their specific needs and provided in a way that respected their rights. The residents engaged in the things they wanted to do, and the staff team supported them in maintaining links with family and being active outside of their home.

The provider ensured that the residents' needs were comprehensively assessed, and support plans were developed to guide staff members in promoting positive outcomes for the residents. The inspection found that guidance documents were created to help staff support the residents in the best possible way.

During the course of the inspection two areas were identified as requiring further review and improvement in regard to the premises and IPC practices.

The inspector reviewed other areas including , general welfare and development, risk management, safeguarding. health and positive behaviour support. The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team delivered a safe service that met each resident's needs. The residents appeared happy in their surroundings

and their overall daily activities.

## Regulation 10: Communication

The inspector found that staff nurses had developed information regarding how residents communicated. The inspector reviewed two of the residents' information and found that it gave the reader information on their preferred communication styles and how staff should support the residents to get their point across.

The inspector sought assurances that the communication needs of the residents had been assessed by an appropriate person. The house manager informed the inspector that the residents were due to be assessed by a speech and language therapist in the coming weeks. The inspector notes that the provider, following inspections in their other designated centres, was taking steps for residents throughout their centres' to have their communication styles and needs assessed by an appropriate person, which demonstrated that the provider was responding to actions and seeking to enhance the service provided to those living in their services.

Judgment: Compliant

## Regulation 13: General welfare and development

The inspector found, through the review of residents' daily notes, care and support plans, and observations, that the residents were receiving appropriate care and support. The review of the information and discussions with staff members showed that, where possible, residents were facilitated to engage in what they wanted to do.

The inspector reviewed the three residents' daily note recordings for the previous two weeks and also their activity planners. The appraisal showed that the residents, as discussed earlier, were active outside of their home. Residents were engaging in everyday activities such as going out for lunch and coffee, going for walks, attending barbers and going shopping with the support of staff members. Some residents had attended a concert over the recent bank holiday weekend, and plans were made for some to go on an overnight break.

The inspector found that the needs of the residents were under regular review. Some residents' presentations were changing, and the provider and staff team were responding to this; there was evidence of assessments being conducted for a resident and a planned meeting scheduled to review the findings and put a plan of care in place that suited the changing needs of the resident. There were also examples of the other two residents being similarly reviewed and of the staff team responding to their needs.

Judgment: Compliant

### Regulation 17: Premises

Previous inspections had identified issues relating to the residents' home. The 2023 inspection identified a number of concerns. The inspector found that the provider had responded to this by upgrading the kitchen area and utility room and enhancing the appearance of the residents' home as a result.

The inspector did identify some further issues that needed to be addressed. During discussions with a resident, the inspector asked how long their standing table had not been working. The resident informed the inspector that the table had been out of order for a long time. The inspector asked a staff member, and they confirmed that the table had not been operational for a number of weeks as the socket used to power the table was damaged. The inspector checked the maintenance log and found that the issue had not been reported. When raised with the house manager, they acknowledged that the issue was ongoing for a number of weeks. The provider's maintenance team fixed the socket during the course of the inspection, however, the inspector was not assured that the provider had systems in place to address maintenance issues in a timely manner.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

There were systems in place to identify risks and respond to adverse incidents. Risk assessments had been conducted for each resident. The inspector reviewed two of the residents' assessments and found that they were linked to the residents' care and behaviour support plans. The assessments provided guidance on steps to ensure the residents' safety.

Following the review of the risk assessments, the inspector found that the control measures introduced to manage the risks were appropriate to the level of risk. The inspector also reviewed adverse incidents that had occurred this year. Incidents were reviewed by the person in charge and by senior management if required. They were also reviewed at team meetings, and learning was identified to reduce the likelihood of re occurrence and the level of risk.

The appraisal of incidents identified that challenging incidents had been occurring regularly, with some residents engaging in physical aggression towards others. There was evidence of staff members responding in a manner that managed the risks and supported the residents. As discussed earlier the changing needs of the residents were being tracked and addressed. In regards to risk steps were being

taken to ensure that the care provided to the residents was appropriate to their needs and that potential and actual risks were being managed.

Judgment: Compliant

### Regulation 27: Protection against infection

During the walk through the residents' home, the inspector observed that repairs were required to handrails in the main bathroom and a resident's en suite. These issues posed an infection control risk as the surfaces of the handrails had been damaged, meaning that they could not be cleaned appropriately.

The inspector found that the issues had not been listed on the services maintenance log, nor had they been identified during IPC audits. This highlights the need for the services management team to ensure that all audits are comprehensive and that the staff team is vigilant in identifying areas that need attention.

The inspector did find that the staff team and the person in charge were in other areas supporting the residents in a manner that was in line with appropriate IPC practices. For example, there were a number of cleaning checklists that included equipment used by residents. The inspector, as mentioned earlier, found the resident's home to be clean. Staff members had completed training on IPC practices. The person in charge ensured that a respiratory virus and influenza response plan had been maintained and contained relevant information to guide staff on responding if residents were to present unwell.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider captured all information regarding fire precautions in one document folder. The inspector reviewed this and found that the provider had established appropriate systems. There was guidance for staff on responding to emergency scenarios, including significant fires.

The inspector reviewed two of the residents' personal emergency evacuation plans, outlining how residents should be evacuated under day and nighttime scenarios. The fire drill records demonstrated that the residents had been safely evacuated. Wheelchairs were used to evacuate the residents; the inspector was shown where they were stored ready for use. The provider had ensured that the fire detection system and firefighting equipment had been serviced appropriately. The inspector also found that the fire containment measures were appropriate and that the provider had responded to actions from the previous inspection.

Judgment: Compliant

### Regulation 6: Health care

The person in charge had ensured that health assessments had been completed for all residents. The inspector reviewed two of these documents. The inspector found that the evaluations captured the residents' medical histories, diagnoses, and the support they needed to maintain their health.

Following the assessments, healthcare plans were developed. The inspector reviewed the care plans relating to the two residents and found that they gave the reader insight into the residents' health needs and how best to support them. As mentioned earlier, there was evidence that the changing needs of residents were being addressed by those supporting them. One of the residents was receiving regular input from a clinical nurse specialist (CNS) regarding their behaviours of concern. The CNS was providing the staff team with guidance on how to best support the resident, and this demonstrated that the staff team and the provider were seeking to provide a service that was built around the resident's needs.

In summary, the inspector found that the provider and the staff team supporting them were meeting the residents' health needs. Residents were accessing their general practitioners, the provider's multidisciplinary team, and other healthcare professionals if necessary. There were examples of the staff team and the services management team responding to the changing needs of some of the residents and arranging for appropriate assessments to be completed in order to ensure that the service provided was relevant to the needs of the residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Members of the provider's multidisciplinary team reviewed residents where required, and suitable persons had developed behaviour support plans. The inspector reviewed two such plans.

The plans were specific to each resident and gave the reader information regarding the resident, why they may present with challenging behaviours, and how best to respond to incidents. As noted earlier, the provider also ensured that the staff team had suitable training to manage challenging behaviours.

Restrictive practices were introduced to maintain the safety of the residents, and the practices were regularly reviewed. During the preparation of the inspection, the inspector identified that some restrictive practices had been discontinued. This was

confirmed on the day and determined that the person in charge was, where possible, reducing or discontinuing restrictive practices when safe.

Judgment: Compliant

### Regulation 8: Protection

As discussed earlier in the report, there were occasions where residents had negatively impacted one another. The inspector reviewed the incidents when reviewing the adverse incident log. As noted earlier, there had been a reduction in incidents since the residents were now receiving increased staff support. The staff team actively tried to promote positive relationships between the residents, and there was documentation of positive interactions between residents.

The staff team had completed training in the area of safeguarding vulnerable adults. When incidents occurred, the staff team managed them well and supported the residents in a professional and caring manner.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspection findings and observations provided the inspector with assurances that the rights of the residents were being promoted and respected by those supporting them. On the day of inspection, the inspector observed staff members interact with residents in a respectful manner and, when required, gave the residents reassurance when required.

The residents were supported in engaging in the things they wanted to do. Social goals were identified for the residents, and the staff team supported the residents in achieving them.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	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	Compliant
Regulation 27: Protection against infection	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 Four Winds OSV-0003651

Inspection ID: MON-0041372

Date of inspection: 11/06/2024

## 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: The socket was repaired by local Maintenance department on 11/06/2024.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: Two new replacement hand rails were fitted in the two bathrooms as identified in the report.	

## 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	11/06/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	26/06/2024