



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

Issued by the Chief Inspector

Name of designated centre:	Osprey Lodge
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	21 July 2021
Centre ID:	OSV-0003652
Fieldwork ID:	MON-0033254

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 full time residential care and support to four adults (both male and female) with disabilities in Co. Louth. It is in close proximity to a number of nearby towns and within walking distance to a local beach. It comprises of four bedrooms, a large sitting room, kitchen and dining area. There is also a large conservatory to the back of the property which overlooks a large landscaped garden. The centre is homely, personalised and in a good state of repair and each residents has their own bedroom decorated to their individual style and preference. Some of the residents attend a formalised day service and some are supported by staff in the centre to enjoy meaningful activities during the day. Transport is also provided to support residents to avail of community based facilities. The staff team comprises of social care workers, nursing staff and care assistants, all of whom work collaboratively in providing person centred service to the residents. Training has been provided to staff in order to ensure that they have the necessary skills and knowledge to meet the needs of the residents. Residents also have access to a range of allied health professionals in line with their assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 July 2021	10:00hrs to 16:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspector met with three residents and spoke with one family representative over the phone, so as to get their feedback on the service provided. Written feedback on the quality of care from three family representatives and four residents was also reviewed as part of this inspection process. The residents met with spoke positively about the quality of care provided in the service and over the course of this inspection, staff were observed to be person centred and caring in responding to their needs.

All three residents met with, appeared happy and content in their home and were happy to meet and speak with the inspector at different times throughout the inspection process. The inspector observed that they were relaxed and comfortable in the presence of staff and, staff were at all times, observed to be professional, warm and friendly in their interactions with the residents.

Staff were also observed to be respectful and supportive of the resident's autonomy and individual choices. For example, one resident wished to retire from day services in the last year and, staff were both supportive and respectful of their decision. Staff also ensured that over the COVID-19 lock down period, a number of home based activities were available to all residents which were based on their preferences and interests. For example, one resident had taken up online dancing, which they seemed to enjoy very much. Another resident had taken up gardening and, had recently bought a green house where they were growing their own fruit, vegetables and herbs.

Other residents liked arts and crafts and one was happy to show the inspector some of their finished work, which were on display in their room. Their room was observed to be decorated to take into account their individual style and preference and, the resident said that they loved their room and were very happy living in the house.

Another resident also invited the inspector to see their room later in the day. Again, this room was decorated to take into account their individual style and taste. The resident said that they loved living in the house and loved where it was located. The house was just outside a small country town and, in very close proximity to the sea front, where they could go for regular walks on the beach. The resident also said that they were going on an overnight hotel break at the end of July and, were really looking forward to their night away.

While some upgrading work was required to some parts of the premises, this was not impacting on the quality of care provided and, all residents reported that they were happy with their home. It was a detached bungalow, with a sun room, a large sitting room and a kitchen cum dining room. Each resident had their own bedroom and on the day of this inspection, the house was observed to be homely, warm and

welcoming.

Later on in the inspection process, one resident informed the inspector that their birthday was shortly coming up and, they were looking forward to celebrating it. They said they were planning to have a garden party with their house mates and, staff informed the inspector that they were supporting the resident in organising and celebrating this event.

The family member spoken with over the phone was also positive about the quality and safety care provided to their relative. They said they were very happy with the service and that over the COVID-19 lock down period, the staff team did a great job in ensuring that regular contact was maintained between the residents and their family members. They also said their loved one was very content and relaxed living in the house, there was always a '*family*' atmosphere in the house and, at the time of this inspection, had no concerns or issues with the service provided.

Written feedback on the service from both family members and residents was equally as positive. For example, residents reported that they were happy in their home and happy with their bedrooms. They also reported that they were satisfied with the level of choice and control they had over their own lives and with the amount of social activities provided. Family members reported that they were very satisfied with the service, it met their expectations and that they would recommend it. They also reported they were satisfied with the staff team, saying they were friendly and dedicated. There were no complaints made about the service in the last couple of years and, in their written feedback, two family members said that their overall satisfaction level with the service was excellent.

While a minor issue was found with the staffing arrangements in the house, the governance and management arrangements in place, were responsive in meeting the needs of the residents. Residents lived lives of their choosing (with support as required) and said they were happy and content in their home. Staff were observed to be professional, warm and caring in their interactions with the residents and residents, appeared relaxed and comfortable in the presence and company of staff members. Feedback on the service from both residents and family representatives was also found to be positive and complimentary.

The following two sections of this report, outlines how the providers capacity and capability to operate a responsive service, impacts positively on the quality and safety of care provided to the residents living in the centre.

Capacity and capability

Residents informed the inspector that they were very happy in their home and for the most part, the provider ensured that supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge was an experienced and qualified social care professional and the house manager was an experienced and qualified nursing professional. Both provided leadership and support to their team and ensured that resources were managed and channelled appropriately, which meant for the most part, the individual and assessed needs of the residents were being provided for.

However, the staffing arrangements required some level of review. This was because one resident required 2:1 staff support in the community and on occasion, the staffing arrangements were not adequate to ensure this level of support was available to the resident. The inspector viewed a sample of staff rosters in the service and found that from Monday to Friday a third staff member was available to the service so as to ensure residents could access their community and/or go for walks with staff support. However, it was observed that on occasion, this level of staff support was not always available to the residents at weekends.

The person in charge and house manager ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, Children's First, medication management, basic life skills, positive behavioural support, manual handling and infection control.

It was observed that the service had to delay some refresher face to face practical training due to the current COVID-19 pandemic. However, there were plans in place to address this issue and, of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge required to meet the assessed needs of the residents. Dates had also been confirmed for staff to attend the refresher training as required.

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

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge and house manager also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020, along with six-monthly

auditing reports. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the last six-monthly unannounced visit to the centre in April 2021, identified that more fire detectors were required for the house and that the flooring in the hot press required a new covering. These issues were actioned and addressed by the person in charge and house manager by the time of this inspection. While it was observed that some upgrading was also required in the kitchen area of the house, the person in charge was aware of this and, had a plan in place to address it.

Regulation 14: Persons in charge

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

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangements required some level of review. This was because one resident required 2:1 staff support in the community and on occasion, the staffing arrangements were not adequate to ensure this level of support was available to the resident.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge and house manager ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. It was observed that the service had to delay some refresher face to face practical training due to the current COVID-19 pandemic however, there were plans in place to address this issue. Of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge required to meet the assessed needs of the residents. Dates had also been confirmed for staff to attend the refresher training as required.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified professionals and provided leadership and support to their team.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal responsibility 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 supported to have meaningful and active lives within their home and community and systems were in place to meet their assessed health, emotional and social care needs.

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. Transport was also available to the residents so that they could go for scenic drives, social outings and holidays.

Residents were involved in a number of activities of their choosing and interest. For example, one resident loved gardening and had recently got a glass house where they were growing their own fruit, vegetables and herbs. Other residents loved baking and had developed skills in cooking (with staff support) over the lock down period. Some residents also loved massage therapies, aromatherapy, arts and crafts and staff ensured that all these activities were available to the residents. Another resident had taken up flower arranging and the inspector saw pictures of some of their finished work. The resident said they enjoyed this activity.

One resident had also recently retired from day services and were enjoying life at home. They liked to video call their friends, play the guitar, engage in arts and crafts, go on social outings and relax at home. On the day of this inspection, some residents were enjoying outings and walks on the beach in the sunshine with staff support.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy, physiotherapy, occupational therapy, ophthalmology and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Systems were in place to safeguarding the residents and where or if required, safeguarding plans were in place. However, there were no open safeguarding concerns in the service at the time of this inspection. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service. From speaking with one staff member over the course of this inspection, the inspector was assured that they had the skills, confidence and knowledge to report any concern to management if they had one. Staff also had training in safeguarding of vulnerable persons and open disclosure and information on how to contact the safeguarding officer and an independent advocate was available in the centre.

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 falling, a number of interventions and supports were put in place around the house, to mitigate this risk.

There were also 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 and residents wearing PPE throughout the course of this inspection.

Suitable fire equipment was provided throughout service to include fire extinguishers, fire detectors and emergency lighting and was also serviced as required. Fire drills were being facilitated on a quarterly basis and, each resident had a personal emergency evacuation plan in place. These plans were updated on completion of each fire drill.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were supportive of their individual autonomy and rights. For example, one resident chose to retire from day services earlier this year and, staff were both supportive and respectful of the resident's decision.

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk 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

The person in charge and house manager had ensured that control measures were in place to protect against and minimise the risk of infection of COVID-19 to residents and staff working in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire equipment was provided throughout service to include fire extinguishers, fire detectors and emergency lighting and was also serviced as

required. Fire drills were being facilitated on a quarterly basis and, each resident had a personal emergency evacuation plan in place. These plans were updated on completion of each fire drill.

Judgment: 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 links with their families.

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 GP and mental health services formed part of the service provided.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place to support residents with behavioural and/or mental health issues. Residents had access to a clinical nurse specialist in behaviour and as required access to psychiatry support. Where required, behavioural support plans were also in place. From a small sample of files viewed, staff had training in positive behavioural support. There were also some restrictive practices in use in the house, so as to keep residents safe. However, they were reviewed accordingly and in line with best practice.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents in the house. Staff had training in safeguarding of vulnerable adults and information was available on how to access to

an independent advocate and safeguarding officer, if required.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents were directly involved in the running of their home and staff were seen to be supportive of their individual autonomy.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially 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
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Osprey Lodge OSV-0003652

Inspection ID: MON-0033254

Date of inspection: 21/07/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Additional hours have been sanctioned for third staff member to be rostered each day- to ensure the needs of each resident is met as defined by their meaningful activities planned each day.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	16/08/2021