



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

Issued by the Chief Inspector

Name of designated centre:	An Diadán
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	13 August 2021
Centre ID:	OSV-0005654
Fieldwork ID:	MON-0030992

About the designated centre

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

An Diadán is a community residential house situated in a small village in Co. Louth. This house is home to four gentlemen over the age of eighteen some of who have health care and emotional needs. The house is a large bungalow with four bedrooms (one of which is en-suite), one bathroom, a large kitchen dining area, utility room and two communal areas. There is a garden to the back of the property and a driveway to the front. The gentlemen are supported by a team of staff 24 hours a day. The team consists of social care workers, nurses and health care assistants. There are three staff on duty all day and one waking night staff.

The person in charge is responsible for three other centres under this provider. In order to assure oversight of the centre they are supported by a clinic nurse manager who works 19.5 hours in this centre.

The gentlemen do not attend a formal day service and are supported by staff to access meaningful activities during the day. A bus is provided in the centre in order to facilitate this.

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
Friday 13 August 2021	09:00hrs to 15:30hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

The inspector got the opportunity to meet all of the residents over the course of the inspection. When the inspector arrived in the centre, some residents were enjoying a cup of tea, out attending an appointment or preparing to go home for the week end.

The residents were observed to be comfortable in the presence of staff. The staff knew the residents well and had a good knowledge of their individual communication styles. Staff were observed to support residents in a timely and caring manner.

The centre was clean and homely and the atmosphere in the house was relaxed, staff were observed really taking the time to support the residents. One resident was helping staff clean the house and staff could be heard supporting the resident with this in a caring and patient manner.

Two residents were happy to show the inspector their bedrooms and around other parts of their home. The bedrooms were personalised and had adequate space to store their belongings. Staff informed the inspector that all of the rooms were due to be painted and one resident spoke about the paint colour they were deciding on. However, the inspector observed that one bed required an update as the head board was worn.

One resident showed the inspector some of their family photos and with the support of staff talked about some of the jobs they liked to do around their home. One job included going to the shops every week to collect items for themselves and their housemates.

The inspector also observed that privacy signs were on each resident's bedroom door to remind people to knock before entering their bedroom. An easy read version of the residents' personal plans were also kept in the residents' bedrooms should they wish to look through them. Some residents had visual schedules in place to alert them to what was happening next during the day.

To the back of the property there was a large garden which was full of flowers and plant pots. The inspector observed one inventive project which the residents had made during the COVID-19 restrictions which was a watering can that had been made into a Christmas light decoration. There was adequate space and garden furniture for residents to use. One resident was observed engaging in an activity in the garden which they really appeared to enjoy while waiting to go home to their family for a visit.

The inspector reviewed feedback that had been submitted by family representatives as part of the providers annual review process. Overall the families said they were satisfied with the quality of care and support provided to their family member and

felt the needs of their family members were being met. The inspector had the opportunity to speak to one family representative over the phone. They informed the inspector that staff keep in regular contact with them to provide updates on the health and well being of their family member. It was evident to the inspector that the family representative was very aware and had been kept informed of all the changes to the residents care over the last number of months. They said that they were very happy with the staff and that apart from the COVID-19 restrictions were free to visit their family member whenever they wanted to.

Residents had weekly meetings in the centre where a number of topics were discussed. This included menu plans and activity options for the week. The inspector also observed a number of examples where residents were supported to exercise their rights, for example they had exercised their right to vote in the last election and their personal plans were provided in an accessible format to make it easy for them to read and understand.

The person in charge and the staff team reviewed restrictive practices regularly in the centre and were currently supporting one resident with a restraint reduction plan. A rights checklist was also completed for each resident to identify any potential restrictions on their rights. Where areas were identified they could be referred to the human rights committee in the wider organisation.

Residents were also supported to keep in contact with their family on a regular basis, and during the current health pandemic, this had primarily been through video and telephone calls.

Overall residents had a good quality of life in this centre and they appeared relaxed and comfortable in their home. Some improvements were required in three of the regulations which are discussed under section 1 and 2 of this report.

Capacity and capability

This centre were was well-led and resourced to meet the needs of the residents. Both the person in charge and the staff team provided person centred care to the residents however, improvements were required in three areas which included the premises, behaviour support and fire safety.

There was a defined management structure in place. The person in charge is a nurse with the appropriate management qualifications and significant managerial experience working in the disability sector. They were employed on a full time basis in the organisation but were also responsible for other designated centres under this provider. To ensure effective oversight of the centre, they are supported by a clinic nurse manager.

The person in charge had a very good knowledge of the residents' needs was responsive to the inspection process and was aware of their responsibilities under

the regulations. They reported directly to the director of care and support who is also a person participating in the management of this centre. The person in charge said they felt very supported in their role and was in regular contact with their line manager who they meet to discuss their quality enhancement plan for the centre.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. The last six monthly review had occurred on 20 July 2021. The person in charge highlighted the improvements required from this review which were included in the quality enhancement plan for the centre. These improvements included fire safety, refresher training for staff, issues with the flooring in one en-suite bathroom and a metal fence that needed to be removed in the back garden. All of these issues were being addressed at the time of the inspection, however this metal fence was an ongoing issue in the centre and is discussed further under the quality and safety section of this report.

From a review of a sample of rosters, there was a consistent staff team employed in the centre which meant that residents were ensured consistency of care. There were sufficient staff on duty to meet the needs of the residents at the time of this inspection. Staff informed the inspector that where it was identified that additional staff was required, they were provided and outlined an example of this last year where additional staff was required at night for a short time due to the changing needs of a resident at the time.

Of the staff met they said they felt supported in their role and were able to raise concerns, if needed, to the person in charge, through regular staff meetings and supervision. A senior nurse manager was also on call in the wider organisation 24/7 should staff need support around the needs of residents. A sample of supervision records were viewed where staff competencies and skills were reviewed, their relationship with residents and their communication skills were discussed and reviewed. Staff said that supervision occurred every six months in line with the providers own organisational policy. A sample of the minutes of staff minutes viewed showed that issues relevant to the care and support of the residents were also discussed. For example; incidents were reviewed and restrictive practices were discussed and one resident was been supported to trial a least restrictive measure.

The staff training records reviewed indicated that staff were provided with a number of training sessions to enable them to support the residents. This included, positive behaviour support, safeguarding vulnerable adults, fire safety, the safe administration of medication and first aid. Some of the staff were due refresher training in manual handling and supporting people with behaviours of concern (MAPA). Due to the COVID-19 restrictions, this training had stopped due to the risks posed, however the training was now scheduled to take place for staff over the coming months.

Staff personnel files were not reviewed at this inspection.

The person in charge had also notified Health Information and Quality Authority (HIQA) in line with the regulations when an adverse incident had occurred in the

centre.

Regulation 14: Persons in charge

The person in charge is a nurse with the appropriate management qualifications and significant managerial experience working in the disability sector. They were employed on full time basis in the organisation but were also responsible for other designated centres under this provider. To ensure effective oversight of the centre, they are supported by a clinic nurse manager. The person in charge had a very good knowledge of the residents' needs was responsive to the inspection process and was aware of their responsibilities under the regulations. They reported directly to the director of care and support who is also a person participating in the management of this centre. The person in charge said they felt very supported in their role.

Judgment: Compliant

Regulation 15: Staffing

The staff skill mix and the staffing levels in the centre were adequate to meet the needs of the residents. There was a consistent staff team employed which meant that residents were provided with consistency of care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had been provided with training in order to meet the needs of the residents and safeguard them. Some refresher training was due to take place in the coming weeks and months.

Judgment: Compliant

Regulation 23: Governance and management

There was defined management structure in the centre with clear lines of accountability. The centre was being audited and monitored as required by the regulations to review and improve the quality of services being provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Health Information and Quality Authority (HIQA) in line with the regulations when an adverse incident had occurred in the centre.

Judgment: Compliant

Quality and safety

Residents were supported to have a good quality of life in the centre and the staff team were ensuring a safe, quality service to the residents here. This included fostering a culture of positive behaviour support to help residents manage their anxieties. However, improvements were required in premises, fire safety and positive behaviour support.

The premises were clean and while decorated to a reasonable standard some areas needed to be addressed as identified by the provider from their own auditing systems. This included the need to paint all of the rooms in the centre, to address an ongoing issue with the floor in an en-suite bathroom and to remove a metal fence that was erected in the back garden. While the inspector acknowledges that the provider had been in touch with the lease holder of the property in relation to the fence in the back garden on numerous occasions, the issue was not addressed and had been an ongoing issue over the last year. In particular this fence was causing an obstruction at one of the three fire evacuation exits in the centre which had not been noted by the provider as an issue. The provider representative visited the centre on the day of the inspection and committed to addressing this issue as soon as possible. A written acknowledgment of this work was submitted to the Health Information and Quality Authority after the inspection outlining that this work would commence on Monday 17 August 2021 to address this issue.

It was also observed on inspection that the headboard on one residents bed was worn and needed to be fixed or replaced.

Each resident had a personal plan which had been developed into a concise easy read version. This easy read version included the residents likes and dislikes and had pictures of all the allied health professionals who supported them. As stated these were stored in the residents rooms. A more detailed plan was also maintained which included an up to date assessment of need. The inspector observed a sample of these records and found that residents health care needs were assessed, monitored

and reviewed on a regular basis.

Regular and timely access to a range of allied health care professionals also formed part of the service provided. This included access to GP services, an occupational therapist and a physiotherapist. Care plans were also in place which detailed the supports in place to support the resident. Those plans were updated and reviewed regularly which assured that residents support needs were being met. Where appropriate residents had also been supported to engage in national health screening programmes.

Residents were also supported to enjoy best possible mental health and where required had access to support from a behaviour specialist and a psychiatrist. Staff were very knowledgeable around the residents' needs in the centre and the family member spoken to said they were kept updated about changes in their family members needs.

At the last inspection improvements had been required in some behaviour support interventions which included the administration of medicines in response to behaviours of concern. While the inspector found that these interventions had been reviewed since the last inspection, they were still unclear as they did not fully outline which prescribed medicine should be administered first. The person in charge was very responsive to this and the inspector was also assured as these interventions were rarely used in the centre and had not impacted the residents in the centre.

There were systems in place to manage and respond to risk in the centre. There was a low level of incidents occurring in the centre. For example; since the beginning of the year no incidents had occurred in the centre. Where incidents had occurred the previous year, they had been reviewed with the staff team, allied health professionals and the person in charge to ensure that appropriate controls were in place to mitigate the risks. Risk assessments were also in place which outlined these controls measures. For example: one resident had recently been assessed by an occupational therapist regarding the height of their bed and a new bed had been ordered to address this.

Infection control measures were also in place to prevent/manage and outbreak of COVID-19. Staff had been provided with training in infection prevention control, the use of personal protective equipment (PPE) and hand washing techniques. There was adequate hand-washing facilities and hand sanitising gels available throughout the house. Audits were also completed to ensure that practices in the centre were in line with current public health guidelines.

PPE was available in the centre and staff were observed using it in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. One resident had engaged in a skills teaching programme to wear a mask so they could continue to visit their local shops. All residents had received their vaccinations and were starting to visit their family homes. Both the staff and residents had celebrated in their annual review for the centre, that they had managed COVID-19 very well and there was no cases confirmed in this centre since March 2020.

Staff were knowledgeable about what to do in the event that a staff or resident was suspected of having COVID-19. Residents' plans had arrangements in place to support them if they were suspected or confirmed of having COVID-19. There was a senior management team in the organisation to oversee the management of COVID-19.

All staff had been provided with training in safeguarding adults and staff spoken to were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. Residents had intimate care plans in place which outlined how they liked to be supported with their intimate care.

Regulation 17: Premises

As identified by the provider from their own auditing systems all of the rooms in the centre needed to be painted. The floor in an en-suite bathroom needed to be fixed or replaced. A metal fence that was erected in the back garden needed to be removed.

In addition the headboard in on one residents bed needed to be repaired or replaced.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider and the person in charge had risk management systems in place to ensure that residents, staff and visitors were safe in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had systems in place to manage/prevent an outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The metal fence in the back garden was causing an obstruction to one of the three fire exits in the the centre. No other fire safety measures were inspected at this inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which included an assessment of need that was regularly updated. Residents support needs were assessed, monitored and reviewed on a regular basis and included input from relevant allied health prof

Judgment: Compliant

Regulation 6: Health care

Regular and timely access to a range of allied health care professionals also formed part of the service provided. This included access to GP services, an occupational therapist, dietitian and a speech and language therapist. Care plans were also in place which detailed the supports in place to support the resident. Those plans were updated and reviewed regularly which assured that residents support needs were being met. Where appropriate residents had also been supported to engage in national health screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support interventions were still unclear as they did not fully outline which prescribed medicine should be administered first in order to guide staff practice.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults and staff spoken were aware of the procedures to follow in the event of an incident of abuse

occurring in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed a number of examples where residents were supported to exercise their rights. Residents had exercised their right to vote in the last election, residents personal plans were provided in an accessible format. The person in charge and the staff team reviewed restrictive practices regularly in the centre and were currently supporting one resident with a restraint reduction plan. A rights checklist was also completed for each resident to identify any potential restrictions on their rights. Where areas were identified they could be referred to the human rights committee in the wider organisation.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not 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 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for An Diadán OSV-0005654

Inspection ID: MON-0030992

Date of inspection: 13/08/2021

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A metal fence that was erected in the back garden has already been removed and pathway levelled out. Painting requirements identified throughout the centre will be carried out and completed by 5.11.21. The floor in an en-suite bathroom will be replaced by 15.10.21. An issue with a resident's headboard will be resolved through the purchase of a new bed by 31.9.21.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: An identified metal fence in the back garden which was causing an obstruction to one of the three fire exits in the the centre has been removed and groundworks made safe.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: An identified behaviour support intervention has been clarified to guide staff as to which prescribed medicine should be administered first.</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 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.	Not Compliant	Orange	05/11/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	20/08/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their	Substantially Compliant	Yellow	20/08/2021

	behaviour.			
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