



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

## Issued by the Chief Inspector

Name of designated centre:	High Lane
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	21 June 2022
Centre ID:	OSV-0007751
Fieldwork ID:	MON-0028459

## About the designated centre

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

High Lane is a four-bedroom bungalow situated in a rural setting in Co. Louth. Four adult males live here. The centre comprises a large kitchen dining room, two sitting rooms, a utility room, and a large bathroom. There is a large garden to the front and the back of the property. Garden furniture is provided where residents can sit and enjoy the countryside views. There is a garage to the side, which has been converted to provide additional storage facilities. The staff team is made up of staff nurses and health care assistants. Residents are supported on a twenty-four-hour basis.

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

Number of residents on the date of inspection:

4

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 21 June 2022	09:30hrs to 16:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This inspection found that residents received an appropriate service catered to their needs. The inspector was introduced to all residents, but their interactions with the residents were limited due to the communication needs of the residents. The inspector observed the four residents relax in their home and be supported by staff members that were aware of their needs. Staff members interacted with the residents in a warm and considerate manner. The staff team was well established, and many of them had been working with the group of residents for an extended period.

The service was previously inspected in November 2021. At the time, the group of residents had been engaging in limited activities in their community due to the impact of the COVID-19 pandemic. The inspector found that positive steps had been taken since the lifting of restrictions, and residents had been supported to be active members of their local community and engage in activities and trips of their choosing. For example, on the inspection day, some residents went out for breakfast near their home. Staff members that spoke with the inspector spoke of how the community activities were important for the residents and that they had been very positive for them.

Some residents had recently been supported to go on a short holiday break, and others had gone on day trips to festivals and outings such as attending religious sites or tourist activities. Residents wishing to do so also engaged in the local active retirement group.

Residents' family members had been given the opportunity to provide feedback regarding the service before the inspection. Two out of the four families returned their views. The inspector reviewed these; the families were happy with the residents' home and the homely atmosphere. They spoke positively of the care provided to their loved ones and the staff team supporting them. There was evidence of the staff team being proactive in maintaining links with residents' family members on behalf of the residents through arranging video calls, sending post cards and also arranging visits.

In line with the family member's opinions, the inspector found that the residents' home had been decorated in a manner that promoted a homely atmosphere. The premises was clean, and it was evident that consistent cleaning practices were being employed.

Despite the staff team's best efforts, infection prevention and control risks were identified. These were related to surface damage and the difficulty the damage caused in effectively cleaning the areas. This will be discussed in more detail in the Quality and Safety section of the report.

Other areas required attention. The provider had not ensured that all staff had

completed required refresher training, and improvements were needed to ensure that all fire containment measures were under review and effective. These issues will be discussed in more detail in the report's Capacity and Capability and Quality and Safety section.

The following two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This service was led by a person in charge and a house manager. They were responsible for the management and the delivery of care and support to the group of residents. A schedule of audits ensured the service provided to residents was appropriate. However, as mentioned earlier, there was a need to improve monitoring in some areas, such as training and fire containment practices.

The services management team and the provider had completed the required reviews and reports that focused on the quality and safety of care being provided to the residents. The inspector found that actions had been identified following these practices. Identified actions were added to a Quality Enhancement Plan (QEP). An appraisal of the QEP found that, for the most part, actions were being addressed promptly.

The inspector reviewed the training needs analysis spreadsheet. For the most part, the provider and person in charge had ensured that the staff team had completed the required training. However, two staff members had not completed refresher fire safety management and positive behaviour support training. One of the staff members' fire safety training expired fifteen months before the inspection. The inspector raised concerns as this staff member was completing night shifts where they were the only staff member on shift. The person in charge immediately responded and contacted the provider's senior management. The person in charge then assured the inspector that the staff member would be provided with training in the coming weeks and would not be completing night shifts until the training had been completed.

As discussed in the first section of the report, the inspector found that there was a well-established staff team. As a result, the residents were provided with a consistent staff team. The review of current and previous rosters demonstrated that the provider had ensured that safe staffing levels were maintained and that the skill mix of the staff team was appropriate to the needs of the residents.

The inspector reviewed a sample of staff meeting minutes. There was good information sharing between management and the staff team supporting the residents. Learning from adverse incidents was prioritised as part of the meetings.

There was also evidence of the person in charge submitting the required notifications for review by the Chief Inspector as per the regulations.

Residents had been provided with contracts of care as per the regulations. The inspector studied a sample of these. They were found to contain the relevant information and to have been signed by residents' representatives.

In summary, the provider had ensured that there were appropriate systems in place to meet the needs of the residents. However, improvements were required to monitor practices, such as ensuring that all staff completed the necessary training.

#### Regulation 14: Persons in charge

The person in charge had the required qualifications, skills and experience necessary to manage the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that the number, and skill-mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

#### Regulation 16: Training and staff development

The review of training records found that two staff members had not completed the required refresher training in fire safety and positive behavioural support.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

While an appropriate management structure was in place, enhancements were needed to ensure that oversight arrangements captured and addressed all areas that required improvement—for example, the issues relating to staff training and fire

containment measures.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

Residents had been provided with a contract of care. The contracts had been signed by residents or their representatives and contained the relevant information per the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose containing the information set out in Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was submitting notifications for review by the Chief Inspector as per the regulations.

Judgment: Compliant

## Quality and safety

The provider had arrangements for the prevention and control of infection. The provider had adopted procedures in line with public health guidance. There was a COVID-19 contingency plan specific to the centre. Staff had been provided with a range of training in infection control. Team meetings included discussions regarding IPC measures and ensuring that best practice was employed. Notwithstanding these measures, infection control risks were identified. There was damage to the surfaces of a chair in one of the sitting rooms and also to two of the kitchen chairs. The damage to the surfaces meant that the areas could not be effectively cleaned. There were other IPC concerns, for example, skirting boards in a number of areas had



been damaged due to general wear and tear. The grouting in the utility room which was used for laundry and medication practices required replacement.

The inspector assessed the fire containment measures. It was found that intumescent strips had been installed, however, the strips had been painted over and this impacted the effectiveness. This had not been identified before the inspection. The person in charge again sought to address the issue immediately. The inspector was informed before the conclusion of the inspection that the intumescent strips would be replaced the following day. The provider and person in charge had demonstrated through a number of fire drills that they could safely evacuate residents and staff under day and night time circumstances. Fire fighting and detection systems were also being serviced when required.

Overall the needs of the group of residents were being met. Residents social and health needs had been assessed. The inspector reviewed a sample of the residents' records. Care plans had been developed following the assessments that identified how best to support each resident. Person-centred plans were also developed, and social care goals were identified through this process.

As mentioned earlier residents were active in their community and this had been prioritised following the lifting of COVID-19 restrictions. There was evidence of the staff team responding to and promoting the rights of the residents and encouraging them to be active members in decision making regarding their care. Weekly resident meetings were held where residents were kept up to date with relevant information and through the setting of social goals the staff team were supporting residents to engage in their preferred activities. For some of the residents, the staff team and family members were taking the lead and acting as advocates.

The inspector found that residents if required had access to a range of healthcare professionals. Some of the residents presented with behaviours that challenge and were under the review of the provider's multidisciplinary team. Behaviour support and risk assessments had been developed to guide staff in the prevention and response to behaviours if they occurred.

Restrictive practices were in place to maintain the safety and positioning of some of the residents. These practices were under review and were only utilised when necessary.

A range of risk assessments had been developed that captured environmental and health and social care risks. These were under regular review and the control measures that had been devised were proportionate to the identified risks. Adverse incidents were under review by the centre, provider's management teams, and staff at team meetings. This was promoting learning and focused on reducing the occurrence of incidents.

This inspection found that the provider and person in charge had ensured that the needs of each resident were met. While this was the case, some areas required improvement. Improvements were needed in monitoring practices and ensuring that all identified actions were addressed promptly.

### Regulation 13: General welfare and development

The inspection found that the group of residents were being provided with appropriate care and support. Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and developmental needs

Judgment: Compliant

### Regulation 17: Premises

The residents' home was designed and laid out to meet their current and future needs. As noted earlier, the premises was also suitably clean.

Judgment: Compliant

### Regulation 26: Risk management procedures

The centre had appropriate risk management procedures in place. There were also policies and procedures for the management, review and evaluation of adverse events and incidents.

Judgment: Compliant

### Regulation 27: Protection against infection

Overall, there were suitable procedures in place for the prevention and control of infection, which were in line with national guidance. However, it was noted that the damaged surfaces in several areas were difficult to clean from an infection control perspective.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had not ensured that all fire containment measures were appropriately maintained.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider's multidisciplinary team and person in charge had developed individualised supports for residents and these were promoting positive outcomes for residents.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were under review. They had access to appropriate healthcare services on the same basis as others in order to maintain and improve their health status.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural support if required.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were facilitated and empowered to exercise choice and control across a range of daily activities and had their choices and decisions respected.

Judgment: Compliant



## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for High Lane OSV-0007751

Inspection ID: MON-0028459

Date of inspection: 21/06/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Outstanding training scheduled for the person who was on sick leave	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Outstanding IPC and Training has been addressed and scheduled or completed	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The grouting on the utility room wall tiles was repaired on 26th June 2022. The chipped woodwork was painted 27th June 2022  The OT has assessed the comfort chair and has ordered a replacement.  2 replacement kitchen chairs have been ordered	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire doors were assessed on 23/06/2022 and fire seals were deemed to be compliant with fire. However Safetec, our Fire Consultancy partners, have recently performed a full Fire Risk Assessment on this property to include intumescent strips and we are awaiting the report, and will address all action 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	27/07/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	23/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare	Substantially Compliant	Yellow	31/08/2022



	associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/08/2022