



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

## Issued by the Chief Inspector

Name of designated centre:	Oak Hill
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	05 August 2021
Centre ID:	OSV-0007954
Fieldwork ID:	MON-0032124

## 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 care and support to four adults with disabilities. The centre comprises of a large four bedroom dormer bungalow, a sitting room, a large kitchen cum dining room, a large second sitting room, a utility room, communal bathroom facilities and a staff office on the first floor.

Each resident has their own fully furnished spacious bedrooms complete with walk in wardrobes (with one bedroom one being ensuite). Private garden areas are provided to the front and rear of the property with the provision of adequate private parking to the front of the property.

The house is located in a peaceful rural setting but within easy access to a number of villages and towns. Private transport is also available to the residents for social outings and trips further afield. The service is staffed on a 24/7 basis with a person in charge, a house manager, a team of staff nurses and team of healthcare assistants.

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

Number of residents on the date of inspection:	4
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## How we inspect

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
Thursday 5 August 2021	9:30 am to 5:00 pm	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met with four residents and spoke with one family representative over the phone, so as to get their feedback on the service provided. The residents met with appeared happy and content in their home, and staff were observed to be person centred and caring in responding to their needs.

The residents had moved from a larger campus based setting to this service, their new home in February 2021. The house was a large four bedroom detached dormer bungalow, located in a tranquil rural setting but in close proximity to a number of towns and villages. It was beautifully decorated and furnished to take into account the individual and assessed needs of residents.

Each resident had their own spacious double bedroom (one being ensuite) with walk in wardrobes and, the rooms were personalised to take into account their wishes and preferences. For example, one resident liked to listen to music and they had a stereo system and TV in their room where they listened to songs of their choosing. Other residents had personalised ornaments and pictures of family and loved ones on display in their rooms.

The house also comprised of a large sitting room, an open plan kitchen, dining room and sitting room area, a sun room and a utility facility. Over the course of the inspection, the inspector observed staff and residents in the kitchen having tea and chatting together. Music was playing in the background, there was an aroma of homemade cooking and, residents appeared very much at ease and at home in their new house.

Some staff had worked with these residents in their previous home and informed the inspector, that the transitions to their new home had gone exceptionally well. They said that residents appeared to love their new home and loved to spend time with staff in the kitchen, when they were cooking and baking. In their previous placement, meals were delivered to the residents from a centralised kitchen however, in this setting, residents had the opportunity to spend time with staff when meals were being prepared.

Staff were also observed to be attentive to the residents and responsive to their needs. For example, some residents liked relaxation therapies and table top activities. On the day of this unannounced inspection, staff were observed sitting relaxing with residents giving them hand and foot massages of which they seemed to very much enjoy. Other residents were engaged in different activities of their choosing with staff support.

The family member spoken with over the phone was very positive about the quality and safety care provided to their relative. They said the house was beautiful, their relative was very happy living there and that their room was decorated and

furnished to their liking.

Additionally, the family member said they were very happy with the staff team and that the care and support provided was very good. They said that staff were wonderful and thoughtful and that nothing was a problem for them. For example, the resident had recently been in hospital and the family member said the care the staff team provided during this time was excellent. They also said that the staff team were in very regular contact with the family to keep them updated on their relatives progress.

The family member was also satisfied that their relatives healthcare needs were being provided for. They got to see their general practitioner (GP) as required and said that they were looked after very well in their home. They also believed their relative was safe in the service and, that they had no complaints whatsoever about any aspect of the care and support provided.

Later on in the inspection process the inspector observed staff sitting with a resident in the sun room having tea. The resident appeared relaxed and comfortable in the presence of that staff member, and staff were observed to support the resident in a warm, caring and dignified manner.

While one issue was identified with the staffing arrangements in this service, the governance and management arrangements in place were responsive in supporting and promoting the rights of the residents. Residents choices were supported and respected and they appeared happy and content in their home. Feedback on the service from one family representative was also found to be positive and complimentary.

The following two sections of this report, outlines how the person in charge and house managers capacity and capability to operate a responsive service, has impacted positively on the quality and safety of care provided to the residents living in this service.

## Capacity and capability

Residents appeared happy and content in their home and for the most part, the provider ensured that supports and resources were in place to meet their assessed needs. However, an issue was identified with the staffing arrangements which is discussed later in this report.

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 nursing professionals and provided leadership and support to their team. They ensured that resources were managed and channelled

appropriately, which meant that the individual, complex and assessed needs of the residents were being provided for.

However, the inspector observed that in June 2021, staff had raised concerns that on two occasions, there were issues with the staffing arrangements which resulted in a delay in providing intimate care to one of the residents. This issue had been resolved however, at the time of this inspection, the service was operating with a deficit of one full-time nursing professional. It was also observed that in July, one care assistant shift was not covered due to sick leave. Taking this into account, the staffing levels required review so as to ensure the service was delivered in line with the staffing arrangements as detailed in the centre's statement of purpose.

Notwithstanding, the staff met and spoken with as part of this inspection demonstrated that they knew the needs of the residents very well. The person in charge and house manager also ensured they 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, 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 as said above, the staff spoken with as part of this inspection process, had the experience and knowledge to meet the assessed needs of the residents.

The person in charge and house manager were both 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. While the annual review was not due for completion at the time of this inspection, a number of localised audits were being conducted in the service. These audits were ensuring the service remained responsive to the regulations and needs of the residents.

For example, a recent hygiene audit identified issues with waste management. This was actioned by the house manager and addressed at the time of this inspection.

## Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified nurse 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 review so as to ensure they were at all times adequate to meet the assessed needs of the residents and, that the service was delivered in line with the statement of purpose.

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The staff met and spoken with as part of this inspection demonstrated that they knew the needs of the residents very well. The person in charge and house manager ensured they were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. While some refresher face to face practical training was delayed due to the current COVID-19 pandemic, there were plans in place to address this issue.

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 and house manager were aware of the legal remit to notify the chief inspector of any adverse incident occurring in the service as required by the regulations.

Judgment: Compliant

## Quality and safety

Residents were supported to have meaningful and active lives within their home and community based on their preferences and wishes 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 engage in activities of interest to them and maintain links with their families. Transport was also available to the residents so that they could go shopping, for scenic drives and walks in the countryside.

Residents liked activities such as listening to music, spending time with staff in the kitchen, hand massages, foot massages, aromatherapy and trips to the local town for shopping and days out. Others liked table top activities with the support from staff. On the day of this inspection, the inspector saw that all these activities were provided to the residents.

Residents were also supported with their significant and complex 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 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. A family member spoken with was also complimentary of they was in which the staff team supported the healthcare needs of their loved one.

Systems were in place to safeguarding the residents and if required, safeguarding plans were in place. However, there were no current safeguarding issues in this service. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided. 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 Children's First and information on how to contact the safeguarding officer and an independent advocate was available in the centre. Indeed, on the day of this inspection, the house manager has made contact with an independent advocacy on behalf on one of the residents.

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.

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 wearing PPE (where appropriate) throughout the course of this inspection

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support from staff). Residents held weekly meetings where they agreed on social outings and meal plans for the week. The inspector observed that staff were good advocates for the residents and ensured their voice was heard in the service. One staff nurse also informed the inspector that a proposed medical intervention for one resident was under consideration. This was to improve the quality of life of the resident. However, as the resident was not in a position to consent to the procedure, the staff nurse said that a number of mutli-disciplinary professionals, the GP and the resident's family had all be consulted with prior to any decision being made. As a means to support the resident and their rights, the centre had also made contact with an independent advocacy agency on their behalf.

### Regulation 17: Premises

The premises were observed to be spacious, clean, well maintained and appropriate in providing for the needs of the residents.

Judgment: Compliant

### 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

The service had appropriate fire fighting equipment in place that was service as required by the regulations. Fire drill were being conducted on a quarterly basis and each resident had an up-to-date personal emergency evacuation plan in place.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

Systems were in place to ensure the appropriate storage and safe administration of medications.

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 engage in activities of interest to them and maintain links with their families. Transport was also available to the residents so that they could go shopping, for scenic drives and walks in the countryside.

Judgment: Compliant

## Regulation 6: Health care

Residents were supported with their significant and complex 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 and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Judgment: Compliant

## Regulation 7: Positive behavioural support

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.

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguarding the residents and if required, safeguarding plans were in place. However, there were no current safeguarding issues in this service. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided

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 from staff). Residents held weekly meetings where they agreed on social outings and meal plans for the week. The inspector observed that staff were good advocates for the residents and ensured their voice was heard in the service.

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
<b>Capacity and capability</b>	
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
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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 Oak Hill OSV-0007954

Inspection ID: MON-0032124

Date of inspection: 05/08/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A Staff Nurse (0.75 WTE) has been allocated to the roster, week beginning 30/08/2021. This Nurse will replace the Staff Nurse on maternity leave at the time of the inspection.</p> <p>This Staff nurse move will ensure there are sufficient Qualified Nursing staff on the roster, to meet the assessed needs of residents and is reflective of the Statement of Purpose for the Designated Centre</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 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	30/08/2021