



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

## Issued by the Chief Inspector

Name of designated centre:	Shannon Villa
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	09 June 2021
Centre ID:	OSV-0002995
Fieldwork ID:	MON-0032058

## About the designated centre

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

Shannon Villa provides care and support to four adults with disabilities. The designated centre is a bungalow which has been adapted to meet the accessed care needs of the residents. It is situated within easy access of a large town in Co. Meath and, a house vehicle is available to the residents. Residents attend day services locally and for those who chose not to attend a day placement, they are supported at home by staff to complete activities of their choosing with an emphasis on skills teaching. Each resident has their own room which are decorated to their individual style and preference. Communal facilities include a large sitting room, a kitchen cum dining room and a number of bathrooms. There are also large gardens to the rear and front of the house with ample private and on-street parking. The house is staffed on a 24/7 basis to include a person in charge, a house manager and a team of support staff.

**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 9 June 2021	10:30hrs to 15:30hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with two 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 two representatives and one resident was also reviewed as part of this inspection. Residents informed the inspector that they loved their home, and staff were observed to be kind, warm and caring in responding to their needs.

The two residents met with, appeared happy and content in their home and were happy to meet and speak with the inspector on arrival to the house and over the course of the inspection. The inspector observed that they were relaxed and comfortable in the presence of staff and, staff were at all times, observed to be professional, kind and caring in their interactions with the residents. Residents made their own individual choices for themselves (with support as and when required), and staff were observed to be supportive and respectful of their decisions.

Prior to COVID-19, residents were attending various day services, visiting family members, had gone on overseas holidays and cruises and, were visiting community-based amenities, such as hotels, shops, restaurants, barbers and beauticians.

Notwithstanding, over the lock down period, the staff team ensured that a number of recreational and learning activities were available to the residents in their home. For example, in-house activities included baking, arts and crafts and gardening, which the residents seemed to enjoy very much. One resident showed the inspector the back garden, which they had recently revamped and were very proud of. This included making their own raised flower beds, getting new garden furniture, making decorations for the garden walls and installing their own outside bar/refreshment area of which, all residents liked to use and avail of on warm summer days.

Later on in the inspection process, the resident invited the inspector to see their apartment in the house. It was observed to be homely and decorated to their individual style and preference. The resident had a liking for music and had their own guitar and banjo which they showed to the inspector. They also showed the inspector a photograph album which contained pictures of important people in their life, such as family members and friends. The photo album also captured important events and special occasions over the last number of years and the resident enjoyed going through the pictures with the inspector and recalling happy memories.

The resident also said that they loved their home and apartment and, got on very well with the staff team, especially their key worker. They said that if they had any concerns or worries, they would go to a staff member but, at the time of this inspection, they had no complaints or concerns.

The second resident met with had recently retired and, informed the inspector that they were enjoying their retirement. They particularly liked arts and crafts and, staff

had ensured that resources and space were available in the house, so as the resident could engage in this activity as and when they pleased. The resident also said that they loved their home and got on well with all the staff. They also said that staff had supported them to visit their elderly mother over the lock down period (whilst ensuring to maintain social distancing and, the visit took place in an open space) and that this had meant a lot to them. The resident reported that they would go to a staff member if they had any concerns however, they said they had no issues in their home and, loved their room and living there.

Both residents also informed the inspector that they were looking forward to getting back into activities of interest now that the lock down restrictions were easing. For example, they were looking forward to going for a pint in the local pub, going to the barbers and going out for meals.

The family member spoken with over the phone was extremely very positive about the quality and safety care provided to their relative. They said they were extremely happy with the service, the staff team were brilliant and do an excellent job. They also said that staff were very obliging and ensured very regular contact was maintained between family members and residents during the COVID-19 pandemic. Most importantly, they informed the inspector that their family member was very happy living there and exceptionally well cared for.

Written feedback on the service from both family members and residents was equally as positive. For example, one family member said that the care provided in the house was excellent and they were very impressed with the service. Another said management and staff were dedicated, brought great joy to the residents lives and, ensured there were lots of activities of interest for the residents to engage over the lock down period.

This inspection also found that management and staff were responsive to, and supportive of, the individual and changing needs of the residents. For example, the needs of one resident had changed recently and, a higher level of staff supervision and support was required. In response to this, a permanent waking night staff member was sourced for the house last March 2021.

Overall, the governance and management arrangements in place in this service, were responsive in supporting and promoting the rights of the residents. Residents lived lives of their choosing (with support as required) and reported to the inspector that they loved their home. Staff were observed to be professional, yet 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, outline 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 loved their home and 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 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 and assessed needs of the residents were being provided for.

The house manager facilitated the inspection process as, the person in charge was not available on the day of this inspection. The house manager managed the inspection competently and, were aware of the assessed needs of the residents. They were also found to be responsive to the inspection process and aware of the service's 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).

They also 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.

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 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, 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 March 2021, reported that some staff required refresher training in positive behavioural support and basic life saving. However, the house manager had plans in place to address this issue, and these staff had been booked on the refresher training after this audit.

## Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire training, manual handling and infection control. Some refresher face to face practical training was overdue 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 to meet the assessed needs of the residents.

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 nursing professionals and provided leadership and support to their team. The house manager facilitated the inspection process as, the person in charge was not available on the day of this inspection. The house manager managed the inspection competently and, were aware of the assessed needs of the residents.

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

## 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 links with their families. Prior to Covid-19, residents were going on holidays abroad, one went on a cruise to the Caribbean and others were availing of short hotel breaks. While a number of community-based activities and day services were on hold due to the current restrictions, residents were being supported to engage in social, recreational and learning activities in their own home. Transport was also available to the residents so that they could go for scenic drives and walks on the beach if they wished to do so.

The inspector spoke with two residents over the course of this inspection. They informed the inspector that their goals and wishes were respected and supported by staff. For example, one wanted to revamp the back garden over the lock down period and, the inspector saw that this had been achieved with the support from staff. Another wished to retire from their day service. Again, this decision was respected and supported by the staff team and, the resident reported that they were enjoying their retirement. Residents also had plans for 2021 to go in holidays, go to concerts, avail of hotel breaks and to get back frequenting community based amenities such as pubs, cinema, shopping centres and local shops once the restrictions were lifted and it was safe to do so.

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, optician 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 safeguarding issues in the service at the time of this inspection. Residents also informed the inspector that if they had any concerns, they would speak with a staff member or the house manager. 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 Children's First and, information on how to contact the safeguarding officer and an independent advocate was available in the centre.

While the house was observed to be homely and welcoming on the day of this

inspection and, the residents were very happy with their accommodation, parts of the premises required painting and redecorating and some of the floors required repair.

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 residents may be at risk of falling, equipment was provided to that resident to mitigate such 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. Information in an easy to read format on Covid-19, was also available to the residents.

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 own home and, staff were supportive of their individual autonomy and rights. A family member spoken with also reported that staff were very respectful of the rights, privacy and dignity of the residents.

### Regulation 17: Premises

Parts of the premises required painting and redecorating and some of the floors required repair.

Judgment: Not 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 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 services formed part of the service provided.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Shannon Villa OSV-0002995

Inspection ID: MON-0032058

Date of inspection: 09/06/2021

## 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: Areas identified in Inspection as not compliant:</p> <p>'Parts of the premises required painting and redecorating and some of the floors required repair'</p> <ul style="list-style-type: none"><li>• Painting began 05th July 2021 and will be completed by 09th of July.</li><li>• Replacement of floor is planned for completion by 30th of August 2021. Notification will be sent when this is completed.</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/08/2021