



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

## Issued by the Chief Inspector

Name of designated centre:	Sunflower House
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:	18 May 2021
Centre ID:	OSV-0002998
Fieldwork ID:	MON-0031532

## About the designated centre

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

This is a service providing full time residential care and support for up to four adults (both male and female) with disabilities in Co. Louth. It is in close proximity to a number of villages and towns. The centre comprises of a three bedroom detached bungalow containing a one bedroom self-contained apartment. Communal facilities include a fully furnished kitchen/cum dining room, a laundry facility, sitting room and a bathroom in the main part of the house and the apartment comprises of a double bedroom, bathroom, sitting room and kitchenette. Systems are in place to ensure the healthcare needs of residents are comprehensively provided for and access to GP services and a range of other allied healthcare professionals form part of the service provided. Residents are also supported to use their community and frequent local facilities such as barbers, restaurants, pubs and shops. Transport is available to residents for trips and social outings further afield. The centre is staffed on a 24/7 basis by an experienced qualified person in charge (who is a registered nurse), a clinical nurse manager I (CNM I), a team of staff nurses and health care assistants.

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

Number of residents on the date of inspection:	2
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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
Tuesday 18 May 2021	10:00hrs 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 some family representatives was also reviewed as part of this inspection. Residents met with appeared happy and content in their home and staff were observed to be responsive and person centred in their interactions with the residents.

The two residents met with, appeared happy and content in their home and appeared happy to see the inspector on arrival to the house. 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. Prior to COVID-19, residents were visiting family members and visiting community-based amenities, such as local shops and restaurants.

To minimise the impact on not being able to access external activities over the last 12 months, the staff team ensured that a number of activities were available to the residents in their home and in the community. For example, residents went for walks in the nearby town and transport was also available for those that liked scenic drives and/or walks further afield on the beach or in the countryside. Residents also liked to go for picnics and the inspector saw pictures of some of these outings where residents appeared to have enjoyed them very much.

Both residents had their own bedroom and own private sitting room in the house. A fully equipped kitchen cum dining room was also available to both residents. One resident told the inspector they were happy in their home and happy with their rooms. The inspector observed that the rooms were decorated to take into account their personal style and preference. While a minor issue was observed with regard to the upkeep of some part of the premises, this issue was not impacting on the quality of care provided to the residents.

The family member spoken with was exceptionally positive about the quality and safety of the care provided to their relative. They said the care was absolutely great, the staff team were great and very helpful, their relative had great freedom in their home and were really happy living there. They also said that they had no issues or complaints about any aspect of the service whatsoever.

Overall the family representative reported that they were very happy with the quality and safety of care provided in the house and said that staff were great in ensuring that residents were supported to keep in very regular contact with their family members via phone and video calls during the lock down period.

Written feedback from other relatives viewed by the inspector, also informed they were very happy with the service provided and happy with the way in which the

staff team supported and cared for the residents.

The inspector observed over the course of the inspection that staff were respectful of the residents' wishes and, residents made their own choices about what activities to engage in. Residents also made their own choices about menus for the week and were consulted with about their care plans and the running of their home.

Easy to read information was also available to the residents on their rights and the inspector observed that staff worked with them in a collaborative and consultative manner. For example, on the day of this inspection, staff consulted with residents on what activities they would like to engage in, and one chose to go for a drive while the other, chose to stay at home and relax in their sitting room.

The following two sections of this report will outline how the provider's capacity and capability to operate a good service impacts positively on the quality and safety of the care provided to residents living in the centre.

## Capacity and capability

Residents appeared happy and content in 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. 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.

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.

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. The inspector spoke with one staff member as part of this inspection process, was assured that they had the experience and knowledge to meet the assessed needs of the residents.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with

Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

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

The person in charge and house manager also ensured the centre was monitored and audited as required by the regulations. There were multiple, local audits taking place 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 April 2021, identified that the statement of purpose required review and the local risk management policy required updating. Both these issues were actioned 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 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. 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. The inspector also spoke with one staff member as part of this inspection process, 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. 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.

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 (on their terms) and maintain regular contact with their families. While a number of community-based activities and day services were on hold due to COVID-19, residents were still being supported to go for scenic drives, picnics and walks in the local community. Staff ensures that special occasions such as residents birthdays, were also celebrated in the house. The residents kept memory books and the inspector saw photographs of residents celebrating their birthdays, of which they seemed to enjoy very much.

Residents were also supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP (general practitioner) services formed part of the service provided. Residents also had access to a speech and language therapy, occupational therapy and dental services. Hospital



appointments were facilitated as required and care plans were in place to ensure continuity of care. It was observed that at times, one resident may decline to attend some of their healthcare appointments however, this was noted in their healthcare plans and, they had regular access and support from their GP and a clinical nurse specialist in health promotion. Access to mental health services and behavioural support were also 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 if required, safeguarding plans were in place. However, there were no safeguarding issues in the service at the time of this inspection. From speaking with one staff member, 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 information on how to contact the safeguarding officer and an independent advocate was available in the centre. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service.

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 where or if required, individual risk assessments were on file so as to support their overall safety and wellbeing of the residents.

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. Staff were also wearing PPE as required, throughout the course of this inspection. It was observed that one bathroom and a kitchenette in the house were not used on a regular basis. However, there was a protocol in place to run the water and flush the toilet in both these rooms on a regular basis.

While the premises were observe to be clean, warm and welcoming on the day of this inspection and residents rooms were decorated to take into account their individual style and preference, some flooring required refurbishment and/or replacing and, some skirting boards needed repairing.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and involved in their care plans and, staff were observed to be supportive of their individual autonomy and rights.

## Regulation 17: Premises

Aspects of the premises required updating and refurbishment. Some flooring required refurbishment and/or replacing and, some skirting boards needed repairing.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

Systems in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and where or if required, individual risk assessments were on file so as to support their overall safety and wellbeing of the residents

Judgment: Compliant

## Regulation 27: Protection against infection

Systems were 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.

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. Access to mental health services and behavioural support were also 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 safeguarding issues in the service at the time of this inspection. From speaking with one staff member, 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 information on how to contact the safeguarding officer and an independent advocate was available in the centre.

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 held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and involved in their care plans and, staff were observed to be supportive of their individual autonomy and rights.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Sunflower House OSV-0002998

Inspection ID: MON-0031532

Date of inspection: 18/05/2021

## 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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The flooring in hallway and front sittingroom will be replaced this is on a maintenance schedule. Repair of skirting boards is also on this schedule and all these works to be completed by 30.8.2021	

## 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.	Substantially Compliant	Yellow	30/08/2021