



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

Issued by the Chief Inspector

Name of designated centre:	Ravenswell
Name of provider:	St John of God Community Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	30 January 2024
Centre ID:	OSV-0003581
Fieldwork ID:	MON-0038208

About the designated centre

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

Ravenswell is a designated centre operated by St John of God located in town in north Co. Wicklow. Residents have access to a range of community based facilities to include cafes, hotels, pubs, parks, shops and shopping centres. The centre is situated within a large building on a congregated campus. The designated centre comprises two separate residential units within the building. Ravenswell provides residential and respite services to 11 adults (male and female) with disabilities. Each resident has their own bedroom decorated to their individual assessed needs and personal preferences. Communal areas within the designated centre include sitting rooms, dining areas, kitchens and a relaxation room. The provider has identified the premises is not suited for their stated purpose and has plans to de-congregate the centre and support residents to transition to community-based houses in a phased transition process. The staff team consists of a person in charge, programme manager, social care leader and a team of qualified social care professionals and nurses.

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 (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 30 January 2024	10:15hrs to 17:00hrs	Karen McLaughlin	Lead
Tuesday 30 January 2024	10:15hrs to 17:00hrs	Orla McEvoy	Support

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. It was carried out as part of the regulatory monitoring of the designated centre.

Conversations with staff, observations of the quality of care, a walk around of the premises and a review of documentation were used to inform judgments on the implementation of the national standards in this centre. Inspectors found that the care and support provided to residents in the centre was effective and of a reasonably good quality however, improvements were required to the premises.

The designated centre is situated on a congregated setting. The designated centre itself is located in a larger building that contains one other designated centre and office rooms and space on the first floor of the building.

The provider had endeavoured to make the living arrangements for residents as homely and personalised as possible throughout. There was adequate private and communal spaces and residents had their own bedrooms, which were decorated in line with their tastes and preferences. Despite these arrangements by the provider, the centre still presented overall as institutional in aesthetic and design.

The centre was appropriately resourced, with adequate numbers and skill level of staff to facilitate and support residents during the day and night. Residents were observed to be supported by staff who knew them and their individual needs well.

The inspector spoke with the person in charge and some members of staff on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

Residents were observed receiving a good-quality, person-centred service that was meeting their needs. The inspector observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. They were observed to interact with residents in a manner which supported their assessed communication and behaviour support needs. Staff supported them in their interactions with the inspectors.

Some of the residents were unable to provide verbal feedback about the service, therefore the inspector carried out observations of residents' daily routines and of their home and support arrangements. On observing residents interacting and engaging with staff, it was obvious that staff could interpret what was being communicated to them by the residents.

The inspectors met with three of the residents who lived in the centre. One resident

was watching TV in the sitting room and was supported and encouraged to speak with the inspectors. During this conversation, a staff member supported the conversation by communicating some of the non-verbal cues and gestures presented by the resident and providing prompts to the resident to remind them of things they might like to talk about. Another resident was getting ready to go out for the day, while one resident was being supported to make his breakfast in the kitchen.

The provider's most recent annual review of the centre had consulted with residents and their representatives. It reported that families were happy with the support that residents received, with one family member commenting that all staff are caring, patient and kind and another said that it is the excellent relationships between staff and residents that make her family member's life happy. Residents' views were obtained by staff through key-working, personal plans and house meetings to ensure their voices were heard. The consensus from the review showed that residents were generally comfortable living here and happy with the care provided.

In summary, the inspectors found that the residents enjoyed living in the centre and had a good rapport with staff. The residents' overall wellbeing and welfare was provided to a reasonably good standard. However, the premises required some upgrading, this will be discussed in more detail later on the report.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care in the centre.

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-

monthly reports, plus a suite of audits had been carried out in the centre.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents.

The inspector spoke with staff members on duty throughout the course of the inspection. The staff members were knowledgeable on the needs of each resident, and supported their communication styles in a respectful manner.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

The registered provider had written, adopted and implemented the policies and procedures set out in Schedule 5.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

The person in charge was full-time in their role and while they were the person in charge of two other designated centres they had support their programme manager who they linked in with daily and attended monthly formal management meetings. The person in charge was also supported by other persons in charge who were based in the same building.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

A planned and actual roster was maintained. Vacancies were managed by familiar relief staff to ensure continuity of care and support for residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed mandatory training including, fire safety, safeguarding, manual handling, infection prevention and control (IPC), and positive behaviour support.

Supervision records reviewed were in line with organisation policy. The inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 19: Directory of residents

The centre had an up-to-date directory of residents and it was made available to the inspector to view.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet

the needs of all residents.

The service was led by a capable person in charge, supported by a person participating in management, who were knowledgeable about the support needs of the residents and this was demonstrated through good-quality care and support.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

A series of audits were in place including monthly local audits and unannounced visits twice a year. Audits carried out included an unannounced audit, finance, restrictive practice, fire safety, infection prevention and control (IPC), medication management audits and an annual review of quality and safety. Residents, staff and family members were all consulted in the annual review.

These audits identified any areas for service improvement. The inspectors saw that actions were progressed across audits.

A review of monthly staff meetings showed regular discussions on all audit findings, including health and safety issues, safeguarding and risk management.

Judgment: Compliant

Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of the regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider ensured that all policies and procedures outlined in Schedule 5 were prepared in writing and implemented in the centre.

However, some of the policies reviewed by the inspectors had exceeded the three

year review timeline as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

The provider had already identified that these policies were due for review and they were highlighted in red in the Schedule 5 policies folder.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes. However, improvements were required particularly on one side of the premises, to ensure that the service was safe and of a good quality.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

The inspectors reviewed a selection of the residents' files. It was found that residents had an up-to-date and comprehensive assessment of needs on file. Care plans were derived from these assessments of needs. Care plans were comprehensive and were written in person-centred language. The inspector saw that residents had access to healthcare in line with their assessed needs. Residents' needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

Residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support practices. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community. Residents were observed engaging in activities such as going out locally for coffee, attending a local day service and being supported to attend medical appointments. Staff spoke about

events held in the designated centre for example birthday parties, a Christmas carol service and a regular pizza night.

As part of the provider's de-congregation plan, some residents had started to transition out of the centre to their new home located in a community setting. Compatibility and familiarisation were considered throughout the plans and each resident had the support of their current key worker throughout the transition process. There was a rights awareness checklist included in each transition plan. A wealth of supports were provided, including input from the providers multi-disciplinary team.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

The inspectors asked staff how residents were supported with respect to their communication needs. Each staff member asked, said they were very familiar with the residents in this centre and are guided by the residents' body language and gestures in determining what is being communicated.

Each resident had an up-to-date communication passport which described their communication style and supported their communication needs. Staff were also in receipt of communication training which supported and informed their communication practice and interactions with residents living in this centre and as observed by the inspectors during the course of the inspection.

Staff were observed to be respectful of the individual communication style and preferences of the residents as detailed in their personal plans and all residents had access to appropriate media including; the Internet and television.

Some residents used digital tablets to support their communication and engagement.

Judgment: Compliant

Regulation 13: General welfare and development

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self-development.

Each resident had access to facilities for occupation and recreation with opportunities to participate in their local community in accordance with their wishes.

In addition to this, the centre sourced therapists to provide in-house sessions including massage, art and music therapy.

Residents were supported to make their own choices with respect to goal setting, meal planning and activities of recreation. In addition to the residents' meetings, they also had individual key worker meetings where they were supported to choose and plan personal goals.

This was reflected in the audits as well as the daily reports and residents meetings.

Judgment: Compliant

Regulation 17: Premises

Overall, the premises was homely and suitable to meet the assessed needs of residents. There was adequate private and communal accommodation for the residents, including sitting rooms and kitchen/dining areas, sensory rooms and a spacious conservatory area located between the two areas.

However, overall the location, design and layout of the premises continued to present as institutional and the centre continued to constitute a congregated setting arrangement.

The provider had made considerable progress on their de-congregation plan for the centre which would see some residents transition out of the centre this year.

However, one side of the house was in a poor state of repair in places and improvements were required:

- Overall this side needed painting due to wear and tear caused mainly by heavy footfall and the use of mobility equipment;
- The windows throughout needed replacing;
- There was mould in the bathroom particularly the ceiling over the shower residents used;
- Grab-rails in the bathroom were starting to rust and some radiator protectors were chipped.

These issues had already been identified prior to the inspection through the provider's own audits and notified to the provider's maintenance department.

This designated centre as previously mentioned is undergoing a de-congregation plan and the premises is due to be upgraded when the purpose of the building changes.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge and the provider has ensured that residents who were moving to a new designated centre, as part of a de-congregation plan, received support throughout their transition by continuing to provide consistent and known staff to each resident and providing up-to-date information to each resident.

Compatibility assessments were completed and familiarisation plans in place. Clinical input was provided for oversight in the form of a multi-disciplinary team including psychology and occupational therapy.

Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community.

Residents files which included care and support plans were transferable and went with the resident to their other designated centre while their transition took place. There was regular contact between the staff team, the residents, day service and the other designated centres and family members.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and firefighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night-time conditions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were suitable care and support arrangements in place to meet residents' assessed needs.

Comprehensive assessments of need and personal plans were available on each residents file. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes. A sample of residents' files were reviewed and it was found that comprehensive assessments of needs and support plans were in place for these residents.

There were systems in place to routinely assess and plan for residents' health, social and personal needs. Residents had an annual assessment of their health needs, and in general residents had a yearly meeting with allied healthcare professionals to review their care and support requirements.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Ravenswell OSV-0003581

Inspection ID: MON-0038208

Date of inspection: 30/01/2024

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"> • All identified policies are currently under review and due for completion by 01st October 2024. 	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A thorough walk-through with maintenance was conducted on 4th March 2024 to assess the current state of the designated centre. During this inspection, areas requiring attention, such as painting, touch-ups, window maintenance, were identified. <ul style="list-style-type: none"> • Construction has commenced for the de-congregation of one of the houses in the designated centre, completion deadline of 30th August 2024. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/08/2024
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	30/08/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any	Substantially Compliant	Yellow	01/10/2024

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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