



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

Issued by the Chief Inspector

Name of designated centre:	Shanlis
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:	09 June 2021
Centre ID:	OSV-0003648
Fieldwork ID:	MON-0032287

About the designated centre

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

This is a residential service providing full-time care and support to five adults with disabilities. The house is located in a peaceful, rural setting in Co. Louth but is near a number of large towns and villages. Transport is provided so residents can access day services and community-based amenities such as shopping centres, hotels, pubs, and restaurants.

The house is a large detached bungalow on its own grounds. It consists of a large, very well-equipped kitchen cum dining room, a large separate sitting room, a number of communal bathrooms, a laundry facility, and well-maintained gardens to the rear and front of the premises. Each resident has their own bedroom, which are personalised to their style and preference.

The healthcare needs of the residents are comprehensively provided for, and access to a range of allied healthcare professionals, including GP services, form part of the service provided. Residents are also supported to attend a day service where they can engage in activities of their choosing.

The house is staffed on a twenty-four-hour basis. The staff team comprises a person in charge, house manager, staff nurses, and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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	09:30hrs to 15:45hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

Through observations and review of residents' information, the inspector found that residents received appropriate care and support. Residents were supported to engage in activities of their choosing, and the centre's staff team supported residents in a way that promoted their views and rights.

The inspector was greeted by the person in charge and a resident on their arrival to the centre. The resident said hello to the inspector and then engaged in their preferred activities. The inspector entered the kitchen, where a second resident was having a cup of tea. The inspector spoke with the resident briefly and observed that the resident appeared at ease in their environment and was interacting with those supporting them in a jovial manner.

The inspector observed that the centre was designed and laid out to meet the needs of the residents. Residents had adequate space to take time away if they wished. Each resident had their own room that was designed to their preferred tastes and the inspector observed some of the residents watching tv or listening to music in their rooms during the inspection.

A third resident requested to meet with the inspector later in the day. The inspector met with the resident in the kitchen as they had a cup of tea. The inspector was supported to interact with the resident and was informed of their plan for the day. The resident had requested an activity, and this was being facilitated by those supporting them.

Residents' daily routines had been impacted over the last 15 months due to the COVID-19 pandemic. Before this, the majority of the residents were attending a day service programme and were active in their local community. A new day service programme had recently been re-introduced for some of the residents on a staggered basis. A review of a sample of residents' information demonstrated that some of the residents were partaking in a gardening project at their day service.

A review of a sample of residents' information demonstrated that they were receiving individualised supports tailored to their needs. Skill teaching programmes had been developed that were focused on promoting residents' individual living skills. Residents' meaningful day activity plans demonstrated that when possible, residents were supported to engage in activities of their choosing. The inspector observed that during the inspection, residents were partaking in activities away from the house, some going for walks and others attending their individualised day service programme. The inspector observed warm interactions between residents and the staff team supporting them throughout the inspection.

The recent easing of restrictions had resulted in residents re-engaging in their preferred activities in the community and with their family members. Some residents had attended activities such as horse riding, family visits, and therapeutic services in their local community. A number of residents were members of the local GAA club and were planning to partake in a walking group set up by the club.

There was clear evidence of the provider and staff team supporting residents to maintain their relationships with their family members through assistive technology and physical visits when possible. The inspector had the opportunity to speak with two residents' family members via phone. Both family members spoke positively of the service being provided to their loved ones. They were particularly supportive of the steps taken by the management and staff team regarding the COVID-19 pandemic. The family members spoke of regular contact between them and the staff team and that they were kept informed. One of the family members spoke of a recent circle of support meeting they had attended via a zoom meeting and that this had been a positive experience for them and their loved ones. Both family members also expressed that their loved ones were happy in their home.

The inspector reviewed a number of compliments that had been submitted by residents' family members in recent months. The compliments were focused on the high standard of care and support provided to residents.

Overall, residents were receiving a service that was meeting their needs and, when possible, was supporting them to engage in activities of their choosing.

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

Capacity and capability

Residents were receiving a consistent and good standard of care. The centre was effectively resourced with a clearly defined management structure in place.

The management team had ensured that there were appropriate arrangements in place to ensure that the service was effectively monitored. This ensured the service provided to residents was effective and focused on meeting the needs of residents. For example, there were monthly audits being completed that were comprehensive and captured areas that required improvement.

The provider had also ensured that an annual review of the quality and safety of care and support had been completed. The provider had also ensured that the unannounced visits to the centre had taken place as per the regulations and that written reports on the safety and quality of care and support in the centre had been generated following these.

The provider had ensured that residents were receiving continuity of care and that staffing levels were appropriate to the number and assessed residents' needs. There was a consistent staff team in place that were observed to know the residents well and support them appropriately.

The provider and the centre's management team had ensured that there were effective arrangements in place to support, develop and performance manage the staff team. The staff team supporting the residents had access to appropriate training as part of their continuous professional development. There was some outstanding training that had been delayed due to COVID-19; the inspector was, however, assured that the training would be addressed in the coming weeks.

A sample of staff members' supervision records were also reviewed, it was found that the person in charge was ensuring that the staff team were appropriately supervised. The inspector also carried out an appraisal of staff team meetings; these meetings were focused on information sharing and ensuring that the best possible service was being provided to each resident.

There was an effective complaints procedure that was accessible to residents. The inspector reviewed the centre's complaints log and noted that there were systems to respond to complaints in a prompt manner.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff development was prioritised and that the staff team had access to appropriate training.

Judgment: Compliant

Regulation 23: Governance and management

There was an internal management structure that was appropriate to the size and purpose and function of the residential service. Leadership was demonstrated by the management and staff team, and there was a commitment to improvement in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was accessible to residents.

Judgment: Compliant

Quality and safety

Residents were receiving appropriate care and support that was individualised and focused on their needs.

The centre was being operated in a manner that promoted and respected the rights of residents. Residents were, when possible, engaging in activities of their choosing and were being supported to develop and maintain links with the wider community.

The provider had ensured that comprehensive assessments of residents' health and social care needs had been completed. These assessments were under regular review and captured the needs and assistance required to best support the residents. The sample of information reviewed also demonstrated that the care being provided to residents was person-centered and reflected the changes in circumstances and new developments for residents.

The information reviewed also demonstrated that residents were receiving and had access to appropriate health care. The inspector reviewed a sample of residents' medication procedures and found them detailed and resident-specific. There were medication management audits being completed by the centre's management team on a regular basis. These practices were ensuring that the centre had appropriate arrangements regarding medication administration, storage, ordering, and returning of medication.

There were arrangements in place that ensured that residents had access to positive behavioural; support if required. The inspector reviewed a sample of residents' behaviour support plans and found them to be resident-specific. There were systems in place to gather information following behavioural incidents in order to promote learning for the staff team and residents. The behaviour support plans, as a result, were focused on identifying and alleviating the cause of residents'

behaviours. The behaviour support plans were also linked to resident individual risk assessments.

There were restrictive practices in place that were under regular review and implemented to support residents and ensure their safety. There were also ongoing trials being carried out in an attempt to reduce or discontinue some restrictive practices, which demonstrated there were attempts being made to ensure that the least restrictive procedure was being utilised.

The provider had ensured that there were suitable systems in place to respond to safeguarding concerns. There was a well-established staff team that were aware of the residents' needs and that had received appropriate training in relation to the safeguarding of residents.

There were appropriate systems in place to manage and mitigate risks and keep residents and staff members safe. The provider had arrangements in place to identify, record, investigate, and learn from adverse incidents. Adverse incidents were discussed as part of team meetings, and learning from incidents was promoted.

Infection control arrangements at the centre were robust in nature and reflected current public health guidance associated with managing a possible outbreak of COVID-19. The person in charge had developed a COVID-19 response plan for the centre, which informed staff of actions to be taken in all eventualities, including an outbreak amongst residents, staff members, or staff shortages. The COVID-19 risk assessments developed for residents, the staff team, and visitors were detailed and developed according to the Health Protection Surveillance Centre (HPSC) guidelines.

Overall, residents were receiving a service that was tailored to their needs.

Regulation 26: Risk management procedures

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

Judgment: Compliant

Regulation 27: Protection against infection

The provider and the person in charge had adopted procedures consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were appropriate and suitable practices relating to the ordering, receipt, storage, disposal, and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Positive behavioural support

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

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that there were suitable systems in place to respond to

safeguarding concerns. There were policies and supporting procedures to ensure that each resident was protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

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

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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