



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

Issued by the Chief Inspector

Name of designated centre:	The Bridge
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:	27 May 2021
Centre ID:	OSV-0005789
Fieldwork ID:	MON-0032756

About the designated centre

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

The Bridge is a community residential house situated in a town in Co. Louth. This house is home to four male and female residents over the age of eighteen, some of whom have mobility issues, health care needs and emotional needs. The house is a large bungalow with four bedrooms one of which has an en-suite bathroom. There is also a large bathroom, kitchen/dining area, a utility room and two sitting rooms. At the back of the property there is a large garden where seating areas are provided for residents to enjoy. The property has been adapted to meet the needs of the residents who have mobility issues.

The residents are supported by a team of staff 24 hours a day. The team consists of social care workers, nurses and health care assistants. There are three staff on duty all day and two waking night staff.

The person in charge is responsible for three centres under this provider. In order to assure oversight of the centre they are supported by a clinic nurse manager who works 19.5 hours in this centre. A shift leader is also assigned to oversee the care and support provided each day.

The residents do not attend a formal day service and are supported by staff to access meaningful activities during the day. A bus is provided in the centre to facilitate this and other appointments.

The following information outlines some additional data on this centre.

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 27 May 2021	10:40hrs to 15:35hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This centre was well resourced and residents living there enjoyed a good quality of life. All of the residents had moved to this home from a large rural campus based setting in 2018.

During the inspection the inspector got the opportunity to meet all of the residents and observe some practices. On arrival to the centre some of the residents were already up and some had enjoyed staying in bed. Staff were observed treating residents with dignity and respect at all times and residents appeared relaxed in their company. Staff spoken with also had a good knowledge of the residents' needs in the centre.

The house was homely, decorated and maintained to a high standard and was very clean. Residents had their own bedrooms which had been personalised to their individual tastes. One resident was planning to change the colour of their bedroom paint in the coming weeks and had chosen a new preferred colour. The house was adapted to meet the needs of the residents. For example; a wheelchair ramp was provided at the entrance to the house. Overhead hoists were also in place to support residents with their moving and handling needs. There was a large garden to the back of the property where a seating and shaded area was provided. The garden was a lovely area for residents to enjoy the good weather and enjoy the scenic views of the country side. A bird feeder was attached on one of the windows so as residents could enjoy watching the birds from inside the house also.

Over the course of the inspection one resident enjoyed a walk to their local coffee shop for a takeaway coffee. One resident was helping staff to bake a cake and was observed waiting near the cooker for the cake to be ready. Another resident was enjoying planting flowers in the garden and had previously helped to make planter boxes that were now hung in the garden.

A resident whose culture and heritage was very important to them was observed watching videos depicting the history of their heritage. This resident was very happy watching this and was delighted when the inspector spent a short time watching this with them in their room. Religion was also very important to this resident and some of the other residents and a religious 'May altar' had been made in the entrance hall of the centre. Residents were also supported to watch mass on the television when they could not attend the local church due to COVID-19 restrictions.

Another resident was enjoying a session of gong therapy in their bedroom via a video. The inspector admired the resident's nail varnish colour and it was evident that this was something that was important to the resident. A beauty station area had been set up in the large bathroom where they could enjoy getting some of their favourite beauty treatments such as face masks and facials. This resident had also picked a new paint colour for their room and was looking forward to it being done in

the coming months.

Two family representatives also spoke with the inspector over the phone and gave some feedback on the services provided. They were very complimentary of the staff and said that they were kept informed at all times of any changes to their family members care. One said that they were delighted that their family member lived locally to them and now family could drop in to see them whenever they wanted. They also said that when they visit, the resident always appears happy and content and was always smiling. Both family representatives were looking forward to being able to meet up with their family member now that COVID restrictions had been lifted.

As part of the providers annual review for the centre, they had sought the views of residents and family representatives on the services provided. The feedback from residents was very positive saying that they liked the staff, the meals in the centre and outlined some of the activities they enjoyed.

Feedback from family members in the annual review was also very positive saying that overall they were very happy with the services provided. They also said that they would feel comfortable raising a concern to the staff team if they had one.

Resident meetings were held weekly where residents were included and informed about things that were happening in the centre. For example; residents were informed when maintenance was being carried out or when new staff were starting in the centre. This informed the inspector that residents' right to information was being respected in the centre.

Since the public health restrictions community access had been limited in line with public health advice. However, staff and residents had planned other activities in the centre to adapt and manage this. The inspector was shown a number of pictures where themed nights had been held. For example; a Mexican and Italian themed night had taken place. Residents had also enjoyed gardening, helping out with household chores, playing board games like 'jenga' and one resident had enjoyed being the barman at a cocktail night held one of the nights in the centre.

Now that restrictions had been eased residents were planning some activities outside of the centre. For example; first on the list for some residents was reconnecting and meeting up with their family. One resident also wanted to go on a religious pilgrimage.

There were no complaints recorded in the centre, however; a number of compliments of the services provided were recorded. For example; some family representatives had complimented the care being provided to their family member.

There were a number of examples of where residents rights were respected in the centre. Residents had easy read personal plans in place where pictures were displayed of the allied health professionals who supported them. Since COVID-19 residents had been supported to keep in contact with family members on a regular basis. Residents were also being informed of issues relating to COVID-19 and easy read information was available to them. For example; residents were shown pictures

of what staff would look like if they were required to wear full personal protective equipment (PPE) in the centre. One area of improvement was identified in assuring that residents' rights were being respected in the centre which will be discussed further in the section of the report referencing quality and safety in the centre.

Overall, the residents were being supported to live a good quality of life in this centre. The inspector also observed that staff appeared to know the residents well and were respectful, caring and professional in their interactions with the residents.

The next two sections of the report outline 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 the residents lives.

Capacity and capability

Overall the centre was well resourced and centred around providing high standards of care to the residents living there. One area of improvement was required to ensure that residents' rights were being upheld in the centre which is discussed further in the next section of this report.

The centre had a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation. They were supported in their role by a clinic nurse manager, a social care worker, nursing staff and a team of health care assistants. The person in charge was a qualified nurse who provided good leadership and support to their team. They reported to the director of care who was also a person participating in the management (PPIM) of the centre. They had regular contact with each other over the phone and the PPIM also facilitated meetings with the person in charge of all designated centres under their remit on a monthly basis, to discuss changes or improvements required in practices in the wider organisation.

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. If required a regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

Staff spoken with said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis. In particular they commented about the support they had received from the person in charge and the senior management team during COVID-19.

Staff personnel files had been reviewed at an earlier date to this inspection and were found to contain the information required under the regulations. For example; Garda vetting was in place for staff.

From a sample of training records viewed the inspector found that staff were

provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken a number of in-service training sessions which included; basic life support, safeguarding adults, fire safety, manual handling, supporting residents with dysphagia and infection prevention and control. The providers own audits showed that refresher training was due for some staff, however; there were plans in place to complete this once public health advice permitted this.

The centre was being 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. Both the annual review and the last six monthly audit report had highlighted a small number of actions which required attention. The inspector followed up on some of these actions and found that they had been completed. For example; a floor needed to be repaired in the hallway and this had been done. A supervision schedule had also been put in place for the year, which included arrangements for the person in charge to receive supervision.

Other audits were also completed in areas such as; fire safety, medication management and residents' personal plans. Overall the findings from these audits were, for the most part, compliant. For example; fire safety audits showed that fire drills could be completed in a timely manner. Where areas of improvement had been identified they had been addressed.

A review of incidents that had occurred in the centre over the last year, informed the inspector that the person in charge had notified the Health Information and Quality Authority (HIQA) as required under the regulations.

Regulation 14: Persons in charge

The person in charge was a qualified nurse who provided good leadership and support to their team. They were experienced and worked on a full-time basis in the organisation. As they were appointed as the person in charge of other designated centres under this provider, they were supported in their role by a clinic nurse manager to ensure effective oversight of this centre

Judgment: Compliant

Regulation 15: Staffing

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. If required a regular number of relief staff were also employed to cover planned and unplanned leave. This meant that residents were ensured consistency of care during these times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had undertaken a number of in-service training sessions which included; basic life support, safeguarding adults, fire safety, manual handling, supporting residents with dysphagia and infection prevention and control. The providers own audits showed that refresher training was due for some staff, however; there were plans in place to complete this once public health advice permitted this.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre, along with monitoring and review systems to ensure that the services provided was a safe quality service.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that had occurred in the centre over the last year, informed the inspector that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

Judgment: Compliant

Quality and safety

Overall the residents enjoyed a safe quality service in this centre. All of the residents looked well cared for and staff knew the residents well. However, the oversight of one health care decision needed to be reviewed by the human rights committee within the organisation to ensure that it was upholding the residents' rights in line with the providers own safeguarding measures.

As stated earlier in the report, the property was well maintained, accessible and

adequate communal space was available which allowed for residents to meet family and friends privately should they wish.

Personal plans were in place for all residents, including an easy read version for residents to keep them informed. Residents were supported with their health care needs and had access to as required allied health care professional support, to include GP, dietitian, occupational therapy and physiotherapy. Hospital appointments were also facilitated as required and care plans were in place to support residents in achieving best possible health. Of the family members spoken with, they reported that they received regular updates from staff if there was any changes to the residents health care needs. Residents were supported to experience best possible mental health and where required had access to behavioural and psychology support. However, one improvement was required in relation to a decision around one health care treatment as discussed under rights in this report.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. This included a risk register for overall risks in the centre and individual risk assessments for each resident. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented. For example; one resident had recently been reviewed by an occupational therapist regarding minor injuries that the resident had sustained which were thought to have been attributed to when the resident used the bath in the centre. A piece of equipment had been ordered to minimise this risk going forward.

All staff had been provided with training in safeguarding vulnerable adults. Staff spoken with were aware of the procedures to follow in the event of an incident of abuse occurring in the centre. There were also systems in place to support residents who may not be able to voice their concerns. For example; where a resident had sustained an injury such a bruising and there was no known cause for this, these incidents were reported to the safeguarding officer for an independent review.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of PPE. There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. For example; masks were worn by staff when social distancing could not be maintained. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. Staff were knowledgeable about what to do in the event that a staff or a resident was suspected of having COVID-19. There were measures in place to ensure that both staff and residents were monitored for possible symptoms. One staff member was also appointed as the lead person for the management of COVID-19 in the centre. This person was responsible for carrying out audits to ensure ongoing compliance with public health guidance.

As already stated earlier in this report there were a number of examples of where residents' rights were respected in the centre. The provider also had a rights checklist that was completed yearly for each resident to review and provide assurances where residents rights may be infringed. One section of this checklist included asking whether a resident had refused a medical intervention or treatment.

If the resident had refused then one safeguard included submitting a referral to the human rights committee of the organisation for review. The inspector found that this had not been completed for one resident.

Regulation 17: Premises

The property was well maintained, accessible and adequate communal space was available which allowed for residents to meet family and friends privately should they wish.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage risk in the centre which included reviewing incidents to ensure that appropriate control measures were in place.

Judgment: Compliant

Regulation 27: Protection against infection

There were contingencies in place to manage/ prevent an outbreak of COVID-19 in the centre. Staff had been provided with the necessary training and knowledge to manage this. Residents had been supported with easy read information to inform them about COVID-19.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to with their health care needs and where required had access to support from allied health professionals. As noted under regulation 9, one improvement was required in relation to one health care intervention decision for a resident.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in safeguarding adults. Of the staff met, they were aware of the procedures to follow in the event of an incident of abuse occurring in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

One incident where a resident had decided not to have a medical intervention had not been referred to the human rights committee in the organisation for review.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	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	Substantially compliant

Compliance Plan for The Bridge OSV-0005789

Inspection ID: MON-0032756

Date of inspection: 27/05/2021

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 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: A referral will be submitted to the human rights committee in the organisation for review on behalf of a resident who decided not to have a medical intervention carried out .to be completed by 01/07/2021	

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Substantially Compliant	Yellow	01/07/2021