

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

## Issued by the Chief Inspector

Name of designated centre:	Proleek
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	30 April 2024
Centre ID:	OSV-0005810
Fieldwork ID:	MON-0034648

## About the designated centre

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

Proleek is a community home located in a large town in Co. Louth and is close to community amenities. The property is a four-bedroom bungalow adapted to meet the needs of residents with mobility issues. The house is modern, decorated to a high standard, clean and well maintained. All of the residents have their own bedrooms. There is a large landscaped garden to the back of the property that has a patio area with furniture where residents can sit and enjoy the outdoors. Transport is also provided should residents wish to avail of it for leisure activities and appointments. The centre provides full-time residential care to four male adults, some of whom require support around behaviours of concern, healthcare, and enjoying a meaningful life. The centre is nurse-led, meaning that a nurse is on duty 24 hours a day. Healthcare assistants and a social care worker are also employed to support residents. Three staff are on duty during the day and one at night. This centre is also approved to facilitate a learning environment for student nurses. Residents do not attend formal day services but are supported by staff in the centre to have meaningful activities during the day in line with their personal preferences. The person in charge is responsible for three other designated centres under this provider but is supported in their role by a clinic nurse manager to ensure effective oversight of the care being provided.

**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 April 2024	09:00hrs to 15:00hrs	Eoin O'Byrne	Lead

## What residents told us and what inspectors observed

This announced inspection was carried out following the providers application to renew the registration of the centre. The findings from this inspection were very positive and all areas reviewed were found to be compliant with regulations and standards.

Throughout the day, the inspector chatted with some of the residents and met with staff members and the person in charge. The inspector also reviewed a large volume of information relating to how the service was managed and the care and support provided to the residents.

Through observations, information reviews, and discussions, the inspector was assured that the residents were receiving a good service which was developed around their needs. To further corroborate this, family members and neighbours of the residents made a number of compliments regarding the care and support being provided to the residents.

The inspector was introduced to all of the residents. Three of the residents utilised nonverbal forms of communication to interact with others, and one resident had some verbal communication skills. The inspector found that guidance documents had been developed to support staff in communicating with the residents. The inspector observed the staff members following the guidance when supporting the residents and responding to their nonverbal and verbal forms of communication.

The inspector had the opportunity to sit with one of the residents and a staff member in the dining room. The resident was going through old pictures of friends and family. The resident appeared at ease in their interactions with the staff member and, at times, sought reassurance, which was provided to them. The inspector had brief interactions with the other three residents. One of the residents came into the room the inspector was using a number of times but chose to keep the interaction brief, as did the other two residents. The inspector did observe that they appeared at ease in their home and comfortable in their interactions with those supporting them.

The inspector observed staff members interact with and care for the residents respectfully. There were episodes of residents becoming upset or distressed and staff members were observed to respond to the residents in a caring manner and followed the guidance documented in care plans.

There was a significant staff presence, with three staff members rostered daily. All staff members were observed interacting with the residents in a manner that respected and promoted their rights. One of the staff members spoke to the inspector about the Human Rights training they had received, and the staff member mentioned that the training had enhanced their approach to supporting the

residents.

For most of their lives, the residents had lived in a campus-based setting, they were now living in the community and were engaging in numerous activities in their local community. The person in charge informed the inspector that the residents were involved in a number of clubs and groups. For example, during the inspection, residents went to dance classes and went out for coffee, and one of the residents was due to go swimming in the evening

The residents' home was well maintained and presented. It had been adapted to suit the residents' current and future needs. There was a homely atmosphere, with pictures of residents and family members throughout the house, giving the feel of a family home.

In summary, the inspection found that the provider and staff team ensured that, the residents were cared for appropriately. The residents appeared happy in their home and family members had submitted compliments regarding the service.

The following two sections of the report present the findings of this inspection about 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

The inspector reviewed the provider's governance and management arrangements and found them appropriate. They ensured that the service provided to each resident was safe, suitable to their needs, consistent, and effectively monitored.

The person in charge was actively following the provider's systems, demonstrating their strong oversight of the service being provided to the residents.

The inspector reviewed the provider's arrangements regarding the person in charge, staffing, staff training, and the statement of purpose. The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the resident.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and safe.

## Regulation 14: Persons in charge

The provider ensured that the person in charge possessed the necessary experience and qualifications to fulfil the role.

The inspector reviewed the person in charge's credentials and found that they were a qualified healthcare professional with additional qualifications in management.

The person in charge had worked with the residents for an extended period and demonstrated that they had a good understanding of the needs of the residents. They were present in the centre most days, and the inspector found through discussions and the review of audits that they had good oversight of practices and the care provided to the residents.

Judgment: Compliant

## Regulation 15: Staffing

As part of the inspection, the inspector reviewed the current staff roster and rosters from early January this year. The inspector found that there had been no changes to the staff team; there was a consistent staff team in place, which ensured that residents were receiving continuity of care from persons they knew. The review of staffing arrangements also identified that, the provider and person in charge had ensured that safe staffing levels were maintained.

The inspector also found, through the review of information and documentation, that the provider had ensured that the skill mix of staff was appropriate to meet the needs of the residents. There was a nurse on duty twenty-four hours each day. The nurses led each shift and were supported in running the service by a team comprised of a social care worker and health care assistants.

As mentioned earlier, three staff members were rostered each day, and a staff nurse completed night duties. The inspector found when reviewing information regarding the residents' care that, the staff team was proactive in reviewing and updating documents when required. This approach led to care and support plans accurately reflecting the changing needs of residents, and this will be discussed in more detail in later sections of the report.

As part of the ongoing assessment of compliance with safe recruitment and selection processes, separate to this inspection a sample of staff files for the centre were reviewed. The review found, the person in charge had ensured that information required in schedule two of the regulations was in place.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector reviewed the training matrix developed to capture staff members who had completed training and found there were some gaps in training recorded. However, the person in charge provided training certificates to demonstrate that staff members had completed the training. Therefore, the provider needed to ensure that the matrix accurately reflected the training that staff members had completed.

Staff members had completed training in areas including:

- fire safety
- safeguarding of vulnerable adults
- basic life support
- training in the management of behaviour that is challenging, including de-escalation and intervention techniques
- infection prevention and control
- human rights-based approach
- feeding, eating, drinking and swallowing
- assisted decision-making act.

The inspector was also provided with information that demonstrated that staff members were receiving supervision. Two staff members' supervision records were reviewed; the sample showed that the supervision focused on performance management and ensuring the best possible service was provided to the residents.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector's analysis of the provider's governance and management arrangements concluded that they were appropriate. The provider's audit and reporting mechanisms were also reviewed, and they were found to be effective in ensuring that the service was safe and meeting the residents' needs.

The management structure was clearly defined, with the person in charge leading a competent staff team that provided a good standard of care to the residents. The provider had completed the required annual and six-monthly reviews, which focused on the quality and safety of care and support provided in the centre. The provider had developed a schedule of audits that covered topics such as restrictive practices, individual personal plans, fire safety, residents' finances, and hygiene. These audits provided effective oversight of the service being provided to the residents, and the person in charge promptly identified areas that required improvement when necessary.



Additionally, a quality improvement plan was developed to address any issues or areas that needed improvement, and the management team responded promptly to the action plan. Furthermore, the monthly statistic report was another audit tool that the provider used. The report included information on adverse incidents, risk management, restrictive practices, safeguarding incidents, rights restrictions, complaints, and staffing matters. The person in charge updated this report regularly and made it available for review by the provider's senior management and multidisciplinary team members. This was an effective method to review the service provided to the residents.

Overall, the provider had introduced systems to ensure effective oversight of the care and support provided to the residents and the running of the service, as demonstrated by the regular audits and reports.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider prepared a statement of purpose containing the information set out in Schedule 1 of the regulations. The statement was updated when required, and a copy was available to residents and their representatives.

The inspector reviewed the statement of purpose as part of the preparation for the inspection. On the inspection day, the inspector was assured that it accurately reflected the service provided to the residents.

Judgment: Compliant

### Quality and safety

The review of information and observations found that the residents were receiving a service tailored to their specific needs and provided in a way that respected their rights. The residents engaged in the things they wanted to do, and the staff team supported them in maintaining links with family and being active outside of their home.

The provider ensured that the residents' needs were comprehensively assessed, and support plans were developed to guide staff members in promoting positive outcomes for the residents. The inspection found that guidance documents were created to help staff support the residents in the best possible way.

The inspector reviewed several aspects, including risk management, premises, medication management, food and nutrition, health and positive behaviour support.

The review found these areas compliant with the regulations.

In conclusion, the provider, person in charge, and staff team delivered a safe service that met each resident's needs. The residents appeared happy in their surroundings and their overall daily activities.

## Regulation 10: Communication

Through observations and the review of information, the inspector was assured that residents were communicated to in a manner that met their needs and wishes.

As discussed earlier, the residents mainly communicated through nonverbal methods. The inspector observed the staff team interact with and respond to the residents' communication effectively.

When reviewing two of the residents' information, the inspector found that there were a number of documents aimed at enhancing staff members' knowledge of how best to communicate with and understand the residents' communication skills. Documents called "critical information" and "communication passports" gave detailed information on how the residents communicated and expressed themselves, including their emotions and how the staff members should best communicate with the residents. As stated earlier in the report, the inspector observed that staff members utilised guidance when supporting the residents.

Judgment: Compliant

## Regulation 12: Personal possessions

Through observations and the review of information, the inspector was assured that residents were communicated to in a manner that met their needs and wishes.

The inspector reviewed two residents' information, and a "financial passport" was created. It captured the residents' skills regarding managing their finances, how they liked to spend their money and if they needed the support they needed from staff members. The two residents required full support with their finances.

The inspector reviewed the systems to safeguard the two residents from financial abuse. These included credit, debit and balance checks completed daily by staff members. Receipts were collected following all purchases, and there was a system where spending was checked against bank statements regularly. The inspector reviewed two weeks' transactions in March for both residents and found that the expenditure matched the receipts and that the daily checks were being completed. As noted earlier, the person in charge was also completing finance audits, which

further enhanced the oversight.

Judgment: Compliant

### Regulation 13: General welfare and development

The inspector found, through the review of residents' daily notes, care and support plans, and observations, that the residents were receiving appropriate care and support.

The inspector reviewed two of the residents' daily note recordings for the previous two weeks. The review captured the activities the residents were engaging in. Some of the residents attended dance classes, completed gardening, went out for coffee, met family for lunch, and went swimming.

At the previous inspection, the inspector was informed that the provider and the residents' families were planning to install a hot tub for the residents which had been identified as something the residents really enjoyed. Through fundraising the required funds had been raised, the hot tub had been purchased and installed. There was evidence of the residents using it regularly and enjoying the activity.

The staff team supported the residents in maintaining links with friends and family. As stated earlier, families submitted a number of compliments, some of these related to staff organising family lunches and also celebrating residents' birthdays.

Judgment: Compliant

### Regulation 17: Premises

As noted in the earlier section, the inspector found that the residents' home was well maintained and that they experienced a warm and friendly atmosphere. The person in charge showed the inspector around the house. The house had been adapted to suit the residents, and equipment was in place to support residents as they aged.

Judgment: Compliant

### Regulation 18: Food and nutrition

The person in charge informed the inspector that three of the residents had modified diets. Staff members had completed training called feeding, eating,

drinking, and swallowing (FEDS) which prepared them to care for the residents.

The residents were assessed by Speech and Language therapists. The inspector reviewed two of the residents' information and found that "eating and drinking care plans" had been developed. The foods the residents' liked and disliked were listed in the plans along with the cutlery they used. A staff member spoke to the inspector about the residents' diets, showing the inspector the meal plan for the week and also some of the equipment used to prepare one resident's meal.

There was evidence to show the residents had a healthy and varied diet. Importantly, residents were actively supported in choosing meals each week during resident meetings. The inspector reviewed the current meal plan and three previous meal plans and found that the residents were consistently provided with a varied and healthy diet, tailored to their preferences and needs.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured that a risk management policy had been developed. The inspector reviewed this and found it contained the required information per the regulations. The inspector also listed the social and environmental risks present in the service.

There were systems in place to identify risk and respond to adverse incidents. The inspector reviewed adverse incidents that had occurred this year. Incidents were reviewed by the person in charge and by senior management if required. Incidents were also reviewed at team meetings, and learning was identified to reduce the likelihood of reoccurrence and the level of risk.

Risk assessments had been conducted for each resident. The assessments were linked to the residents' care and behaviour support plans and guided the reader on the steps to take to ensure the residents' safety. Following the review of the risk assessments of two residents, the inspector found that the control measures introduced to manage the risks were appropriate to the level of risk.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider and person in charge, demonstrating their commitment to resident well-being, ensured the implementation of appropriate medication management practices. This involved the management of medication administration by a team of staff nurses, with two additional staff members trained in medication management

and administration.

The inspector conducted a comprehensive review of two residents' medication records, which were found to be well-maintained with clear instructions for staff. The inspection also extended to the medication press, where safe practices for medication storage were observed.

Evidence showed that the residents' medication was under close review by members of the provider's multidisciplinary team and the residents' general practitioners. The person in charge also informed the inspector that medication changes were planned for a resident following a recent review.

The person in charge completed medication audits; again, these practices led to effective oversight of staff members' actions.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector found through the review of two residents' information that there were appropriate systems for assessing residents' health and social care needs. Residents' needs were assessed, and care and support plans were created. The inspector reviewed the plans relating to two residents and found they were under regular review. The inspector captured the changing needs of the residents and gave the reader directions on how to support them best.

Regarding residents' social needs, the inspector found, as discussed earlier, that the residents were active outside of their home. Social goals had been identified for the residents, there was evidence to show that goals were being identified as much as possible with the residents input. For example some of the residents were planning to attend music events and try new places to go for food

Judgment: Compliant

### Regulation 6: Health care

The inspector reviewed two of the "health assessments" developed for all residents. The inspector found that the assessments captured the residents' medical histories, any diagnoses, and the support they needed to maintain their health.

Following the assessments, healthcare plans were developed. The inspector reviewed the care plans relating to the two residents and found that the plans gave the reader insight into their health needs and how best to support them.

The study of the care plans also showed that there were systems in place to identify and respond to the changing needs of the residents. For example, one resident's presentation had changed in recent months. The person in charge and staff team identified this, and members of the provider multi-disciplinary team (MDT) and other healthcare professionals reviewed the resident. An assessment of need had been completed, and meetings had been conducted to review the findings. The person in charge was in the process, alongside members of the provider MDT team, of developing an enhanced plan of care for the resident.

In summary, the inspector found that the provider and the staff team supporting them were meeting the residents' health needs. Residents had access to their general practitioners (GP), provider MDTs, and other healthcare professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

During the inspection, it was confirmed that the provider had appropriate systems in place to support positive behavioral outcomes for residents.

The staff had received adequate training to address behaviors of concern and were well-equipped to manage and support residents in this regard.

The residents' needs were being closely monitored, and they had access to the provider's MDT if required, with two already receiving this support.

The inspector reviewed the positive behavioral support plans developed for the residents and was satisfied with the detailed information provided in the plans. The plans outlined the reasons for the residents' behaviors of concern, how staff should respond to incidents, and steps to take to prevent such behaviors from occurring.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector observed that the provider and the staff team supporting the residents were promoting and respecting their rights. This group of residents had previously lived in a campus-based setting, and the inspector found that they were active in their community and participating in activities that were not previously available to them.

The staff team was observed interacting with the residents in a respectful manner, and this was further supported by the review of daily notes.

Overall, the inspector was satisfied that the residents were receiving a good service that was tailored to their needs, and the needs of the residents were given the highest priority.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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 9: Residents' rights	Compliant