



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

## Issued by the Chief Inspector

Name of designated centre:	Meadow View
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	20 October 2021
Centre ID:	OSV-0008057
Fieldwork ID:	MON-0034568

## About the designated centre

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

This is a service providing care and support to four individual with disabilities. It comprises of a large detached two-storey house with each resident has their own bedroom (two being en-suite). Communal facilities include a large kitchen cum dining room a sitting/sun room, a second sitting room, a utility facility and a large of communal bathroom facility. The house is located in a rural setting but within driving distance to a nearby large town and a number of smaller villages. Private and public transport is also available the residents as required.

The house is staffed on a 24/7 basis by a person in charge, a house manager, a team of staff nurses and a team of healthcare assistants.

**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
Wednesday 20 October 2021	11:00hrs to 17:20hrs	Raymond Lynch	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. The service comprised of a large detached house in a rural setting in County Louth but was in close proximity to a large town and a number of villages.

The inspector met and spent some time with three of the residents over the course of the inspection process and, received verbal feedback (over the phone) from one family representative on the quality and safety of care provided in the house.

On arrival to the service, the inspector observed that the premises were spacious, clean, warm and welcoming. One resident came to greet the inspector and appeared comfortable and relaxed in their home and at ease in the presence and company of staff. The house was observed to be equipped to meet the assessed needs of the residents. For example, where a resident had a mobility issue, overhead hoists were provided to ensure they could mobilise around their home in a safe manner.

The house was also decorated to take into account the individual style of the residents. For example, each one had their own bedroom (two being ensuite) which were decorated to take into account their preferences. Some of the residents were looking forward to Halloween and the house had been suitably decorated for this occasion.

The person in charge and house manager were not in the house on the morning of the inspection however, an experienced staff nurse provided the inspector with the information and documentation required to commence the inspection process. It was observed that this staff member was knowledgeable on the assessed needs of the residents in their care.

Staff were supportive in ensuring that residents got to engage in activities of their choosing and interest. For example, on the day of this inspection, one resident was celebrating their birthday. The resident had plans made for their big day to include baking a cake and going to the cinema. The inspector observed staff supporting the resident with these activities on the day of the inspection.

Two residents liked to take their mornings at a leisurely pace and the inspector noted that staff were respectful of their choices. For example, one like to spend time relaxing in their room in the morning and another liked to listen to music in a spare sitting room. Staff ensured that these activities were available to the residents as requested.

Another resident liked to walk around the house and spend time on the garden patio when the weather was good. The house had panoramic views of the countryside and, on the morning of this inspection the inspector observed this resident relaxing in their garden when the sun was shining. Staff were at all times in the presence

and company of the residents and residents seemed to have a good rapport with the staff team.

Feedback from one family representative (spoken with over the phone) was positive and complimentary. They said that they were very happy with the quality and safety of care provided in the house and they believed their relative was valued by the staff team. For example, they said that staff listened and respond to the needs of their relative and that they were good advocates for them.

The family representative also said that the healthcare needs of their loved one was well provided for and they were very happy living in the house. They had no complaints about the service saying staff were approachable and there was good continuity of care. While a number of community based activities had been curtailed due to COVID-19, the family representative said they were happy these activities had started to recommence. They also said they were anxious for their relative to return to their various social clubs and other social activities. When asked had they any complaints about the service, the family member said they had none

Over the course of the day the inspector observed residents engaging in activities of their choosing, with the support of the staff team where required. Staff were also observed to be respectful, person centred and kind in their interactions with the residents.

While issues were identified with the process of risk management, residents appeared happy and content in their home. The inspector also observed that the atmosphere in the house was pleasant and relaxed. Feedback from one family representative on the quality and safety of care was also positive and complimentary. The following two sections of this report discuss the above points in more detail.

## Capacity and capability

On the day of this inspection residents appeared happy and content in their home and the provider ensured that appropriate supports and resources were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who was supported in their role by a house manager (Clinical Nurse Manager I). The person in charge was an experienced qualified nursing professional, who provided leadership and support to their team. The inspector also observed that they were responsive to the inspection process and aware of their legal requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The regulations).

For example, they were aware of their legal remit to update the statement of

purpose on an annual basis and to notify the chief inspector of any adverse incident occurring in the service as required by the regulations. The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

The person in charge ensured that resources were used appropriately in the centre which meant that the individual and assessed needs of the residents were being provided for. From a small sample of files viewed, the inspector also observed that staff were appropriately trained, supervised and supported and they had the required skills to provide a responsive service to the residents. For example, staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, manual handling, positive behavioural support and infection prevention control.

It was observed that some refresher staff training was required in basic life saving however, a plan of action was in place to address this training deficit, a trained nurse worked on a 24/7 basis in the centre and this issue was further discussed and actioned under Regulation 26: Risk Management.

From speaking with one staff member over the course of this inspection, the inspector was assured they had a good working knowledge of the assessed needs of the residents.

The centre was also being monitored and audited as required by the regulations. While the annual review of the quality and safety of care was not due for completion at the time of this inspection, a number of local audits were being carried out. For example, an audit on residents individual personal plans (IPPs) identified that some documents and individual assessments required review and updating. At the time of this inspection, this had been addressed (or was in the process of being addressed).

However, an issue arose with regards to the car used to transport residents as it was overdue its national car test (NCT) by eight months. This meant the inspector could not determine if the vehicle was road worthy. In response, the regional director provided immediate assurances to the inspector that this issue had already under review prior to this inspection and would be addressed as a priority. This was further discussed and actioned in Section 2 of this report under Regulation 26: Risk Management.

Overall residents appeared happy in their home and feedback from one family representative on the quality and safety of care was positive and complimentary.

## Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre with experience of working in and managing services for people with disabilities. They were also

aware of their legal remit to the regulations.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
On completion of this inspection, the inspector was satisfied that there were adequate staffing arrangements in place to meet the assessed needs of residents and in line with the Statement of Purpose.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
From a small sample of files viewed, the inspector also observed that staff were appropriately trained, supervised and supported and they had the required skills to provide a responsive service to the residents. For example, staff had undertaken a suite of in-service training to include safeguarding of vulnerable adults, manual handling, positive behavioural support and infection prevention control.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The centre had a clearly defined management structure in place which consisted of an experienced person in charge who was supported in their role by a house manager (Clinical Nurse Manager I). The person in charge was an experienced qualified nursing professional, who provided leadership and support to their team. The centre was also being monitored and audited as required by the regulations
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be



provided to residents.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the service as required by the regulations.

Judgment: Compliant

### Quality and safety

Residents were supported to have meaningful and active lives within their home and within their community and systems were in place to meet their assessed health, emotional and social care needs. However, some issues were identified with the process of risk management.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links regular contact with their families. While COVID-19 had impacted on a number of social based activities, residents were being supported to reconnect with their community. For example, on the day of this inspection one resident was being supported to go to the cinema. Other residents went for a walk with staff support while some relaxed at home sitting in the sunshine and/or listening to music of their choosing. Residents had only recently moved into this house having lived most of their lives on a campus based setting and the inspector observed that they appeared very happy and comfortable in their new home. One had also recently gotten a new mobile phone and kept in regular contact with their family via phone and video calls.

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP services formed part of the service provided. Where required, care plans were in place to inform and guide staff practice. Residents also had access to an optician, dentist, speech and language therapist (SALT), occupational therapist (OT), chiropodist and, hospital appointments were facilitated as required.

Residents were also supported to experience best possible mental health and had access to behavioural and psychiatry support. Where required, they also had a positive behavioural support plan in place. From a small sample of files viewed, staff had training in positive behavioural support techniques and, from speaking to one members, the inspector was assured they were familiar with the behavioural support

needs of the residents.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, there were no safeguarding issues open at the time of this inspection. Information was available in the house on how to access and make contact with an independent advocate, the complaints officer and the designated officer. From a small sample of files viewed, staff also had training in safeguarding of vulnerable adults.

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well-being. For example, where a resident may be at risk in the community, they were provided with staff support at all times so as to ensure their safety and well-being.

However, the process of risk management required review. An issue arose with regards to the car used to transport residents. It was overdue its NCT by eight months in turn, the inspector could not determine if the vehicle was road worthy. Because of this, immediate assurances were sought from the service that the vehicle was safe to use and adequately insured for transporting residents. In response, the management team addressed this issue immediately by informing the inspector they would use a taxi service to transport residents until they had evidence that the bus was road worthy. By the end of the inspection process, the director of care and nursing provided a written document to the inspector from a mechanical repair service shop stating the vehicle was road worthy. The day after the inspection, the regional director of services also emailed the inspector confirming that the vehicle had been booked for a national car test on October 22, 2021.

It was also observed that staff training in basic life saving was required as a control measure to manage some health-related risks in the centre. From a sample of files viewed by the inspector, staff had this training however, some of them required refresher training in this area.

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge said there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. The inspector also observed there were adequate hand washing facilities and hand sanitising gels available throughout the house.

Adequate fire fighting equipment was provided for to include a fire panel, fire extinguishers, emergency lighting and fire signage. Such equipment was also being serviced as required. Regular fire drills were taking place and each resident had a personal emergency evacuation plan in place.

Overall, while an issue was identified with the process of risk management, residents appeared happy and content in their home and systems were in place to ensure their health and social care needs were being supported and provided for.

<b>Regulation 17: Premises</b>
The premises were designed to meet the assessed needs of the residents.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
While systems were in place to manage and mitigate risk in the centre, the process of risk management required review.
Judgment: Substantially compliant
<b>Regulation 27: Protection against infection</b>
Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge said there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. The inspector also observed there were adequate hand washing facilities and hand sanitising gels available throughout the house.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
Adequate fire fighting equipment was provided for to include a fire panel, fire extinguishers, emergency lighting and fire signage. Such equipment was also being serviced as required. Regular fire drills were taking place and each resident had a personal emergency evacuation plan in place.
Judgment: Compliant
<b>Regulation 5: Individual assessment and personal plan</b>

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain links regular contact with their families. While COVID-19 had impacted on a number of social based activities, residents were being supported to reconnect with their community.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported with their health care needs and as required access to a range of allied health care professionals, to include GP services formed part of the service provided.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were also supported to experience best possible mental health and had access to behavioural and psychiatry support. Where required, they also had a positive behavioural support plan in place. From a small sample of files viewed, staff had training in positive behavioural support techniques and, from speaking to one members, the inspector was assured they were familiar with the behavioural support needs of the residents.

Judgment: Compliant

### Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. However, there were no safeguarding issues open at the time of this inspection. Information was available in the house on how to access and make contact with an independent advocate, the complaints officer and the designated officer. From a small sample of files viewed, staff also had training in safeguarding of vulnerable adults.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Meadow View OSV-0008057

Inspection ID: MON-0034568

Date of inspection: 20/10/2021

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>26.2 Refresher Training in Basic Life Support is scheduled for those who require it.</p> <p>26.3 The house vehicle was brought for NCT on 22/10/2021 and did not pass. It was sent to garage workshop for the required repairs. The vehicle was retested on 02/11/2021 and subsequently passed NCT.</p>	

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	23/11/2021
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.	Substantially Compliant	Yellow	02/11/2021



