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

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:	Unannounced
Date of inspection:	01 May 2019
Centre ID:	OSV-0003648
Fieldwork ID:	MON-0021129

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 care and support to five male adults with disabilities. The house is located in a peaceful and rural setting in Co. Louth but is in close proximity to a number of large town and villages. Transport is provided so as 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. There is also adequate private parking space to the front of the house. Each resident has their own bedroom which are personalised to their individual 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 24/7 basis. There is an experienced person in charge who is supported in his role by an experienced house manager. There are also a team of trained healthcare assistants who support the residents in meeting their assessed social and healthcare needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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How we inspect

To prepare for this inspection the inspector or 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
01 May 2019	11:30hrs to 15:30hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector met, spoke with and had a cup of coffee with one of the residents over the course of this inspection. The resident used a combination of non-verbal communication and a computerised system to make their needs known and communicate with staff. They appeared very much at home in their house and the inspector observed that they liked to move from room to room and access the garden area on their own terms.

Over the course of this inspection staff were observed to respect the resident's wishes and were warm, attentive and professional when interacting with the resident. The inspector did not get to meet with the other four residents as they were either engaged social activities or attending their various day services.

However, the inspector viewed written feedback on the service from two family representatives and noted that it was very positive. They reported that they (and their family members) were very happy with the service and care provided. They also reported that they felt their family members were safe in the centre, were happy with the staffing arrangements and satisfied with the overall care and support arrangements in place.

Capacity and capability

Residents appeared very happy and content in this centre and the provider ensured that appropriate supports and resources in place to meet their assessed needs. The model of care provided to the residents was person centred and respectful of their individual choices and preferences. This was reflected in the significant levels of compliance found across the regulations assessed as part of this inspection process.

The centre has a management structure in place which was responsive to residents' individual assessed (and changing) needs and their individual choices. There was a clearly defined and effective management structure in place which consisted of an experienced person in charge who worked on a full time basis in the organisation and was supported in her role by a full time and experienced house leader

The person in charge was a qualified clinical nurse specialist III (CNM III), was aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The Regulations) and provided good leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the

Regulations. She (along with the house leader who was an experienced and qualified clinical nurse manager I) also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the residents.

Of the staff spoken over the course of this inspection, the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications in nursing and/or healthcare and all had undertaken a suite of in-service training to include safeguarding of vulnerable adults, children's first, fire safety, manual/patient handling and positive behavioural support. This meant they had the knowledge and skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

The person in charge and house leader ensured the centre was 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. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre. For example, an audit on the centre identified that key areas of the service required updating and/or review such as individual personal plans and some fire equipment was overdue for a service. These issues had been addressed by the time of this inspection in turn, ensuring effective and responsive oversight and governance of the centre.

There were systems in place to ensure that the residents' voice was heard and respected in the centre and feedback from family representatives was very positive about the service provided. Residents (if or where required) also had access to independent systems of advocacy. There was also a process in place to report, record and respond to any complaints should they arise. However, it was observed that no complaints had been made about the service in 2019.

Overall, from spending time with and speaking directly with one resident, from viewing a sample of feedback from family members on the service and from speaking with management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed (and changing) needs of the residents in a competent and effective manner. The one residents that was met with as part of this inspection appeared happy with their living arrangements and appeared very much at home in the company of management and the wider staff team.

Regulation 14: Persons in charge

The inspector found that there was a person in charge in the centre, who was a qualified CNM III with significant experience of working in and managing services for people with disabilities.

She was also aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She provided good supervision and support to her staff team and knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication, Positive Behavioural Support, Fire Safety and Children's First.

From speaking with one staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

There was an experienced person in charge in place who was supported by an

experienced and qualified team leader. At times over the course of this inspection the house leader (CNM I) and a staff nurse facilitated aspects of the inspection process and it was found that they had the skills, knowledge and competence to do so.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose 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.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of her remit to give the chief inspector notice in writing within 3 working days of adverse incidents occurring in the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector saw that there was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. However, it was observed that there had been no recent complaints made about the service.

It was also observed that residents had access to independent advocacy services if required.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives (based on their individual wishes and preferences) in their home and within their community. The quality and safety of care provided to the residents was being monitored, it was to a good standard and residents health, emotional and social care needs were being supported and comprehensively provided for.

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 achieve personal and social goals (that were meaningful to them) and to maintain links with their families and community. Some resident wanted their rooms repainted and to get some new bedroom furniture. These goals had been progressed at the time of this inspection. Another resident wanted to organise their birthday party in a local hotel and invite family members to it. This goal had been achieved for the resident.

Residents were also being supported to engage in a range of leisure activities of their preference and choice. For example, residents attended a day service three days per week where they engaged in a number of social and leisure activities/therapies of their choosing. Residents also used their local community and frequented local facilities such as shops, restaurants, cinema and sporting events.

Residents were comprehensively supported with their health care needs. Regular and as required access to a range of allied health care professionals formed part of the service provided. The inspector saw that residents had as required access to GP services, dentist, chiropodist and dietitian. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents in achieving best possible health. For example, one resident with asthma had a comprehensive care plan in place for that condition. Such plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals.

Residents were also supported to enjoy best possible mental health and where required had as required access to psychiatry and a clinical nurse specialist in positive behavioural support. It was also observed that staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional and calm manner if or when required.

There were systems in place to ensure that residents were safeguarded in the centre. Staff had training in safeguarding of vulnerable adults (and Children's First training) and from speaking with one staff member, the inspector was assured that they had the confidence, knowledge and skills necessary to respond to and report

any issue of concern if they had to.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk due to a condition such as dysphagia, it was observed that there was adequate staffing arrangements in place to mitigate the risk. Staff also had training in basic life saving techniques and on how to manage dysphagia.

There were systems in place to ensure all fire fighting equipment was serviced annually or as required. A sample of documentation informed the inspector that staff undertook as required checks on all fire fighting equipment (to include the fire alarm, fire blankets, fire extinguishers and emergency lighting) and where required, reported any issues or faults. From a small sample of files viewed, the inspector observed that staff had training in fire safety. All residents had a personal emergency evacuation plan in place and fire drills were being facilitated regularly in the centre. The last fire drill carried out in April 2019 informed that there were no issues of concern and all residents and staff evacuated the building in under two minutes.

There were procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. p.r.n. (as required) medicine, where in use was kept under review and there were clear protocols in place for its administration. There were systems in place to manage a drug error should one occur however, no errors had occurred to date in 2019.

Overall, from speaking with one resident over the course of this inspection (and from reading a sample of feedback on the service from two family representatives) it appeared residents were very happy with the service provided. From viewing a sample of documentation the inspector was assured that residents individual choice and preferences were respected, there were systems in place to promote their safety and their health and social care needs were being comprehensively provided for.

Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to

include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blanket and emergency lighting. Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations. Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication procedures were satisfactory and safe. Practices on the areas such of medication administration, ordering, dispensing, storage and disposal of medications were all found to be satisfactory and safe.

There were systems in place to manage medication errors should one occur and all medicines were stored in a secured unit in the centre. From a small sample of files viewed any staff member who administered medication were trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans. Residents were also supported to enjoy a meaningful day engaging in activities of their choosing

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular to GP services, their medication requirements were being

reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional and therapeutic supports as required and on a regular basis. Where required, residents had regular access to psychiatry support and had a positive behavioural support plan in place, which was updated and reviewed on a regular basis by a clinical nurse specialist.

There were some (minor) restrictive practices in use in the centre. However, they were being reviewed as required and were only in use to promote the residents health, safety and overall well being.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to promote the safety and welfare of residents in the centre. From a small sample of files viewed, staff had training in Safeguarding of Vulnerable Adults and Children's First. Where required, safeguarding plans were in place and were reviewed and updated as and when required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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