



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

## Issued by the Chief Inspector

Name of designated centre:	Oropesa
Name of provider:	St John of God Community Services CLG
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	11 October 2023
Centre ID:	OSV-0002987
Fieldwork ID:	MON-0041642

## 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 full-time residential care and support to eight adult residents (both male and female) with disabilities in Co. Louth. The centre comprises of one detached two story dwelling and two small bungalows, all in close proximity to each other. Each resident has their own bedroom, decorated to their individual style and preference. Communal facilities in each house include fully furnished kitchens cum dining rooms, sitting/TV rooms, laundry facilities, private garden areas and adequate parking facilities. Residents are supported to experience best possible health and have as required access to GP services and a range of other allied healthcare professional supports. Residents are also supported to use their local community and where required, transport is provided so as residents can access local shops, beauticians, shopping centres, pubs, cafés, hotels and trips further afield. The service supports some residents to attend day services however, some residents have retired and a range of in-house and community based activities based on residents preferences is provided. There is a person in charge of the centre who is a qualified nurse and is supported in their role by a nurse manager. Staff are provided on a 24 hour basis.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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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
Wednesday 11 October 2023	10:30hrs to 18:20hrs	Caroline Meehan	Lead

## What residents told us and what inspectors observed

During this inspection, the inspector had the opportunity to talk to four residents in one unit, and to meet the person in charge, the clinical nurse manager and two staff members. The inspector also observed practice, and reviewed documentation, for example, personal plans, risk assessments, staff rosters and training records, and a range of audits.

From meeting with residents, and observing them going about their day to day activities, it was evident that residents were supported to have varied and meaningful days. Two residents in this unit, were supported by staff during the week with activities in the centre and in the community, while two residents attended services, one resident in a local community centre, and one resident in a day service.

The inspector met a resident at the start of the inspection, and they told the inspector about their plans for the day. The resident was going to a local day centre, and said they liked to get their dinner there. The resident said they were happy living in the centre, and got on well with the people they lived with. On the days the resident wasn't going to the day centre, they liked to do some office work, and also really enjoyed going out to a local pub with their sister when they visited. The resident described how their keyworker had arranged for them to go to their hometown for religious event of importance to them, and another staff member said the resident wished to attend a week long religious event in November, and staff would bring both the resident and their peer to this event.

The inspector was shown around the centre by another resident, and they showed the inspector their room which was tastefully decorated, and had a range of soft toys and photos, which staff described as important to the resident. While the inspector was not familiar with the resident's preferred mode of communication, staff interpreted and responded to the resident's gestural and vocal expressions, in a kind and respectful manner.

The inspector spoke briefly to another resident, and staff described how the resident really enjoyed art, and an art class was facilitated by an instructor in the centre every week. Until recently residents had also had weekly reflexology sessions in the centre.

The unique interests of residents were incorporated into planned goals. For example, a resident had a particular interest in different modes of transport, and had gone on a helicopter trip last year. This year, the resident was planning to go on a plane for the first time. Another resident enjoyed sensory activities and went to a sensory lights show last year also. A resident told the inspector they had gone on holidays to their home county recently, and two residents had also returned from a five day foreign holiday a few days before the inspection.

Residents were supported to maintain links with their families, and residents visited their families, met them in the community, or went to significant family events, and families were kept up-to-date on the wellbeing of their loved ones.

Staff knew the residents well, and a staff member, the person in charge and the clinical nurse manager told the inspector about some of the needs of residents and the supports provided to meet these needs. These included, for example, supporting residents to make informed choices, healthcare needs, safeguarding plans, and mobility plans. Some staff had completed training in human rights, and a staff member described the rights of residents to make choices, and the importance of respecting residents, for example, asking residents' permission, and respecting their privacy in their bedrooms.

The inspector found there was a calm, warm and welcoming atmosphere in the centre, and there was a positive and responsive approach by the staff and management team in supporting residents with both their individual and changing needs.

The following sections of this report outline how the governance and management of the centre support the quality and safety of the care delivered to residents.

## Capacity and capability

This announced inspection was carried out to monitor the provider's compliance with the regulations. Due to a specific risk on the day of inspection, the inspector visited one unit only, of this three unit centre, and reviewed documentation pertaining to residents in two units of the centre.

The provider had ensured that the resources and systems to ensure residents received a good standard of care and support, were in place in the centre.

There were effective oversight arrangements including a full-time person in charge in the centre, who was supported in their role by a clinical nurse manager, both of whom were in regular attendance in the centre. There was ongoing monitoring of the services provided, and where issues were identified, actions were found to be either complete, or in progress on the day of inspection. The person in charge was supervised by a person participating in management, and all audits and reviews were also overseen by the person participating in management, to ensure actions were completed, or where required escalated to senior managers.

The provider had ensured appropriate resources were in place to meet the needs of the residents. This included staffing, staff training, premises, facilities and a household budget. There were sufficient staffing levels in the centre, and mandatory and additional training was facilitated for staff, thereby ensuring they had the required knowledge and skills to fulfil their roles.

## Regulation 15: Staffing

There were sufficient staff with the required skills and experience to meet the needs of the residents living in the centre. Since the last inspection staffing at night time had increased in one unit, and there was one staff member on duty in a waking capacity in each of the three units. During the day, there were two staff on duty in one unit, and one staff in each of the two smaller units.

Staff comprised of a nurse, social care workers and health care assistants, and nursing support was provided by the nurse, the person in charge and a clinical nurse manager 1. Planned and actual rosters were maintained, and consistent staff were provided meaning continuity of care was maintained for residents.

Schedule 2 documents were not reviewed as part of this inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff working in the centre had been provided with a range of training which included mandatory training, for example, fire safety, managing behaviour that is challenging and safeguarding. Additional training had also been provided including medicines management and the administration of emergency medicines, basic life support, dementia, advocacy, manual handling, and a suite of infection prevention and control trainings.

Staff had also commenced a four module online human rights training, with a number of staff having completed this training by the day of inspection. This is discussed further in the section *"What residents told us and what the inspectors observed"*

The person in charge maintained an up-to-date training matrix, and some staff were due to complete some refresher training which was booked at the time of the inspection.

The person in charge outlined the arrangement for staff to meet the person in charge or clinical nurse manager for supervision three times a year, and for performance development once a year, and a staff member told the inspector this was provided.

Judgment: Compliant

## Regulation 23: Governance and management

The management systems in place had ensured residents were receiving a good standard of care and support, their needs were met and that they were safe in the centre. There was a defined management structure, and the services in the centre were monitored on an ongoing basis.

Overall the provider had the required resources in place including a skilled staff team, staff training, suitable facilities, and assistive equipment. The centre had three vehicles for residents' use. There were systems in place to ensure residents were kept safe for example, risk assessments and management plans, the provision of manual handling equipment, written policies and procedures, incident management procedures, an on-call management system, and infection prevention and control procedures.

There was a defined management reporting system, where staff reported to the person in charge, or in their absence the clinical nurse manager assumed responsibility. The person in charge reported to the person participating in management, who reported to the regional director and onwards to the chief executive officer.

The person in charge met the person participating in management every four to six weeks and the centre's quality enhancement plan (QEP) was reviewed as part of the oversight procedures. The QEP contained all actions arising from audits or reviews, and inspector noted a significant number of actions were complete, with 11 actions in progress. For example, refresher training was due to be completed, and was booked for medicines management, dementia, and emergency medicines administration, and a fence was being built to the rear of the property on the day of inspection. A hygiene audit had highlighted the need for the kitchen to be refurbished, and from a review of the QEP, this action was in progress, and the provider was seeking funding from the funder.

There was a schedule of audits in the centre, with peer to peer audits completed on a quarterly basis by other persons in charge in the organisation, and included medicines management, residents' finances, fire safety and hygiene. Actions identified through peer to peer audits were either complete or in progress, for example, residents' financial passports had been updated, and a kitchen appliance had been replaced. The person in charge completed monthly audits of personal plans, and of quality and safety, including safeguarding, incidents, and staff training, and these were further reviewed with the person participating in management at scheduled meetings.

Six monthly unannounced visits were completed by the provider and the inspector reviewed the most recent visit completed in August 2023. The auditor had consulted with residents and staff on day of the review, and the recommendations contained in this review were also found to be complete or in progress.

An annual review of the quality and safety of care and support had been completed



for 2022, and both residents' and families' views had been sought. Residents expressed they were happy with the choices, activities, meals and staff provided in the centre. One resident had requested improved privacy to the rear of the premises, and as mentioned, fencing was being installed.

The inspector met with a staff member, who was happy with the support they received from managers, and said they could raise concerns with the person in charge or nurse manager about the quality and safety of care and support should the need arise.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications had been submitted to the Health Information and Quality Authority reporting adverse incidents in the centre.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider had written policies and procedures in place as per schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

The inspector found residents were provided with a good quality of care and support, which reflected their choices, and their needs. Residents chose how they wished to spend their day, and their right to participate in decisions about their care was respected and supported. Overall there were safe systems in place for the management of risks, safeguarding, residents' finances and positive behavioural support. Some minor improvement was required in medicines management.

Residents were provided with timely and appropriate healthcare, and there was ongoing monitoring of residents healthcare needs through monitoring interventions and regular reviews with healthcare professionals. Where required, residents were supported with specific emotional needs, as well as supports to manage known risks related to mobility and their healthcare needs. Improvement was required in

medicine administration records, to ensure that medicines were administered as prescribed to residents.

There was a focus in the centre on ensuring that those things which were important to residents were part of their everyday life. This included for example, a resident going to a local day centre in the town, staff reading the daily news to residents, being part of family events, and going on short holiday breaks. There was also a focus on ensuring residents had meaningful days with activities of their choosing, for example going shopping, to the pub for a drink, out for a meal, or if residents preferred, spending time alone.

Overall the inspector found residents were experiencing a good quality of life, and there was a positive, homely and engaging atmosphere in the centre.

## Regulation 12: Personal possessions

Residents retained control over their own possessions, and were provided with staff support to manage their finances.

Residents had ample storage in their rooms for their own clothes, and personal possessions, and records of each residents' personal possessions were maintained in their personal plans. Accessible information had been provided to residents on the management of their finances, and the options for storage of their money, and some residents had chosen to have their money securely stored by staff.

Residents were supported to go to the bank every week, and withdraw money with the assistance of staff, and contributed to bills, for example, waste disposal, groceries, and utilities in line with the details set out in their contracts of care.

The person in charge outlined the procedure to the inspector for recording residents' financial transactions. All money received into the centre was recorded in a cashbook, and receipts were maintained for all purchases made by, or behalf of residents. The inspector reviewed a sample of records for two residents, and observed that receipts tallied with the records in cashbooks. Residents paid rent, and the required payment was assessed in line with national guidance, and the residents' contract of care. Rent was withdrawn from bank accounts by direct debits, and bank statements were provided to residents to confirm these transactions.

Judgment: Compliant

## Regulation 17: Premises

The inspector reviewed one unit of this three unit centre. The inspector was shown around the premises by a resident, and a staff member. The premises was clean

and well maintained overall, and there was sufficient private and communal space for residents use.

Residents had their own bedrooms, and these were decorated as per the residents' preferences, for example, with personal photos, and their choice of colour scheme. There was sufficient storage in residents' bedrooms to store their personal possessions. There were two bathrooms, one downstairs and one upstairs, and one of these bathrooms was equipped with a shower chair and handrails to support residents with their mobility.

There was a kitchen and adjoining dining room, and the person in charge told the inspector the kitchen needed to be upgraded, and that money to complete this project was being sought from the funder. Notwithstanding this, there were adequate cooking and food storage facilities, and the area for cooking was satisfactorily maintained.

There were two sitting rooms, which were homely and comfortable, and there were numerous photos of residents at social events on display throughout the centre. To the rear of the property was a small garden with seating, and as mentioned, fencing was being installed for privacy from a public walkway at the back of the property. There were ramps installed at the front and back of the property, which meant that residents could safely exit and enter the centre.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were arrangements in place for the management of risks and for the response to adverse incidents. Overall the inspector found there was a proactive response to risks identified, to reduce the likelihood of harm to residents.

The inspector reviewed records of incidents for 2023, and there had been a number of falls related incidents, some safeguarding incidents, medicine variances, and incidents involving a vehicle. At the time of incidents appropriate care and support had been provided to residents, and where required, follow up appointments had been arranged with for example, a general practitioner or a physiotherapist. Where emergency care was required following incidents, this had been provided at local hospital services.

Individual risks had been identified, and the measures needed to keep residents safe were in place. For example, residents who were at risk of falls, had regular reviews with a physiotherapist, and assistive equipment such as orthotic boots, handling belts, a call pendant, wheelchairs, and ramps were provided to reduce the risk of falls. A staff member described the measures in place to support a resident with a known medical risk, for example, all staff were trained in the administration of emergency medicine, and this emergency medicine was brought with the resident

on all occasions when they left the centre.

The vehicle used in this unit was not available, was being repaired on the day of inspection, and had been off the road for approximately eight days. The person in charge did outline that the bus was a number of years old, and would need to be replaced soon. A replacement bus had been provided for a number of days to allow residents to go about their day to day activities; however the inspector acknowledges that due to an unforeseen issue, residents did not have transport for two days.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Overall there were safe practices relating to medicine management; however, improvement was require in administration records to minimise the risk of medicine errors.

The inspector reviewed prescription and administration records for two residents, and all prescription records were complete. Most administration records reflected that medicines had been given to residents as prescribed; however, there were two administration records for one medicine prescribed for a resident, and both records had been signed the previous day by two different staff. This was pointed out to the person in charge, who immediately commenced the procedure for medicine variance.

PRN (as needed) medicine prescription sheets and accompanying protocols outlined the circumstances for the administration of these medicines, and the maximum dose in 24 hours was documented. Residents had been assessed regarding self-administration of medicines, and there were medicine management plans developed which outlined how residents preferred to take their medicines.

Medicines were supplied by a local pharmacist in the town, and most medicines were supplied in monitored dosage systems, with some medicines supplied in original packaging. A staff member told the inspector that all medicines received into the centre were checked on receipt, and the inspector reviewed stock records for two residents' medicines, which were found to be accurate and complete.

Secure individualised storage was provided for each resident, and storage presses were observed to be clean and organised. Medicines for disposal were returned directly to the pharmacist, and the inspector observed that where medicines had been returned, records were maintained and signed by the receiving pharmacist.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had timely access to healthcare professionals and their healthcare needs were met through ongoing monitoring and interventions in the centre.

Residents' healthcare needs had been assessed by a nurse, and were informed by recent reviews with residents' general practitioner, and allied healthcare professionals, for example, physiotherapist, occupational therapist, speech and language therapist and dentist. Plans of care were developed, and guided practice in the provision of care. Plans were regularly reviewed and updated if residents' needs changed.

Recommended healthcare interventions, and monitoring activities were found to be completed, for example, monthly observations, blood tests, and scans. Residents were supported to avail of vaccinations programmes, for example, flu and COVID-19 vaccines, and easy read information on these programmes had been provided to residents. Staff supported residents to attend hospital appointments as needed.

The rights of a resident to refuse medical treatment was respected, and details of how residents consent to treatment and their known will and preference, was assessed and documented in care plans.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported to manage their emotions, and could access a clinical nurse specialist or a psychiatrist if needed. Where required, a behaviour support plan was in place for a resident, and defined the function of behaviours, as well as the antecedent controls, preventative strategies and reactive responses. This plan had been recently reviewed and a recommendation for further communication supports from speech and language therapist was ongoing.

There were no restrictive practices in use in the centre at the time of the inspection.

Judgment: Compliant

## Regulation 8: Protection

Residents were protected by policies and procedures in the centre

The inspector spoke with a staff member who described the actions they would take

in the event of a suspected case of abuse. All staff had up-to-date training in safeguarding.

There had been three notifications reporting suspected or confirmed incidents of abuse, and the person in charge had investigated these incidents where needed at the time. The person in charge told the inspector about the arrangements that had been made in a unit to mitigate the risk of reoccurrence of the incident. There were systems in place to ensure residents were protected from a risk of financial abuse, including secure storage, documenting all money received or spent by or on behalf of the residents, and quarterly financial audits.

Judgment: Compliant

## Regulation 9: Residents' rights

The rights of residents to choose how they wished to live their life, and to pursue interests that were important to them were respected and supported by the team working in the centre.

As mentioned, residents needs had been assessed, and these assessments had included how residents consent, the best people to support each individual resident with decisions, and how best to explain information in order for each resident to make informed consent. Communication passports also contained details on how each resident get their message across, and how best to support each resident to communicate. A staff member described how residents are supported with consent through the use of social stories and accessible information, and described how the residents make their preferences known. The staff member also outlined the importance of asking residents for their permission, for example, to read their personal plans, or to go into their bedrooms. As mentioned, the right of a resident to refuse medical intervention was respected and supported.

Residents chose the day to day activities they wished to do, and in the unit the inspector visited, two residents went out during the day, one to a day service, and one to a local community centre. Two residents were supported by staff in the centre to access the community, as well as doing activities in the centre. For example, a resident enjoyed going out to the local pub for a drink, one resident really enjoyed gong shopping, and all residents went out regularly for coffee or for meals out. Two residents in this unit were currently taking part in iPad training, and were also looking forward to attending a week long spiritual event in November.

One of the residents enjoyed art, and an area where the resident could complete their artwork had been developed in one of the sittingrooms of this unit.

Residents met every week, and the inspector reviewed minutes of these meetings. Residents talked about some activities they would like to do in the upcoming week, and also made a meal plan based on their choices for the week. Staff also let residents know about upcoming events, for example, expected visitors to the centre,

as well as reading the news from the paper or online, which was particularly important for two residents in the centre.

Residents were informed about their rights, for example, the right to control their own money, and the right to privacy. Accessible information was provided to residents about a range of supports and developments, for example, the decision support service, advocacy services, the assisted decision making act, and the convention on the rights of persons with a disability.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Oropesa OSV-0002987

Inspection ID: MON-0041642

Date of inspection: 11/10/2023

## 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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Local management are monitoring medication recording sheets.  Medication management committee are reviewing Medication stock control sheet to incorporate checks on signing sheets of medications.	

## 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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	22/11/2023