



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

Issued by the Chief Inspector

Name of designated centre:	Shannon Villa
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	10 March 2022
Centre ID:	OSV-0002995
Fieldwork ID:	MON-0027635

About the designated centre

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

Shannon Villa provides care and support to four adults with disabilities. The designated centre is a bungalow which has been adapted to meet the accessed care needs of the residents. It is situated within easy access of a large town in Co. Meath and, a house vehicle is available to the residents. Residents attend day services locally and for those who chose not to attend a day placement, they are supported at home by staff to complete activities of their choosing with an emphasis on skills teaching. Each resident has their own room which are decorated to their individual style and preference. Communal facilities include a large sitting room, a kitchen cum dining room and a number of bathrooms. There are also large gardens to the rear and front of the house with ample private and on-street parking. The house is staffed on a 24/7 basis to include a person in charge, a house manager and a team of support staff.

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
Thursday 10 March 2022	10:10hrs to 17:00hrs	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 was providing residential care and support to four adults with disabilities. It comprised of a semi-detached house in Co. Meath and was in close proximity to shops and other community based amenities.

The inspector met with three residents and spoke with two of them over the course of the inspection process. Two family representatives were also spoken with over the phone so as to get their feedback on the service provided. Written feedback from the four residents on the quality and safety of care provided was also reviewed.

On arrival to the house the inspector observed it was compact, warm and homely. One resident met the inspector and welcomed them into their home. They appeared very happy and content in the house and relaxed and comfortable in the presence of staff. The resident showed the inspector around the house and also invited the inspector to see their room. The resident said they loved their room and it was observed to be decorated to take into account their individual style and preference.

Later in the inspection process this resident also invited the inspector to go through their person centred plans (PCP) them. Plans were in both written and pictorial format which enabled the resident to recall important life experiences, occasions and celebrations and supported conversations about these experiences with the inspector. The inspector observed that the resident regularly smiled when going through the photographs and appeared to very much enjoy this activity. They also loved arts and crafts and had an area in their home with a desk and chair, which provided space for them to engage in this activity.

A review of documentation also informed the inspector that residents had availed of a number of social and learning activities over the past year. For example, some residents had gone on holidays and/or hotel breaks to include trips to Westmeath, Dublin and Antrim. Other residents had undertaken a course in mindfulness while others revamped their bedrooms. Plans for 2022 included a trip to England, going to a music festival and more hotel breaks.

Residents were involved in the running of their own home and held meetings to decide and agree on menus for the week and social outings. Feedback from residents on the quality and safety of care provided in the house was also sought as part of the annual review process. Residents individual choices and decisions were also respected in the house. For example, one resident decided to retire from day services last year and this decision was supported by the staff team. The resident liked to take things at their own pace and reported that they were satisfied their individual choices were being supported in their home.

Over the course of the inspection, the inspector spoke with two family representatives over the phone so as to get their feedback on the service. One reported that they could not praise the staff enough and they were more than happy with the care and support provided. They also said the house was a 'home', very 'family orientated' and that their family member was very happy living in this house. They had no complaints with regard to any aspect of the service but said that if they had any concerns, they would have no issue speaking with management or any staff member. They were satisfied that the healthcare needs of their relative were being provided for and overall, very happy with the quality and safety of care provided in the house.

The second family member spoken with said that they were very happy with the care and support provided in their relative. They also said that staff were very good in ensuring that their relative was supported to keep in regular contact with the family and the lines of communication between family members and the service were very good. They said their relative was very happy with their room and, very happy living in the house. They had no issues with any aspect of the quality and safety of care and were very content with the staff team.

Later in the day another resident spoke with the inspector. The reported that they were very happy in their home and very much liked music. The resident liked to play musical instruments and, showed the inspector some of them to include a guitar. They said they liked the staff team and, if they had any issues in the house, they would speak to any staff member.

Written feedback on the service from all four residents was also positive and complimentary. For example, they all said they were happy with their home, were satisfied with the menu options, were happy their rights were respected, were happy with the amount of social activities on offer, satisfied with the care and support provided, happy with the staff team and, had no complaints about the service (at the time of this inspection).

While an issue was identified regarding infection prevention and control, this house was very much the residents' home and observed to be warm and welcoming. It was also personalised to take into account their likes and preferences. Residents appeared relaxed and comfortable in their environment and were also observed to enjoy the company of staff. Staff in turn were observed to be kind, caring, professional and person centred in their interactions with the residents

Feedback from residents and two family representatives on the quality and safety of care was also observed to be both positive and complimentary.

Capacity and capability

Residents appeared relaxed and content in their home and the provider ensured that

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 worked on a full-time basis with the organisation. They were supported in their role by a house manager who worked in the house on a regular basis. The person in charge and house manager were experienced, qualified nursing professionals and provided leadership and support to their team. They ensured that resources were managed and channelled appropriately, which meant that the individual and assessed needs of the residents were being provided for.

They also ensured staff were appropriately qualified, trained and supervised so that they had the required skills to meet the assessed needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, positive behavioural support, manual handling and infection prevention control.

It was observed that the service had to delay some refresher training however, there were plans in place to address this issue and of the staff spoken with as part of this inspection process, the inspector was assured that they had the experience and knowledge to meet the assessed needs of the residents.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to 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 that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

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 and house manager also 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. These audits were ensuring the service remained responsive to the needs of the residents. For example, the last six monthly audit in September 2021 identified that some individual plans required review and/or updating. This issue had been actioned and addressed by the time of this inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of registration of the

centre as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced qualified nursing professional who was aware of their legal remit to the regulations and was found to be responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

There were adequate staffing arrangements in place to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were appropriately trained and supervised so that they had the required skills and knowledge to meet the needs of the residents.

Judgment: Compliant

Regulation 19: Directory of residents

The centre maintained a directory of residents that met the requirements of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted insurance details for this centre as required by the regulations as part of the application to renew registration.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It has recently been updated and, consisted of a statement of aims and objectives of the centre. It also detailed 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 incidents occurring in the centre, as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives based on their expressed preferences within their home and community and, systems were in place to meet their assessed health, emotional and social care needs. Some issues were identified with infection prevention and control and positive behavioural support however.

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 experience a meaningful day (based on their assessed needs and individual preferences), use their community and maintain regular links with their families.

For example, residents were supported to go on day trips and outings of their choosing and in-house activities based on residents interests, were also provided for. Social and community based outings to shops, hotels and restaurants were also supported and residents reported that they had a good social life living in this house.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Residents also had access to a speech and language therapy, optician and dental services. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. It was also observed that staff had specific training related to the health-care needs of some of the residents.

Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support. From speaking with one staff member the inspector was assured that they had a good knowledge of the residents positive behavioural support plans. However, one resident's positive behavioural support plan required review so as to ensure the strategies in place to support them were proportionate and appropriate to their assessed needs.

Systems were in place to safeguarding the residents and where or if required, safeguarding plans were in place. However, there were no open safeguarding issue at the time of this inspection. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service and if they had any concerns, they would raise them with the person in charge. From a small sample of files viewed, staff had training in safeguarding of vulnerable persons and, information on how to contact the safeguarding officer and an independent advocate was available in the centre.

There were systems in place to manage and mitigate risk and keep residents safe 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 wellbeing. For example, where a resident may be at risk of a fall, they had access to a physiotherapist and additional equipment had been sourced so as to mitigate the risk of falls.

Fire fighting equipment was in place to include a fire alarm panel, emergency lighting and fire extinguishers. All equipment was serviced as required by the Regulations and fire drills were being conducted on a regular basis. Each resident had a Personal Emergency Evacuation Plan in place which were also reviewed as required. It was observed that documentation regarding one fire frill required review

however, when this was brought to the attention of the person in charge they reported they would review this as required.

There were also systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. There were hand sanitising gels in place around the house and the inspector also observed staff wearing PPE throughout the course of this inspection.

However, the process of infection prevention and control (IPC) required review so as to ensure the service was meeting the required national standards. For example, a recent IPC audit identified that some areas of the house required further dusting/cleaning. However, on the day of this inspection the inspector observed that one ensuite shower required further cleaning as there were cobwebs hanging from the ceiling. The audit also identified that a floor in one of the bathrooms required replacing/repair and while a plan of action was in place to address this issue, it had not been addressed at the time of this inspection.

It was also observed that all residents clothes were laundered in the kitchen as the centre had no separate utility facility and, this was highlighted in a recent audit as a possible IPC issue. However, the inspector could not ascertain how the centre was going to manage this issue as the audit produced no action plan or information on how it was to be addressed. Additionally, some furnishings required minor repairs to include a chest of drawers and some doors on cupboards.

Notwithstanding, the premises were laid out to meet the needs of the residents and on the day of this inspection, the house was observed to be homely and welcoming. Residents reported that they were very happy living in this house, saying it was warm and comfortable and that they were happy with their individual bedrooms.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were found to be respectful and supportive of their individual autonomy and rights.

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk and keep residents safe 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 wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

The process of infection prevention and control (IPC) required review so as to ensure the service was meeting the required national standards.

Judgment: Not compliant

Regulation 28: Fire precautions

Fire fighting equipment was in place to include a fire alarm panel, emergency lighting and fire extinguishers. All equipment was serviced as required by the Regulations and fire drills were being conducted on a regular basis. Each resident had a Personal Emergency Evacuation Plan in place which were also reviewed as required.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

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 experience a meaningful day (based on their assessed needs and individual preferences), use their community and maintain regular links with their families.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to mental health services and behavioural support were provided for, and where required, residents had a behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Judgment: Substantially compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and where or if required, safeguarding plans were in place. However, there were no open safeguarding issue at the time of this inspection. A family representative spoken with, also informed the inspector that they were happy with the quality and safety of care provided in the service and if they had any concerns, they would raise them with the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support where required). Residents held weekly meetings where they agreed on social outings and meal plans for the week. Residents were directly involved in the running of their home and staff were found to be respectful and supportive of their individual autonomy and rights.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Shannon Villa OSV-0002995

Inspection ID: MON-0027635

Date of inspection: 10/03/2022

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 27: Protection against infection	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The bathroom floor will be replaced by 30 May 2022. The washing machine will be relocated to the storage room on 15th of April. Full deep clean carried out on the house which incorporated high dusting.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The behavior support plan was reviewed on 14th March 2022 and control measures no longer required have been removed from the plan.	

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	30/05/2022
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative,	Substantially Compliant	Yellow	14/03/2022

	and are reviewed as part of the personal planning process.			
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