Office of the Chief Inspector

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

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Waterside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>St John of God Community Services Company Limited By Guarantee</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Dublin 24</td>
</tr>
</tbody>
</table>

| Type of inspection:        | Unannounced |
| Date of inspection:        | 06 June 2019 |
| Centre ID:                 | OSV-0002972 |
| Fieldwork ID:              | MON-0023350 |
About the designated centre

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

Waterside Designated Centre is made up of two houses in a South Dublin housing estate. The two houses are supervised by one person in charge who is the social care leader. There is capacity for nine adults with an intellectual disability between the two houses. The first property is a six bedroomed semi-detached house, adjacent to the second property. Alongside the six bedrooms (one with en suite) there is one communal sitting/dining area/kitchen, one showering and three bathroom areas. The second property is a four bedroom semi-detached house. Two residents have their own bedroom and two residents share a bedroom by choice. This house also has a kitchen, dining room/sitting room, and a bathroom and both houses are connected through an inner door. Residents are supported by social care workers and healthcare assistants and have access to the local community using public transport and a centre based vehicle.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 7 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>06 June 2019</td>
<td>09:00hrs to 17:00hrs</td>
<td>Erin Clarke</td>
<td>Lead</td>
</tr>
</tbody>
</table>
### Views of people who use the service

One the day of the inspection, the inspector met with all residents who availed of the services of the designated centre. The inspector spoke with residents and had the opportunity to spend time with some of them in the communal areas of the centre. The inspector found that the lived experience of residents availing of the services of the designated centre was positive as communicated by residents themselves, interactions observed during the inspection and reviewing of documentation such as residents meetings.

Residents who spoke with the inspector described activities they were supported with, in particular accessing the local community, exploring employment and volunteering opportunities and going on holidays. Some residents spoke about the areas they worked and volunteered in and how much they enjoyed it. There was a planned trip coming up for a hotel break in Ireland which residents were excited about and discussed details of the trip.

The residents advised the inspector that they were very happy living in this house. Some residents showed the inspector their rooms and pointed out where they had been involved in the layout and décor of the room. The residents seemed happy and proud to show the inspector family photographs, memorabilia and music collections contained in their rooms.

All residents met with, spoke very fondly of the staff and person in charge and they were aware what staff were working that day or due to come in. Residents advised the inspector that they knew who to go to should they have a concern.

### Capacity and capability

The purpose of this unannounced inspection was to review progress made in delivering against the actions outlined in the compliance plan submitted by the provider following the previous inspection. The inspector found that the quality of service provided in the centre had improved since the previous inspection. The management and governance structures had been strengthened by the registered provider resulting in the social care leader being appointed as person in charge in April 2018. The social care leader had a day-to-day presence in the centre and were responsible for the operational management of the centre. They had worked a number of years in the centre and was therefore, very knowledgeable of the residents’ personal preferences and care needs. Additionally the three houses that the designated centre comprised of, were reconfigured to ensure governance structures were aligned to practice as opposed to proximity. This resulted in one
house being removed from this designated centre. It was noted through the inspection that previous failings had been addressed by the provider within the time frames stated.

The provider had ensured that the centre was subject to ongoing monitoring, review and development. This had resulted in a high standard of safety, care and support being provided to residents living in the centre. The governance arrangements for this centre included oversight by a residential coordinator who reported into the programme manager. Six-monthly audits of the service were being carried out on behalf of the provider in line with regulatory requirements. A system of peer review audits was also implemented in the centre, whereby the persons in charge audited an aspect of service provision in a centre that they were not based in, which served as an unbiased quality check. The inspector found that information gathered from these audits and reviews was used to improve the quality of life for residents and also to ensure that consistency of care was provided in the centre. From a review of audits carried out it the provider demonstrated competency in self identifying issues that needed to be addressed. The inspector observed actions as having been completed for example, maintenance requirements and personal plan gaps were completed.

The number, qualification and skill mix of staff members employed in the designated centre was found to be appropriate to the number and assessed needs of residents, the statement of purpose and the size and layout of the centre. A review of staff rosters demonstrated that the designated centre operated at the required staffing levels for the period of two months prior to inspection and there was evidence of a stable workforce. Relief staff were only used to cover staff leave in the centre, and relief staff used were familiar to residents and the wider staff team.

The provider had ensured that staff members had received training in areas such as manual handling, safeguarding, fire safety and supporting residents with specific healthcare needs. A refresher training programme was also available to ensure that staff members were up-to-date with training needs, at all times. A log of supervision meetings received post inspection indicated that supervision meetings held with all members of staff was regular and in line with the organisational policy.

**Regulation 14: Persons in charge**

There was clear evidence that the person in charge is competent, with appropriate qualifications, skills and management experience to oversee the residential service and meet its stated purpose, aims and objectives. The person in charge is very familiar with the organisational reporting structure in place and knowledgeable about the requirements of the Health Act 2007, regulations and standards.
Judgment: Compliant

**Regulation 15: Staffing**

At the time of inspection there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the service and which reflects the size, layout and purpose of the service. Residents receive assistance, interventions and care in a respectful, timely and safe manner and there is continuity of care. Staff personal files (Schedule 2) were not reviewed on this inspection.

Judgment: Compliant

**Regulation 16: Training and staff development**

The training needs of the workforce are regularly monitored and addressed to ensure training requirements are up to date and reflective of residents assessed needs.

Judgment: Compliant

**Regulation 23: Governance and management**

There was evidence that the provider, management team and person in charge were continually looking for innovative ways to meet the evolving needs and preferences of individual residents and to ensure their rights are respected.

Judgment: Compliant

**Quality and safety**

The inspector found that the governance and management arrangements in this centre ensured that the quality and safety of care delivered to residents was maintained to a consistently high standard. This was evident through the high level of compliance achieved under the quality and safety regulations and quality outcomes for residents. It was observed that residents were appropriately supported and treated in a respectful manner in the designated centre that was suited to their
needs. Some improvements were identified to ensure all areas of the premise were accessible and the frequency of fire fighting equipment services.

Residents participated in a wide range of activities in the local community which reflected their personal choices and assessed needs, and residents were supported to engage in meaningful activities which promoted their personal development and independence. Residents were supported to develop valued social roles such as; employees, volunteers, members of active retirement groups and social clubs. Residents spoken with discussed their roles with great pride and spoke of the enjoyment they received from these activities.

The personal planning process ensured that residents' social, health and developmental needs were identified. Personal planning arrangements ensured that each resident's needs were subject to regular review both annually and more frequently if their needs changed. Residents along with the support of their keyworker, were involved in the development of personal goals for the coming year annually and identified the required support to achieve these. Some residents requested that they were excluded from the formal goal planning process due to personal preferences. However the inspector was satisfied that where this was requested, there was clear evidence that supports required to maximise their personal development were in place. For example, planning a holiday, going to a show and management of finance were supported. There was evidence, and residents also confirmed, that residents had good contact with families and that visits were arranged and supported.

Staff who spoke with the inspector were knowledgeable about residents’ support needs, preferences and aspirations. The inspector reviewed the personal plans of a selection of residents and the documentation correlated with the knowledge of staff. There was evidence of assessment by appropriate healthcare professionals and that the residents personal plans had been reviewed with input from multidisciplinary professionals. It was identified that residents’ individual healthcare needs were well met with detailed and clear guidance in place to ensure consistent care from staff. It was noted by the inspector that residents, when required receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

The inspector found that there were good systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes and arrangements were in place for ensuring residents were aware of the procedure to follow. Certificates of testing for the fire fighting equipment and the fire alarm system was available in the centre, the service ticket on fire blankets indicated that these were not serviced along with other fire fighting equipment in the centre.

The inspector completed a full walk through of the premises of the designated centre in the company of the person in charge and found that internal spaces were decorated and maintained. Resident bedrooms were personalised according to individual tastes and requirements. It was recognised in previous inspections and by
the provider that accessible access to the garden was not available to all residents due to the steepness of the ramps leading to the garden. This still presented as an issue on inspection and required attention, access to the garden was restricted as per Occupational Therapist guidance in order to reduce the risk of falls. One bathroom also required work to change the use of the shower facility to storage.

It was clearly demonstrated how the provider respected and promoted residents' rights. The inspector found that a good balance was achieved between promoting resident independence and autonomy and providing residents with the security and support that they required. Different levels of support were provided but only in accordance with the assessed needs of each resident and an assessment of risk. Regular structured meetings between staff and residents were held; the minutes of these reflected that residents were consulted with and informed as to the general operation of the centre and informed of issues and decisions relevant to their life for example the process to make a complaint and the local elections.

A sample of prescription and administration records were reviewed by the inspector. It was found that the required information such as the medicines’ names, the medicines’ dose and the residents’ date of birth were contained in these records. Records indicated that medicines were administered at the time indicated in the prescription sheets and as per protocols indicated. Appropriate storage facilities for medicines were also provided for.

### Regulation 13: General welfare and development

Residents are actively supported and encouraged to connect with family and friends and to feel included in their chosen communities. This is based on the resident’s interests, identity, heritage and aspirations. The focus on valued role is of the resident’s choosing, and the registered provider has worked with the wider community to promote residents’ participation and inclusion.

Judgment: Compliant

### Regulation 17: Premises

Each house that comprised the centre was clean, warm and decorated in a homely manner. The two houses had recently been painted. Parts of the designated centre were not meeting the assessed needs residents. Despite occupational therapy recommendations, essential environmental adaptations had not been implemented. The provider had a plan in place to address these issues, however these plans were not time bound or funding approved. One bathroom requirement
amendments to its usage.

Judgment: Substantially compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The arrangements for the transition of any resident within a service or to a new service are carried out in consultation with each resident and all transitions occur in a timely manner with planned supports in place. Appropriate information about the resident is transferred between services.

Judgment: Compliant

### Regulation 28: Fire precautions

Overall, suitable fire precautions were in place to keep the residents safe in the event of fire. However, the service ticket on some individual pieces of fire fighting equipment suggested that they had not been serviced for an extended period.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The provider ensured that the residents had access to a pharmacist and GP of their choice. The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. There was evidence of medication audits and where errors were identified, a system was put in place to address the issue.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes. For example, in practice the personal plan is developed and reviewed with the maximum participation of each resident, and with his or her consent, their representative, in accordance with the resident’s wishes, age and the nature of his
or her disability

Judgment: Compliant

### Regulation 6: Health care

The person in charge had ensured that residents' healthcare needs were assessed on a regular basis and guidance was available to support staff in caring for the healthcare needs of these residents. Residents also had access to a wide variety of healthcare professionals, as required.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found that there was evidence that residents' rights were respected and upheld in the designated centre and residents were supported to exercise choice and control in their daily lives.

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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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</thead>
<tbody>
<tr>
<td><strong>Views of people who use the service</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 14: Persons in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 13: General welfare and development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 25: Temporary absence, transition and discharge of residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and personal plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Compliant</td>
</tr>
</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17: Premises</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 17: Premises:
The provider shall conduct a review of the ramps in the garden in line with the changing needs of the residents. The recommendations for this review will be drafted into a funding proposal and submitted to the management team for consideration.

A plan to make the required adjustments to its usage of the bathroom will be submitted to maintenance for the works to be completed.

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The person in charge will contact the procured contractor and request them to conduct a review and service of fire blankets in the designated centre. This will form part of the regular serving going forward.
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(6)</td>
<td>The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>31/08/2020</td>
</tr>
<tr>
<td>Regulation 17(7)</td>
<td>The registered provider shall make provision for the matters set out in Schedule 6.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/12/2019</td>
</tr>
<tr>
<td>Regulation 28(2)(b)(iii)</td>
<td>The registered provider shall make adequate arrangements for</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>31/08/2019</td>
</tr>
</tbody>
</table>
testing fire equipment.