



Office of the Chief Inspector

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

Name of designated centre:	DC 17
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	20 May 2019
Centre ID:	OSV-0005797
Fieldwork ID:	MON-0025178

About the designated centre

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

Designated centre 17 consists of a community based home for a maximum of three residents with an intellectual disability where support is provided 24 hours/7days a week. The centre is located in a rural setting in Co. Kildare. Residents are supported by social care workers and care assistants. Residents are supported to attend a day service, if they so wish. However all opportunities for leisure and hobbies/interests that are available in the community are pursued, in line with the wishes and goals of residents. The centre is a bungalow with five bedrooms, with one ensuite bedroom located downstairs and a bathroom. There is a combined kitchen and dining area and separate living room. There is ample garden space for residents to relax and enjoy. Residents have access to a car and are supported by staff in order to access amenities and services as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
20 May 2019	09:30hrs to 17:30hrs	Erin Clarke	Lead

Views of people who use the service

The inspector spent time with all three residents living in the centre, two of whom were happy to speak in more detail about their experiences of living there. All of the residents appeared at ease in, and familiar with, the centre. They also appeared comfortable when in the company of staff and engaged in jovial conversations with staff. They said they were happy living there, and that they liked the staff who worked with them. The inspector observed staff and residents interacting with each other over the course of the inspection, and found that residents appeared comfortable expressing their needs, and were directing the care and support they received. For example, residents made decisions about what they needed for the house in the weekly shop and plans for future holidays.

One resident showed the inspector their room and pointed out where they had been involved in the décor of the room. The resident seemed happy and proud to show the inspector family photographs, posters and cut outs they had put up on their wall. They also gave the inspector a walk about of the house and showed the inspector where they like to spend time in the garden.

All residents told the inspector they liked living in their new home and they were very pleased with the space. One resident raised a concern about aspects they missed from their previous residence and this was known to the person in charge, plans were in place to support the resident accessing the previous service to ensure maintenance of relationships.

Capacity and capability

This designated centre had recently become operational in October 2018 and afforded an individualised service for three residents. The inspector found that the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to the residents. This was evident through the reduction in behaviours that challenge, decreased restrictive practices and achievement of goal outcomes for the residents since their transition. The centre was found to be well governed by the registered provider and person in charge.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge. Although the person in charge had responsibility for two designated centres and was residential coordinator for two other centres, they were actively involved in its day-to-day governance and were

knowledgeable about residents' assessed needs. The person in charge was supported by a social care leader who was knowledgeable on the needs of the residents and was involved in all aspects of the centre's management such as the auditing of support practices. The inspector reviewed quality assurance measures taken by the provider to audit service provision and found the audits were effective in identifying areas of concern or non-compliance's with the regulations. For example, audits in personal plans, finances and medicines management identified measures to improve record keeping, storage requirements and that residents' plans were reviewed in line with their change in environment. In addition, an unannounced six-monthly audit was completed by the provider as required by regulation.

At the time of inspection there was one social care worker vacancy but the provider had made good arrangements to ensure an effective staff team was in place. This vacancy was being filled by an agency staff member who had worked with the residents for a number of years. A consistent and knowledgeable staff team had been put in place in the centre, many of whom had moved with the residents' from their previous residence. Staff members spoken with were able to accurately describe the specific needs of the residents and the supports required to provide for these. The details that were contained in residents' personal plans corresponded with the information given to the inspector by staff members. Inspectors also observed staff members engaging with residents in a positive, respectful manner and providing appropriate support if required.

Arrangements were in place for staff supervision and records maintained of supervision meetings were of a high quality and involved measurable goal setting for staff based on role objectives. A slight improvement was required for the timeliness of supervision to align with organisational policy. Staff team meetings were being held at regular intervals to review operational matters and ensure staff were knowledgeable in developing areas. Records reviewed indicated that staff were provided with training in areas such as fire safety, safeguarding, de-escalation and intervention and medicines management.

Regulation 14: Persons in charge

The inspector found that the person in charge met the requirements of this regulation with regard to her qualifications, background, knowledge and experience. Additionally, it was noted that there were clear systems in operation to facilitate the person in charge's current regulatory responsibilities for two designated centres.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate standard, skill mix and number of staff found on duty to professionally support residents.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff supervision and records were maintained of supervision meetings. Staff team meetings were also being held at regular intervals. Records reviewed indicated that staff were provided with training in areas such as fire safety, safeguarding, de-escalation and intervention and medicines management. It was noted that improvements were required with the frequency of supervisory meetings to ensure alignment with organisational policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance and management arrangements in the centre ensured that residents received a good quality service. The provider had completed all required audits and reviews as stated in the regulations and the person in charge was conducting regular reviews of the care that was provided to residents. The unannounced visit audit by the provider was not reviewed on inspection as it was not finalised due to the visit taking place the week before inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge had ensured that appropriate notifications and quarterly returns had been submitted to the chief inspector as required by the regulations.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the service being provided to the residents and found good practice across a number of areas. Following their recent transition to the centre residents had been supported to enjoy an improved quality of life and to successfully manage the transition. One area noted for improvement related to fire containment measures.

Residents were supported to be involved in making decisions about the running of the centre. Residents participated in regular house meetings where they made decisions on meal choices and planned weekly social activities. Residents were observed during the inspection planning and making choices for the grocery shopping and their meals. House meetings were further used by the provider to make residents aware of changes at the centre and their rights; such as access to advocacy services and how to make a complaint.

The care and supports provided to residents were informed by a comprehensive assessment of each resident's needs; there was evidence that residents were involved in decisions about their supports and actively inputted into their personal plan. The plan was the subject of review by the staff team and by members of the multi-disciplinary team (MDT) as appropriate. The inspector found that resident's personal objectives were met. It was evident to the inspector that residents were enabled to lead their lives in as fulfilling a way as possible; residents themselves communicated this to the inspector. On an individualised basis residents had access to a broad range of meaningful activities and community engagement; this was evident from records seen and from speaking with residents. One resident expressed that they missed some programmes and people from the campus that they had transitioned from, this had been discussed in a staff meeting and actioned by the social care leader so that the wishes of the resident were supported and relationships were maintained.

The inspector saw examples of clear guidance provided to direct care relating to residents' healthcare needs. Good record keeping was noted in the review areas of specific health needs so improvements or deterioration could be easily tracked. There was evidence that the person in charge had reviewed the process to assist residents to achieve optimum health and development since moving into the community. Appointments had been made with a local General Practitioner (GP) for annual health reviews for all residents.

There were no safeguarding plans required in this centre at the time of inspection, but the provider had measures in place to ensure that residents were safeguarded from potential abuse. Training records reviewed indicated that all staff had received relevant safeguarding training and staff members spoken with demonstrated a good understanding of how to respond to any safeguarding concerns if they arose.

The inspector noted that there were systems in place and supports available to staff

to positively address behaviours of concern in the centre. The behaviour support plan viewed by the inspector was comprehensive and although it required review in line with the change of environment, the inspector noted that an appointment had been made with a psychologist to ensure this was carried out and was currently under review.

There were appropriate systems in place for hazard identification and assessment of these hazards. An up-to-date risk register was in place which outlined risks in the centre and the control measures in place to reduce the level of associated risk. The inspector observed that actions that were required for example in the garden had been completed in timely manner. Assessment of risks were individualised to residents where appropriate and the provider had arranged for specialised input when required.

The fire policy, updated in April 2019 included a comprehensive staff induction guidance to ensure all staff were inducted to fire safety in the centre. One resident showed the inspector the fire panel and informed them of the procedures they were to take if the alarm sounded. Regular fire drills, including a stimulated night time drill were conducted to ensure that both residents and staff were knowledgeable on what to do in the event of a fire. In addition, residents' personal emergency evacuation plans had been updated to reflect any changes demonstrated in the fire drills. In addition, there were emergency response protocols for a range of scenarios including power outages, loss of water and heating and adverse weather. Both the fire alarm system and emergency lighting in place was serviced on the day of inspection. However it was observed by the inspector however that several fire doors had been wedged open during inspection.

The centre had a comprehensive medicines management system to support the residents' needs. The centre had appropriate medication storage and administration practices in place and there was evidence of medication audits to monitor and improve practice. Residents were facilitated to access a pharmacist and GP of their choice. There was evidence of review of residents' medical and medicines needs. Staff that administered medicines to residents were trained in its safe administration.

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was clean, comfortably furnished and well decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

A centre wide risk register was in place along with risk assessments relating to individual residents. Such risk assessments were noted to have been recently reviewed while staff present in the centre demonstrated a good understanding of any risks present in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that both staff and residents were knowledgeable on how to evacuate from the centre in the event of fire. However, while effective arrangements for fire containment had been implemented, three fire doors were observed wedged open during inspection.

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.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and outlined the supports they required to maximise their well-being, personal development and quality of life. The plan was developed and reviewed by staff and members of the MDT in consultation with the resident and their representative as appropriate and in accordance with their wishes. Clear records of residents' personal goal planning were kept, these included specific time frames, named supports and progress updates in achieving the goals.

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 residents. Residents also had access to a wide variety of healthcare professionals, as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had behaviour support plans in place where required and staff present during the inspection demonstrated a good understanding of how to support residents with their behaviour. Recent quarterly notifications indicated that there were no restrictive practices in use. During the course of this inspection, the inspector did not observe any such practice.

Judgment: Compliant

Regulation 8: Protection

Inspectors observed that there were systems and measures in operation in the centre to protect the residents from possible abuse.

Staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

Residents rights were found to be considered and promoted through continuous consultation with residents and families.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Substantially 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
Regulation 9: Residents' rights	Compliant

Compliance Plan for DC 17 OSV-0005797

Inspection ID: MON-0025178

Date of inspection: 20/05/2019

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge has amended the schedule of supervisory meetings to ensure that they will be carried out in line with the Organisational policy.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The appropriate works have been processed for the fire doors identified in the report. This will address the deficits identified and this work should be completed in the coming weeks.	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	17/07/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2019