



Office of the Chief Inspector

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

Name of designated centre:	Designated Centre 19
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	19 June 2019
Centre ID:	OSV-0005815
Fieldwork ID:	MON-0025417

About the designated centre

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

DC 19 is a ground floor apartment style building located on a campus setting in Co. Kildare with other residential centres operated by the registered provider. The apartment has capacity for three adults with an intellectual disability and mental health diagnosis. Residents avail of services within the campus such as access to a GP, laundry services and other healthcare professionals. Residents are supported by nursing staff 24/7 and are also supported by social care workers and care assistants. The designated centre has a two kitchen areas combined dining areas and there is a separate living room. Residents are supported to access the local community, which is in walking distance and the designated centre also has two vehicles available for transport.

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
19 June 2019	08:30hrs to 17:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

The inspector met with three of the residents who live in the centre. 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 requested assistance from staff and they were promptly responded to by staff. Residents used verbal and non verbal cues; such as pointing to communicate and staff demonstrated knowledge of their needs. Staff were observed reassuring residents in line with their assessed needs.

One resident spoke to the inspector about the hotel trip they were taking that day and plans for their birthday. They were being supported by staff that were familiar to them on this trip. Another resident showed the inspector personal items that they kept with them, from discussions with staff and reading of documentation these items were very important to the resident and free access was vital for their well being. It was noted by the inspector that the residents were very familiar with the person in charge and staff and interacted in a very positive manner with them.

Capacity and capability

This centre was registered in October 2018 as part of the registered providers' de-congregation plan of a large campus based setting. While the centre remained based within the campus, the three residents had transitioned from a large residential setting to this smaller more personalised centre. The inspector found the capacity and capability of the provider to deliver a safe quality service was effective in the new environment for residents. There was evidence of an effective governance structure and strong leadership in the centre. Members of the management team; including the social care leader, person in charge and the interim regional director shared a common vision in providing quality care for the residents through individualised services, person centeredness and promoting a community inclusion culture. This resulted in better quality outcomes for residents since the transitions including a reduction in behaviours that challenge, removal of restrictions and increased participation in individual activities.

The centre was managed by a suitably qualified, skilled and experienced person who had a clear vision and understanding of the service to be provided. She was supported by a social care leader who also had responsibility for one other centre. The person in charge was in a full time post and was responsible for two centres. She was found to be actively engaged in the governance, operational management

and administration of the centre.

Staff who spoke with the inspector demonstrated a good understanding of residents' needs and wishes and were knowledgeable of policies and procedures which related to the general welfare of residents. Staff were observed by the inspector during the morning routine supporting residents with breakfast and getting for the ready for day in line with their assessed needs.

The provider had ensured that the arrangements for the deployment and allocation of staffing levels were adequate to support the needs of residents. An actual and planned rota was developed and maintained by the social care leader. While the provider faced ongoing industrial relation issues in relation to changing rosters in line with the assessed needs of residents, they utilised the use of regular agency staff to introduce flexibility into rosters. This facilitated one resident to attend an evening activity off campus which reflected good person centred practice. It was evident from this inspection that the current management team were prioritising the care and welfare of the current residents while ensuring appropriate staffing levels.

Training had been provided to staff to support them in their role and to improve outcomes for residents. A training programme was in place which was coordinated centrally by the provider. Training records showed that staff were up-to-date with mandatory training requirements.

As part of the management systems in place the provider had carried out an unannounced visit at the required interval. On review of this report the provider had demonstrated that there were adequate arrangements in place to monitor the service provided and actions identified were consistent with findings by the inspector. In addition to these structured reviews the inspector found that the provider had additional systems for monitoring both quality and safety; for example medicines practice was audited as were residents' finances.

The statement of purpose required review to ensure that the information contained within was accurate and reflective of the service provided and contained all elements of requirements set out in Schedule 1 of the regulations.

Arrangements were in place for staff supervision and records maintained of supervision meetings indicated staff were supported to develop professional and personal goals. Improvements were required to ensure that provider's procedures were followed, for example the frequency of meetings. Staff team meetings were being held at regular intervals. In addition to the sharing of information, these meetings provided opportunities for all staff to raise and discuss any concerns they may have regarding the standard of support provided to residents.

Regulation 14: Persons in charge

The inspector found that the person in charge met the requirements of this

regulation with regard to her qualifications, knowledge and experience. Additionally, it was noted that there were clear systems in operation to facilitate the regulatory responsibilities of the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection. Planned staffing rosters had been developed, which were updated to reflect actual rosters, and these were accurate at the time of inspection. Improvements had been made by the management team to introduce more flexibility within rosters to respond to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The provider ensured that a schedule of a schedule of mandatory and refresher training was in place which supported the delivery of care to residents. A review of training records indicated that all staff members were up-to-date with training. It was found that supervisory meetings had not been implemented within the centre in line with organisational policy.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured that there were robust governance and management structures in place to oversee the operational management of the service and to provide appropriate oversight of the quality of care provided. There was a clear governance structure in place with identified lines of accountability and authority. Staff reported to the social care leader who in turn reported to the person in charge who was supported by other persons participating in management.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose did not include all of the information as specified in Schedule 1 of the regulations including criteria for admission and type of service provided.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The provider maintained a record of all notifications submitted to the Chief Inspector. The inspector viewed a sample of accident and incident forms and found that the person in charge had notified the authority of all adverse incidents.

Judgment: Compliant

Quality and safety

Overall, the inspector found the centre was well run and provided a warm and pleasant environment for residents. The person in charge and staff were aware of each resident's needs and knowledgeable in the person-centred care practices required to meet those needs. Identified care and supports provided to residents was of good quality, the inspector found that in relation to safety, substantial compliance was found in the areas of personal plans, provision of healthcare, infection control and medicines records.

The inspector observed caring communication and person centred interactions throughout the course of the day between staff who were clearly very knowledgeable of residents assessed needs and residents who were in turn very comfortable, at ease and content with their service. One resident was preparing for a hotel trip that day, another resident was attending their service and the third resident was seen engaging in activities as per their planner.

The inspector review a sample of residents' assessment of need and a personal plans. These were developed in conjunction with relevant allied health care professionals. As required by regulations these plans were not developed or reviewed within 28 days after the resident was admitted to designated centre. This resulted in some incorrect or incomplete information remaining on file; for example the status of some healthcare conditions and unfinished transition plans. It was evident that residents were supported to engage in the local community and 'Circle of Support' meetings were held with residents to identify activities the resident may be interested in attending, for example rugby matches, visiting local fruit farms, shopping and holidays.

Residents healthcare needs appeared to be well managed and the person in charge provided good oversight and clinical review. Full time nursing care was required for residents and this was available as indicated in the statement of purpose. Improvements were identified, as previously mentioned in the reviewing of personal plans to ensure that health appointments were attended in a timely manner. The inspector requested further assurances post inspection in relation to the status of one healthcare need, these assurance were received.

The inspector reviewed fire precautions in the designated centre and found that a fire safety policy and internal emergency response plan were in place. There were fire containment measures in place at key points throughout the building. Service records demonstrated that both the fire alarm system and emergency lighting in place were serviced and maintained on a regular basis. Fire drills records indicated that all residents could be safely evacuated from the centre in the event of a fire.

Staff had up to date knowledge and skills to respond to residents' behaviour support needs. Residents had a positive behaviour support plan in place where it was identified they had support needs in this area. These plans contained comprehensive guidance and information to enable staff to provide the appropriate support. There were some restrictive procedures in use and these were assessed for effectiveness and subject to regular review. There was evidence that the person in charge reviewed restrictions in line with best practice, that alternative measures were considered and the least restrictive procedure is used.

Audits were completed in infection control to identify and address potential infection risks in the centre as part of the persons in charge clinical oversight. The inspector observed that actions identified from this had been completed or in the progress of completion. Two areas of improvement observed during the inspection related to the storage of incontinence wear and the cleaning process to prevent a malodour in one part of the centre.

There was evidence to show that the registered provider protected residents from abuse. The person in charge had responded to safeguarding concerns where required. The resident's personal plans included a section on intimate care which provided detailed to guide staff in meeting the individual intimate care needs of residents.

Overall, 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 leading to improved outcomes for residents. It was observed that the maximum dose of PRN (as required) medicines was not consistently stated on residents' medicines prescribing systems. Accuracy in such medicines records is important to ensure that residents receive the correct dose of their prescribed medicine.

Regulation 27: Protection against infection

Areas of good practice was observed in infection protection, including the use of personal protection equipment. Two areas of improvement observed during the inspection related to the storage of incontinence wear and the cleaning process to prevent a malodour in one part of the centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was a robust fire prevention system within the centre and there were appropriate fire precaution measures in place for the prevention, detection and response to fire. Appropriate equipment, emergency lighting and fire evacuation drill were evident.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, the centre had a comprehensive medicines management system to support the residents' needs. The centre had appropriate medication storage and administration practices in place. Staff that administered medicines to residents were trained in its safe administration. Improvements were required for the recording of maximum doses of PRN (as required) medicines

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an individual personal plan in place, however they required review to reflect the new environment and identify any changes in assessed needs.

Judgment: Substantially compliant

Regulation 6: Health care

From reviewing records and talking to members of management the inspector were satisfied that healthcare was provided for the majority of residents in line with residents' personal plans while access was facilitated to allied health professionals if

required. It was noted that one follow up appointment requested by a healthcare professional had not been facilitated as requested.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The resident's emotional, behavioural and therapeutic needs were considered and supported in the centre. Staff were facilitated with the required educational competencies and training to inform their practice. The usage of a restrictive practice was underpinned by an established due process mechanism.

Judgment: Compliant

Regulation 8: Protection

There were appropriate procedures in place and measures adopted to ensure that each resident living in the centre was protected from all forms of abuse. Training records reviewed indicated that all staff had received relevant safeguarding training. Intimate care plans for residents were in place to guide practice in this area.

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
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 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Designated Centre 19 OSV-0005815

Inspection ID: MON-0025417

Date of inspection: 19/06/2019

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>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.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Provider Nominee shall ensure that the Statement of Purpose is updated to include all of the information as specified in Schedule 1 of the regulations including criteria for admission and type of service.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection</p>	

<p>against infection:</p> <ol style="list-style-type: none"> 1. The person in charge shall ensure that incontinence wear is stored in an appropriate location. 2. The person in charge has reviewed the cleaning schedule in line with the Infection control Policy. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The person in charge shall ensure that where PRN (as required) medication is prescribed, the maximum dose will be recorded on the prescription sheet.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge will ensure that personal plans are reviewed and updated to reflect the new environment and identify changes in assessed needs.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The follow up appointment referred to in the report was rescheduled and the resident attended. Staff were reminded of the importance of documenting all appointments and ongoing communicating and follow up.</p>	

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	31/07/2019
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.	Substantially Compliant	Yellow	15/07/2019
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable	Substantially Compliant	Yellow	15/07/2019

	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.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/07/2019
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/07/2019
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment is recommended and agreed by the resident, such treatment is facilitated.	Substantially Compliant	Yellow	15/07/2019