



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

Issued by the Chief Inspector

Name of designated centre:	Oldcourt DC
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	18 November 2020
Centre ID:	OSV-0002878
Fieldwork ID:	MON-0024086

About the designated centre

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

Oldcourt consists of two community houses within a two mile radius of each other. One of the houses is a detached bungalow in a housing estate near a large town in Co. Wicklow. The house is situated within walking distance of local shops, the community centre, library, chemist, doctors surgery and a church. It is surrounded by a garden at the front and back. The house has four single bedrooms, with a sitting room, kitchen, staff office, and bathrooms. The second house is a detached two story house located in a different housing estate. Again this house is in close proximity to many local amenities. It has a small open garden to the front with side access to a large walled garden to the back. The house has four bedrooms, sitting room, conservatory, staff office and bathrooms. The aim of Oldcourt is to provide a residential service for adults with varied levels of intellectual disabilities. It aims to provide quality person centred care, promote independence, community participation and improve the quality of lives of residents. Oldcourt provides residential care 24 hours a day, seven days a week. The staff complement includes a person in charge, a social care leader, social care workers and staff nurses. Staffing levels are based on the support needs of the residents at a particular time and can be adjusted accordingly.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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
Wednesday 18 November 2020	12:20hrs to 17:30hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, the inspector did not spend extended periods with residents. However, the inspector did have the opportunity to meet all four residents and briefly engage with them during the inspection.

Residents told the inspector they were very happy in their home and appeared comfortable in each others company. A resident who spoke with the inspector showed them their bedroom, which they were very proud of. Their bedroom was well furnished, with appropriate storage available and had an en-suite facility, which the resident was very happy with. This resident told the inspector that they were very happy in their home.

Residents had plenty of communal space and this facilitated a relaxed atmosphere within the centre. During the inspection, the inspector observed residents being supported to access the community in line with public health guidance. Additionally, the inspector observed residents sitting together during a meal time. Residents appeared relaxed during their meal and this contributed to the homely feel of the centre.

Capacity and capability

The purpose of this inspection was to establish had the provider taken appropriate actions to address concerns identified during the last inspection of the centre, which took place on the 20 July 2019. Overall the inspector found that the centres capacity and capability had been enhanced and this had improved residents lived experience within the centre.

There was a suitably qualified and experienced person in charge who demonstrated that they could lead a quality service and develop a motivated and committed team. There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff could clearly identify how they would report any concerns about the quality of care and support in the centre and highlighted that they would feel comfortable raising concerns if they arose.

There were arrangements in place to monitor the quality of care and support in the centre. The person in charge conducted appropriate audits and the provider had ensured that an unannounced visit to the centre was completed as per the Regulations. Where areas for improvement were identified within these audits, plans were put in place to drive improvement. However, some improvements were required in the implementation of these plans, as not all were completed in a timely

manner. For instance not all mandatory training had been completed, despite this being identified in May 2019. Additionally, in May 2019 new storage arrangements for confidential documents was noted as being required but this had yet to be addressed appropriately.

There was enough staff on duty to meet the assessed needs of residents. There was a planned and actual roster maintained that accurately reflected the staffing arrangements within the centre. During the inspection the inspector spoke with staff and found them to be caring and genuinely interested in their role. The inspector observed staff interacting in a very positive and person centred way with residents and it was clear they knew residents well.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling. The person in charge maintained a register of what training was completed and what was due. This training enabled staff to provide evidence based care and enabled them to support residents with their assessed needs. However, a review of staff training records found that not all staff refresher training had been completed. A review of supervision practices noted that staff were supervised appropriate to their role.

Admissions to the centre were conducted in line with the centres statement of purpose. Appropriate compatibility assessments were completed prior to any new admission to ensure all residents living in the centre could be supported appropriately. There were written contracts of care in place, however not all had been signed by residents and/or their representatives.

Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times.

The person in charge maintained an actual and planned roster.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date, evidence-based practice. However, not all refresher training had been completed or scheduled in a timely manner.

Staff were supervised appropriate to their role.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were in place to ensure that the service provided was safe, appropriate to residents needs, consistent and effectively monitored. However, despite the provider self identifying areas for improvement, the provider did not always have the capacity and capability to address these deficits in a timely manner.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents' admissions were in line with the statement of purpose. However, not all residents had a signed contract of care in place.

Judgment: Substantially compliant

Quality and safety

This inspection identified that the provider had enhanced the quality and safety of the centre. Effective systems and procedures were in place to protect residents, promote their welfare and recognise and effectively manage the service when things went wrong. Furthermore, the completion of a large scale renovation of the property, promoted a warm and homely environment.

The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. There were hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE). There were clear arrangements in place to protect residents and staff from acquiring or transmitting COVID-19. The provider ensured all relevant public guidance was adhered to, this included appropriate access to testing for COVID-19 as required. During the inspection, the inspector observed staff engaging in social distancing and wearing appropriate PPE.

Since the last inspection, the provider had completed a large scale renovation of the property. This resulted in the living environment now being stimulating and provided appropriate opportunity for rest and recreation. The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment.

There were appropriate arrangements in place to ensure that residents had a personal plan in place that detailed their needs and outlined the supports required to maximise their personal development and quality of life. The service worked together with residents and their representatives to identify and support their strengths, needs and life goals. Residents were supported to access and be part of their community in line with their preferences.

A positive approach to responding to residents assessed needs was developed. Staff were familiar with the strategies adopted to support residents. Where assessed as being required, restrictions were implemented with the informed consent of residents and/or their representatives. All restrictions were reviewed regularly to ensure they were the least restrictive option for the shortest duration possible. Furthermore, incidents that related behaviours of concern were reviewed in conjunction with a positive behaviour support specialist. Where learning was identified from these reviews, this was shared through staff meetings.

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Safeguarding plans were developed and safeguards put in place as required. Allegations or suspicions of abuse were reported and escalated in line with requirements of the organisation's and national policy. Staff who spoke with the inspector were knowledgeable in relation to their responsibilities in the event of a suspicion or allegation. Residents also had intimate care plans developed as required which clearly outlined their wishes and preferences.

There was a risk management policy in place which outlined the measures and actions in place to control risk. There were systems in place for the assessment, management and ongoing review of risk; the person in charge maintained a risk register that accurately reflected the known risks in the centre and there were records of incidents and accidents that occurred. The person in charge had ensured that risks pertaining to residents were identified and that there were appropriate control measures in place.

Since the last inspection of the centre the provider had enhanced the centres fire precautions. The inspector observed good fire safety measures in place, including a fire detection and alarm system, fire fighting equipment and fire doors with self closing mechanisms throughout. There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire.

Regulation 17: Premises

The design and layout of the premises ensured that each resident enjoyed living in an accessible, safe, comfortable and homely environment.

Judgment: Compliant

Regulation 26: Risk management procedures

Reasonable measures were in place to prevent accidents. Arrangements were in place for identifying, recording, investigating and learning from serious incidents/adverse events.

Judgment: Compliant

Regulation 27: Protection against infection

The prevention and control of health care related infections was effectively and efficiently governed and managed. Staff were observed to maintain social distancing and demonstrated good hand hygiene during the course of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable fire detection and fire fighting equipment was provided and serviced when required. Staff were suitably trained and knew what to do in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of need in place that met the needs of the residents and a personal planning process that reflected those assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate, supports were in place for residents with behaviours that challenge or residents who are at risk from their own behaviour.

Judgment: Compliant

Regulation 8: Protection

The person in charge had initiated and put in place an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate actions where a resident was harmed or suffered abuse.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oldcourt DC OSV-0002878

Inspection ID: MON-0024086

Date of inspection: 18/11/2020

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>All staff will be scheduled to have to appropriate training, including refresher training, as part of a continuous professional development programme.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Areas for improvement identified through audits/inspections will be completed in a timely manner.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>Contract of care will be developed and signed by new residents prior to them moving into a house.</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)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2020
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative	Substantially Compliant	Yellow	30/11/2020

	where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
--	--	--	--	--