Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	DC8
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	04 March 2021
Centre ID:	OSV-0003788
Fieldwork ID:	MON-0031896

About the designated centre

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

St John of God Kildare Services DC 8 is a large single story building that has been renovated to provide care for up to 14 residents, on its' own site on the outskirts of a large town in Co. Kildare. The centre is divided into three apartments supporting both males and females who present with physical and intellectual disabilities. In addition, seven placements are dedicated to residents with a diagnosis of dementia. These residents have identified clinical supports, for example, psychiatry and psychology input available to them through the clinical team. Residents are supported by nursing staff, health care assistants and social care workers. Residents have access to a large sensory garden on its grounds as well as a partially covered courtyard. The centre is accessible to local towns, shopping, public transport and community facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12

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
Thursday 4 March 2021	09:30hrs to 15:30hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector of social services did not spend extended periods of time with residents. However, the inspector did have the opportunity to observe residents in their home for a limited period. The inspector used these observations in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. Overall the inspector found that residents enjoyed a good quality of life, and the centre was resourced to meet residents' assessed needs.

The centre comprises a large single-storey building subdivided into three apartments; Cherry View, Orchard View and Riverside, joined by interlinking corridors. The building had undergone significant renovation three years previously, and Cherry View and Orchard View were opened in 2018 and 2019 to provide supports to residents with an intellectual disability and dementia. There were seven placements available for residents with a diagnosis of dementia; and at the time of the inspection, five residents were availing of these placements. The inspector found that the registered provider had responded to residents' ageing demographic within the wider organisation and established a specialised service that allowed residents to remain in their community. This was further enhanced by the presence of some staff that were familiar to residents. It was reported to the inspector that families were happy that their family member was able to be supported within the same organisation.

During the inspection, the inspector briefly met with all five residents living within the dementia-specific apartments. The inspector was cognisant of public health guidelines, maintaining physical distance, wearing appropriate personal protective equipment (PPE) and engaging in frequent hand hygiene.

Four residents were being supported by two staff members in a living area with musical items while watching music from 'Mamma Mia' that was streamed from the Internet onto a television screen. One of the residents was looking through a box of photographs which the inspector learned was an important activity to them. The inspector was informed that three residents lived in this apartment. One resident from the adjoining apartment also liked to spend time here due to similar interests held with the residents. The person in charge informed the inspector of plans to reallocate an vacant bedroom in this apartment to facilitate the resident's preferences.

In the second apartment, a fifth resident was being supported by staff to have a drink and snack and appeared to be relaxed in their company and stood up to greet another staff member. Both staff members were aware of the communication needs of the resident.

The inspector noted that both apartments were modern, clean and warm. Professional portraits of residents hung on the walls, and a memorial to residents

who had passed away had been painted onto a glass door, a robin representing each resident with their initials. Universal design and a dementia-friendly environment were utilised to ensure that the designated centre supported residents' needs. Colour and contrast were used to identify bathrooms and place settings. Clear boxes were installed outside the bedrooms with photos and objects of reference that were meaningful to that resident to help them identify their room more easily.

At the time of the inspection, in line with government guidelines, the provider had appropriately adhered to COVID-19 related restrictions, which meant that residents opportunities for social engagement in or with their local community were limited. From a review of residents' personal files, it was apparent that staff were endeavouring to support residents with activities that were safe and in adherence to the restrictions. For example, one resident who liked horses often went to feed horses and took a trip to the National Stud.

In the older part of the building, Riverside, where seven residents lived, the inspector was informed there were plans to upgrade some parts of the designated centre once the restrictions were lifted. These included painting and re-carpeting. Most of the residents were attending a New Directions type day programme on-site. In line with national guidance regarding COVID-19, not all day services in the community were operational. However, the provider had moved some of the day service to the building so residents could continue to engage in their classes. This had a positive impact on residents as their familiar routines and meaningful activities were being promoted and prioritised. The inspector observed residents attending the day service room that was brightly decorated with arts and crafts made by the residents. The inspector viewed the timetable for the day programme. It included modified sign language, cookery, arts and crafts, with exercises and social farming delivered through video conferencing.

Six residents completed a questionnaire in relation to the care and support in the centre prior to the inspection, with a staff member's support. Overall, the feedback in the questionnaires was highly positive. Residents indicated that they were happy with the warmth and comfort levels in the designated centre. They also indicated they were happy with the choices available to them and with how their rights were respected. All six residents indicated that they were happy with the support offered by the staff team and that they liked them. Each resident also stated in their questionnaires that they were happy and liked living in the centre. Residents included information in the questionnaires relating to home and community-based activities they enjoyed, some of which were pre-COVID-19. They listed activities such as doing gardening, music therapy, watching mass on television, enjoying birthday celebrations, summer BBQ's, going to the cinema, visiting pet farms and gardening centres, watching old films and sing-a-longs. One resident outlined some additional activities they would like to take part in, such as a cookery course, while another resident said they would like to go bowling more often.

Residents described things they would like to change in their questionnaires. For example, two residents said they would like better Wi-Fi facilities so they could use their computer tablet in the living room and assistive technology without Internet

difficulties. Three residents spoke of the impact of COVID-19 had on their lives and how they were looking forward to seeing all of their visitors and one resident was going to go to a football match when it was over.

Furthermore, feedback from residents' families was available to view during the inspection. All 12 families had completed questionnaires on behalf of residents, and these indicated a high level of satisfaction with the service. One family had written in their questionnaire that "all staff from management to carer are excellent and extremely co-operative". Another family stated that they were very satisfied with the "care given and support from staff".

Two internal transfers of residents had taken place within the last year. On the day of inspection, the inspector observed the residents comfortable in their environment and relaxed in the company of staff. The inspector found that the premises were well equipped to meet the incoming transitioning residents' needs with ample and suitable communal and private accommodation ready and available. Both residents had a transition plan that documented the journey between services to ensure that residents were prepared for such changes. The inspector highlighted that some aspects of the internal transfer process required review to ensure it reflected the provider's own policies and requirements of the regulations. This is discussed under regulation 24: admissions and contract for the provision of services.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted the service's quality and safety.

Capacity and capability

This was a short-term announced inspection and was announced by the inspector on March 02 2021. The aim of this inspection was to assess the improvement made by the provider in key areas since the previous inspections, such as the governance and monitoring of the care and quality of the centre. It also provided for the inspector to gain further information in relation to the centre's application for renewal of registration.

The inspector reviewed the governance, management and oversight of the centre, and it was found that while progress was made since the previous inspection, further improvements were required. The providers' quality assurance mechanisms needed review as there were mixed results found in their effectiveness to self-identify non-compliance or risk areas. Over the course of this inspection, it was discussed how the governance systems could be further strengthened to prevent regulatory compliance non-adherence and to maintain the current good practices. This included ensuring that the annual review produced gave a clear oversight of the quality of the care and support provided, an inclusion of narrative notes to demonstrate how compliance was met in internal reviews and the transfer of

learning from inspections.

The centre had a clearly defined management structure in place, which consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported in their role by a program manager. The person in charge was not based in the designated centre and was office-based located near the centre; however, three clinical nurse managers were employed in the centre and reported into the person in charge on a weekly basis. The person in charge discussed with the inspector how they were able to provide oversight to the centre during the COVID-19 pandemic with a number of online systems.

A review of the staff rosters found that there was continuity of care and support in the centre and that there were sufficient numbers of staff members employed to meet the assessed needs of residents. At the time of the inspection, there were no vacancies, and nursing support was provided in line with the centres' statement of purpose. The centre had a small pool of relief staff that was used to cover any leave and agency staff were not availed of; this ensured that staff were familiar to residents and aware of their support needs. There were two working rosters in the centre representing the dementia-specific apartments and Riverside. The inspector found this was effective in preventing cross-transmission in a recent COVID-19 outbreak in the centre.

The inspector reviewed a sample of incident, accident and near-miss records maintained in the centre and found that the person in charge had completed required notification of incidents to the Chief Inspector of Social Services as per the regulations.

The centre had a policy on admissions that outlined the arrangements in place for admitting and transferring residents within the centre. However, the regulatory requirement to have an agreed written contract that dealt with the resident's support care and welfare, including the fees payable, was not compliant. During the previous inspection in November 2019, it was identified that written agreements were not up to date to reflect the provision of services, including the resident's support, care, and welfare. This remained the case for this inspection; the inspector found that contracts had not been revised to clearly list the services provided and fees payable as previously assured by the provider. The person in charge had reviewed all the contracts of care and fees charged to the best of their ability and noted many discrepancies that they had escalated to the provider. The inspector discussed this issue with the provider's representative after the inspection.

There was a statement of purpose available that was updated regularly. It contained most of the information required by Schedule 1 of the regulations; however the provider was required to submit additional information relating to the separate facility for day service and the arrangements in place for the supervision of any therapeutic techniques used in the centre.

Regulation 14: Persons in charge

The inspector found that the person in charge met the requirements of this regulation with regard to their qualifications, knowledge and experience. Additionally, it was noted that there were systems in operation to facilitate the person in charge's regulatory responsibility for the designated centre while working from home and off site due to COVID-19 restrictions.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that there were arrangements in place for continuity of staff so that support and maintenance of relationships were promoted. A core team of staff were employed in this centre, and where relief staff was required, the same relief staff who were familiar to the residents were employed.

There was a planned and actual roster that accurately reflected the stable staffing arrangements in the centre. Nursing staff supports were reflective of the centre's statement of purpose.

Staff were also re-deployed from the provider's day services to provider on-site activation programmes and housekeeping staff were also employed in the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was in place that contained the majority of the required information, but it was noted that it did not contain all the dates on which residents first came to reside in the designated centre, however this was rectified during the inspection.

Judgment: Compliant

Regulation 21: Records

As this was a short announced inspection the person in charge was given 48 hours notice of the intended inspection and the documentation required during the inspection. While the majority of documentation was easy to retrieve and readily available, there was difficulty locating the relevant fire servicing certificates. While assurances were made and dates given of the works completed, the certificates

could not be produced to confirm what works were completed. A requirement under Schedule 4 (13) states that a record of each test of fire equipment conducted in the designated centre and of any action taken to remedy any defects found in the fire equipment is kept.

Training records were also requested for staff working in the designated centre. The inspector counted 39 staff that worked between the three apartments but only received training records for 25 staff. A requirement under Schedule 4 (12) states that a record of attendance at staff training and development is maintained.

Judgment: Substantially compliant

Regulation 23: Governance and management

Since the previous inspection, local audits had commenced and were being carried out by the person in charge. These included a review of staff training, incident reporting, and personal plan auditing. There was a schedule set for the year that looked at a different topic each month relating to residents care and safety. The registered provider had completed an annual review and six-monthly unannounced visits; however, some of these mechanisms failed to self-identify non-compliance or risk areas, as below.

-The annual review narrative was generic and did not provide an overview of the quality of the designated centre's care and support in 2019. It referred to an external document in many places and did not consider national guidance published for the development of the review. Residents and family representative views were sought as part of the review; however, these views were not referred to in the report or evidenced that they were used to drive improvements in the centre. As this was an issue previously identified and breached at the last inspection, the inspector took the unusual step of informing the providers representative and person in charge of examples of centres under the registered provider that were producing annual reviews that gave a clear overview of the quality and safety of care and support in the centre. This did not demonstrate that learning was shared among the designated centres.

- A self-assessment tool developed by the provider to temporarily replace the six-month unannounced visit in June 2020 due to COVID-19 restrictions failed to identify any improvement areas across 13 regulations reviewed. Due to the lack of narrative notes, it was not demonstrated how it was found the centre was compliant in these areas. On a subsequent provider audit in December 2020, a number of actions relating to fire management, risk management and staff training were identified that predated the self-assessment tool.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Improvement was needed in setting out a contract that would fully inform residents of the service they could expect to receive. This was identified on the previous inspection, and assurances were received that this would be addressed. While the inspector was aware this was being handled at the board level, it was outstanding on inspection. Residents that had recently transitioned were not afforded a contract of care that reflected the current living environment.

In some cases, residents were being charged different fees for the same service, with no rationale provided for the discrepancy.
In addition, the inspector found that in relation to the admission process for the residents, residents' admissions had not always been in line with the centre's current policy and procedures; there was insufficient documentation in place to facilitate a comprehensive assessment of need prior to admission. This is discussed further under regulation 5: Individual assessment and personal plan.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in January 2021 and contained the majority of the information set out in Schedule 1. A copy had been submitted to the Chief Inspector as part of the application to renew registration of the centre. The provider was required to submit additional information relating to the separate facility for day service and the arrangements in place for the supervision of any therapeutic techniques used in the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was knowledgeable of their responsibility to give notice of incidents that occurred in the centre. It was found that all incidents that required notification had been submitted to the chief inspector within the appropriate time frames.

Judgment: Compliant

Quality and safety

The inspector observed that further improvements had been made to the quality of service provided to residents since the inspector's inspection in November 2019. The registered provider had invested in upgrading the centre, and there were future works planned for the older part of the building. It was also noted that there was a reduction in safeguarding concerns due to the effectiveness of safeguarding plans implemented. There was a strong focus and good records maintained of residents healthcare needs and positive behaviour supports. Areas of improvement included financial assessments, infection, prevention and control measures and fire management.

As discussed previously, the designated centre consisted of a large single-storey building registered for 14 residents. Due to previous renovations and de-congregation of some residents to the community, not all parts of the building were in the designated centre's footprint. The provider had undertaken some expansion and improvement works since the previous inspection to increase the residents' lived experience. The physical environment was set out to maximise residents' independence and comfort. For example, an accessible kitchen and countertop allowed wheelchair users to freely access appliances to prepare hot drinks, snacks, and meal preparation.

The inspector viewed a new living area that had been added to the designated centre in June 2020. It was a spacious multi-purpose relaxation room with a dementia-specific Magic Table as its centrepiece. This specialist piece of technology, supported residents living with dementia by promoting stimulation through specialised games. An internal courtyard was also landscaped for residents use. Some older parts of the centre, however, required updating and painting. During the inspection, the inspector was informed that these works were approved and due for completion after restrictions had lifted.

The inspector reviewed fire precaution measures; there was a fire alarm and detection system in place along with appropriate emergency lighting. The provider's most recent six-monthly audit in December 2020 had self-identified a number of weaknesses in the fire management system that required strengthening to ensure it was fit for purpose. It was found that a July 2020 fire drill had highlighted the difficulty in evacuating one resident safely from the centre. While there was a gap in the timeframe of responding to this risk, when the provider was made aware of it through the unannounced audit, they had actioned it appropriately and also determined there was a deficit in the training requirements of staff for the use of the evacuation aid. As a result, fire doors were going to be widened, and quotes were underway at the time of the inspection. There was some difficulty locating the relevant fire servicing records, and the inspector requested that these were submitted after the inspection. Assurances were received that the required servicing had taken place.

The inspector reviewed the safeguarding systems in place in the centre and found

clearly defined procedures to identify and address any potential safeguarding issues. There was evidence that where safeguarding risks had been identified in the past, these were screened and reported appropriately, and safeguarding plans were implemented where necessary.

On review of the systems in place and supports available to positively address behaviours of concern, the inspector noted that the provider had in place a clear referral pathway for residents to access positive behavioural supports in a timely manner. Where required, residents had a behaviour support plan to guide staff on how best to support their assessed needs and was subject to a suitably professional review. Trending of notifications submitted to the Chief Inspector indicated a decrease of incidents over a 12-month period; therefore, the behaviour support plans reviewed by the inspector effectively supported residents in managing their behaviour.

The inspector found the outstanding issue relating to contracts of care and schedule of fees had impacted the financial planning of residents monies. For example, some residents' accommodation fees were under calculated, resulting in resident fees accumulating for over a year. As a consequence, some residents had significant bills to pay that they were not aware they owed. The provider had not completed financial assessments in line with the statutory long-stay contributions (RSSMAC) regulations time lines, resulting in these delayed and backdated payments. Due to the lack of progress in this area over a period of two years, and numerous assurances given to the inspector, the inspector was not assured that residents were being supported to manage their finances effectively and breached the provider under regulation 12 personal possessions.

The inspector reviewed matters in relation to infection prevention and control in the centre. While an outbreak of COVID-19 within one of the apartments was notified to the Chief Inspector in January 2021, which affected four residents and five staff members, the measures in place were successful in avoiding cross-transmission to the other apartments. This was primarily due to the sufficient staffing numbers to prevent staff movement between COVID-19 and non-COVID-19 areas and the space available for residents to self-isolate. While there were areas of good practice clearly implemented, some critical elements of the COVID-19 operational procedures and protocols required review, as discussed under regulation 27.

As previously discussed above, the transition of some residents did not fully take into account the providers policy on admissions or regulatory requirements. The person in charge had not ensured a comprehensive assessment of the health, personal and social care needs of each resident was carried out prior to admission. While some needs were identified, these were primarily healthcare needs, and there was insufficient information to guide plans for personal or social care needs effectively. The inspector did note that the provider's template was primarily healthcare-focused and did not promote the review of personal and social care needs. The inspector spoke to the provider's representative post-inspection regarding the review of this document to better capture all residents' assessed needs as described under regulations. However, the inspector found that the majority of the residents' plans reflected the residents' continued assessed needs

and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector found that residents' goals were reviewed on a three-monthly basis. From the small sample of files viewed, the inspector found the plans recorded the achievements or outcomes of the residents' goals. The inspector found that residents had annual medical reviews, good access to their general practitioner (GP) and good access to allied health professionals and a multi-disciplinary team. Appropriate assessment tools were used to measure key health indicators, and national screening programmes were also accessed where appropriate. The inspector reviewed a resident's file who was at risk of falls and noted the staff team responded appropriately to an increase in falls with referrals made to their physiotherapist and subsequent controls put in place.

Regulation 11: Visits

There were appropriate arrangements in place to ensure that residents could receive a visitor of their choice. Visits were organised by appointment in a dedicated visitors room.

Visits were managed in line with the current Health Protection Surveillance Centre (HSPC) guidance 'COVID-19 Guidance on visits to Long Term Residential Care Facilities' and local and national restrictions.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were not supported to fully manage their finances due to the delay in implementing financial assessments. Where residents' accommodation fees had not been paid correctly in a timely manner, and this deficit accumulated over time, there were significant bills for the residents to pay that they were not aware they owed.

Judgment: Not compliant

Regulation 13: General welfare and development

Considering the public health guidelines that the provider was strictly adhering to, residents were being supported well. The provider had relocated a day service to the building so residents could continue their New Directions programme.

It was evident that staff were being creative with residents and supported them

during this time away from their regular activities. Staff also supported residents to maintain contact with their family and friends through alternative methods such as video calls.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walkthrough of the three apartments within the premises. The layout and design of the premises were sufficient to meet residents' needs, and the layout and function of rooms in the centre were reflective of those in the statement of purpose. The centre was accessible for residents who were availing of its services. The provider had responded to the changing needs of residents with a planned installation of overhead hoists.

A number of upgrades had been carried out, resulting in positive outcomes for the residents. The provider had plans to complete additional works such as painting and re-flooring, in part of the designated centre. Facilities for indoor and outdoor recreation were available for residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. This included the latest HPSC guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance). The provider had developed a comprehensive audit tool to form part of the clinical monitoring of the centre's infection prevention and control measures.

One area that required review was the provision of infection control training. A review of training records showed that a large percentage of staff had not undertaken hand hygiene training, several staff had not undertaken donning and doffing of personal protective equipment (PPE) training, and others had not attended transmission-based precautions and breaking the chain of infection in response to the COVID-19 pandemic.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider was aware that the some of the evacuation routes required reviewing due to residents' changing needs. This involved the re-structuring of some of the fire doors along the evacuation route to ensure an effective emergency evacuation in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall, the resident's well being and welfare was supported through a good standard of evidence based care and support. Although the provider had carried out various assessments in relation to residents needs, there was no comprehensive assessment of need conducted prior to admission to ensure that the centre could meet the resident's needs and that any specialist equipment could be organised prior to their admission.

Judgment: Substantially compliant

Regulation 6: Health care

Each resident had a healthcare plan in place. From a review of a sample of healthcare plans it was evident that residents were well supported to achieve best possible health. Each resident had access to a general practitioner of their choice and were supported to access allied health professionals. These included a physiotherapist, speech and language therapist, occupational therapist, behaviour specialist and members of a mental health team.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration. Where residents presented with behaviour that challenges, the provider had arrangements in place to ensure these residents were

supported and received regular review.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. The inspector observed that there were some safeguarding issues currently open in the centre and these were mainly related to adverse peer-to-peer interactions. However, all adverse incidents were being recorded, reported and responded to by the person in charge. It was also noted there had been a reduction in the number of allegations of abuse following the implementation of the control measures outlined in safeguarding plans.

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 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for DC8 OSV-0003788

Inspection ID: MON-0031896

Date of inspection: 04/03/2021

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All current fire servicing certificates are available in DC Fire Register. Managers of the designated centre will ensure that the scheduled servicing takes place and they are certified appropriately. All training records of the permanent and relief staff are now available. A full record of attendance at staff training and development is now maintained and available. Further systems are being developed with the HR department to ensure up-to-date records are maintained on an ongoing basis.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Annual Review of Quality and Safety of Care and Support 2020 will be completed by 30/6/2021. It will be more specific and will provide an overview of the quality of the service in the designated centre. All feedback from stakeholders from the Annual Review will be reviewed and followed up where required by the PIC. The self-assessment tool was a temporary measure developed as a response to Covid-19 pandemic. It was designed to be completed remotely to minimize a risk of infection outbreak amongst the vulnerable population of the DC. It was used at the beginning of	

the pandemic and it has been further developed since. The subsequent 6-monthly quality report was prepared based on the actual visit of the quality advisor and was made available to the inspector.

Regulation 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Contracts of Care will be issued to the residents by 30/6/2021. The Contracts and the fees will be based on Residential Support Services Maintenance and Accommodation Contribution Assessments in line with the current legislation.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The day programme facilities are located outside of the areas identified as part of the Designated Centre and are run by the day programme staff/managers. However the statement of purpose will be amended to reflect the onsite arrangement for specific residents.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The Registered Provider has engaged with the residents and their representatives regarding the outstanding fees and charges. The consultation process was completed in March 2021 and any actions are underway. A standardized process for RSSMAC assessments has been developed and will be implemented across the region. A Regional RSSMAC oversight committee has been established to address any inequities/arrears or disputes regarding fees or assessments and this committee will consider any outstanding and ongoing RSSMAC concerns.	

Residential Support Services Maintenance and Accommodation Contribution Assessments will be completed and new Contracts of Care will be issued to the residents by 30/6/2021.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
All permanent and relief staff currently working in the designated centre completed the following training:
1. Hand Hygiene training
2. Putting on & taking off PPE in community healthcare setting
3. National Standards for Infection Prevention and Control
4. Infection Control/Breaking the Chain of Infection

The staff members who did not attend the above training sessions are currently on long term leave (e.g. maternity leave/administrative leave/sick leave etc.) and will have to complete all IPC and Covid 19 specific training as part of a re-induction before returning to work.

All training records of the permanent and relief staff are now updated and available. A record of attendance at staff training and development is now maintained and available. Further systems are being developed with the HR department to ensure up-to-date records are maintained on an ongoing basis.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The bedroom doors in one of the DC's apartments will be modified to improve the evacuation procedure before 30/6/2021

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Management team will review the current documents and process and put in place any changes required to ensure the assessment is comprehensive. Currently the admission to the DC is based on number of individual assessments completed prior to the admission (e.g. Health Care Assessment, Manual Handling Assessments, Eating and Drinking Assessments etc.) which as a whole make up the assessment of need. The Person in Charge utilizes the available templates. The residents' needs are met as a result of the completed assessments and personal plans. All the necessary equipment is made available to the residents and includes the overhead hoists, high-end communication devices; dementia-specific entertainment sets etc. The Person in Charge will ensure that the relevant assessment(s) are completed prior to the admission to the designated centre and the personal plans are completed no later than 28 days after the resident is admitted to the designated centre.	

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/06/2021
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	08/04/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Substantially Compliant	Yellow	08/04/2021

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	30/06/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	30/06/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	30/06/2021
Regulation 24(4)(b)	The agreement referred to in	Not Compliant	Orange	30/06/2021

	paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.			
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	08/04/2021
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/06/2021
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	08/04/2021
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health	Not Compliant	Orange	30/06/2021

	care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.			
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).	Substantially Compliant	Yellow	30/06/2021