



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

Issued by the Chief Inspector

Name of designated centre:	Designated Centre 20
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Meath
Type of inspection:	Short Notice Announced
Date of inspection:	08 December 2020
Centre ID:	OSV-0007904
Fieldwork ID:	MON-0031063

About the designated centre

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

DC20 is a designated centre operated by St. John of God Community Services CLG located in a rural location near the County Kildare/Meath border. The centre provides full-time residential services for up to three male adults with intellectual disabilities. The centre is supplied with a transport vehicle and provides secure, large outdoor garden and parking spaces. The centre comprises of a detached two storey house with a large kitchen/dining area and two separate living room spaces. Residents have their own private bedrooms which have been decorated to residents' personal preferences and with due regard for residents' assessed needs. The centre is staffed by social care workers and health-care assistants and is managed by a person in charge who is also responsible for one other designated centre. They report to a person participating in management who supports them in their management role.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
Tuesday 8 December 2020	10:00hrs to 15:50hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines the inspector carried out the inspection mostly from one space in the centre but took time to meet with residents in locations within the centre of their choosing.

The inspector ensured physical distancing measures were implemented during interactions with residents and staff and in the centre during the course of the inspection. The inspector also wore a face mask throughout the inspection.

On entry to the centre, the inspector observed it had been decorated for Christmas, the premises appeared comfortable and well maintained.

As part of the inspection, the inspector met with all three residents living in the centre and chatted with them about their new home. Residents told the inspector they liked their new home. They said they liked their bedrooms and said they felt safe.

The inspector met with two residents in one of the living room spaces discussed some of their interest which included GAA and upcoming football matches that they were planning to watch on the TV. They told the inspector they had previously visited Croake Park for a few matches and were looking forward to going back again sometime. Residents were observed wearing GAA jerseys and watching a GAA match replay on TV during the course of the inspection.

Another resident was observed watching a music video of their favourite singer in the other sitting room area. They were observed dancing and singing along to the music video and appeared very happy doing this. Staff encouraged and sang along with the resident and complimented them on their dancing. At the end of the music video the resident received a round of applause and praise from staff which they appeared to really enjoy and were observed smiling and taking a small bow.

The inspector spoke with the resident for a short period after this. They told the inspector the plans they had for buying Christmas presents and listed a number of items they had bought. They told the inspector that they liked the new house and felt safe and happy there.

The inspector also met and spoke with all staff present on the day of inspection and spoke for a longer time with one staff member.

They told the inspector that the residents' recent previous community home had suited their needs well and that this new community based home was also very suited to their needs. They described the environment residents had lived in on a congregated campus setting a number of years prior which they mentioned was highly restrictive and impacted on residents' being able to make choices, for

example.

They told the inspector that residents had a better quality of life now living in the community. They explained that there had been a significant reduction in behaviours that challenge incidents and personal risks for residents were better managed in this centre as the resident numbers were smaller, the environment was better suited to their needs and supervision measures with staff were much improved. Residents could chose to go outside wished, they could chose their meals for the day and how they wished to spend their day also. This had not been possible in the campus based setting.

The staff member explained that the residents were now supported to make choices and to direct their lives. A culture of rights and self-determination was encouraged in the centre and because of this the staff could see residents were happier and less likely to engage in behaviours that challenge, for example.

Capacity and capability

The findings from this inspection demonstrated the provider had the capacity and capability to provide a good quality service to meet the needs of residents.

DC 20 was registered in November 2020 as a new designated centre for the purposes of supporting residents to transition, from an already existing designated centre in St. John of God Community Services CLG, to a new designated. The purpose of this inspection was to ensure the provider was operating it in line with the centre's conditions of registration and in compliance with the regulations. Overall, the inspector found this to be the case with good levels of compliance found on this inspection.

As the centre had only recently opened, the provider had not yet completed an annual report for the centre. It was noted however, that the provider had appropriate arrangements in place to meet this regulatory requirement. In addition, the provider had arrangements to ensure six-monthly provider led audits would be carried out in the designated centre as required by the regulations.

Audits and quality checks were carried out by the person in charge within the centre and formed part of the ongoing quality oversight arrangements for the centre. The person in charge had already carried out some audits within the centre since it's recent opening, for example, cleaning schedule audits and infection control.

The provider had ensured staffing contingency measures were in place to manage staff absences in the event of a COVID-19 outbreak in their designated centres. The inspector noted there was a planned and actual roster in place. From a review of the rosters, it was demonstrated there were adequate numbers of staff and an appropriate skill-mix in place to meet the assessed supervision and support needs of the residents. It was noted, the provider had ensured the same staff team that had

supported residents in their previous home, had transitioned to this centre. This had ensured residents were supported in their transition by a continuous stable staff team and had supported their successful transition.

The person in charge was responsible for this designated centre and one other designated centre. The provider had put systems in place to ensure the person in charge was supported by a person participating in management to ensure adequate oversight and management of the centre in their absence, for example. Good levels of compliance found on this inspection demonstrated the management remit of the person in charge, over two designated centres, did not impact on the oversight arrangements for the centre.

The statement of purpose was found to clearly describe the services provided in the centre and provided information as required by Schedule 1 of the regulations.

Staff working in the centre were supported to avail of training in mandatory and supplementary areas to meet the requirements of the regulations and assessed needs of residents. It was noted however, that some staff had not received refresher training. The provider was at the time making arrangements to ensure staff were provided with refresher training as soon as possible and upcoming dates had been identified.

Each resident living in the centre had a contract of care however, on review it was noted these contracts were out of date by a number of years and referred to the residents' previous living arrangements in a congregated setting. The provider was required to issue residents with an up-to-date contract of care which reflected the services, terms, conditions and fees applicable to their new home.

Regulation 14: Persons in charge

The person in charge was appointed in a full-time role and had the required management experience and qualifications to meet the requirements of regulation 14.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual roster was in place. The provider had ensured the centre was resources as per the statement of purpose and to meet the assessed supervision and support needs of the resident.

The provider had staff contingency planning in place to ensure appropriate staffing levels and proactive measures would take place in the event of a COVID-19

outbreak in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had commenced providing refresher training to their staff with dates scheduled.

Judgment: Compliant

Regulation 23: Governance and management

The provider had appropriate arrangements in place to monitor the safety and quality of care provided in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents' contracts of care were out-of-date by a number of years and referred to the residents' previous living arrangements in a congregated setting. The provider was required to issue residents with an up-to-date contract of care which reflected the services, terms, conditions and fees applicable to their new home

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose accurately outlined the service provided in the centre. The statement of purpose contained the matters as required by Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Residents living in the centre was in receipt of a good quality service. A good level of compliance was found on this inspection.

There was evidence of the provider's implementation of adult safeguarding policies and procedures. Staff had received training in safeguarding vulnerable adults. Staff spoken with outlined the safeguarding measures they would implement in the event of a safeguarding incident or concern. Intimate care planning was also in place for residents as required. Intimate care plans focused on skill teaching and supports to help the resident increase their personal care skills and independence while also maintaining their bodily integrity and privacy as much as possible.

It was demonstrated that all residents living in the centre required positive behaviour supports as part of their overall assessed needs. Behaviour support planning arrangements were in place to meet those needs and followed a positive behaviour support framework and outlined a number of proactive strategies and de-escalation techniques which could help to mitigate and manage incidents of behaviours that challenge. Staff had received training in behaviour support and the implementation of breakaway techniques.

Where restrictive practices were in place, they had been referred to the provider's Human Rights Committee for review. A limited number of restrictive practices were in place or required and where necessary, were for the purposes of managing some personal risks identified as part of residents' assessment of needs.

Each resident had received a comprehensive assessment of need which had been completed for 2020. Residents' assessed needs were identified and support planning was in place to provide guidance for staff in how to support the resident. In addition, specific assessments were also maintained in some resident's personal plans which identified personal risks for those residents. It was noted these matters were managed to good effect.

Residents received inclusive personal planning meetings where their goals and aspirations were identified through a collaborative process. Photographic records of these meetings were maintained in residents' personal plans. These plans were reviewed and updated throughout the year and alternative arrangements made where goals could not be achieved due to COVID-19 restrictions.

Some goals identified included attending a jewellery making class with a longer term goal to sell these items at a local market. It was also noted some residents had made a choice not to attend day services and had taken the option to retire. The inspector spoke briefly to a resident in relation to this and they informed the inspector that it had been their choice and they were happy to focus more on the running and management of their home and make their own decisions on how they spent their day.

Each resident had engaged in an inclusive and comprehensive transition planning process before moving into this designated centre.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider had created a suite of COVID-19 related policies and procedures for the organisation. Personal protective equipment was available for staff and hand washing facilities were adequate in the centre with a good supply of hand soap and alcohol hand gels in place also. Each staff member and the resident had their temperature checked daily as a further precaution.

The inspector reviewed the centre's COVID-19 staffing contingency and isolation planning with the person in charge. The person in charge took the opportunity to create additional resident specific isolation plans during the course of the inspection. These plans were found to be practical and reflective of the centre's environment.

Overall, the premises presented as a well maintained, comfortable home for residents. Residents' bedrooms were decorated in line with their personal preferences and taste. Toilets and bathing facilities were maintained to a good standard and provided suitable arrangements to meet the needs of residents. Residents were also afforded pleasant outdoor spaces to engage in gardening and other hobbies if they wished. Kitchen and dining facilities were spacious and provided appropriate arrangements for the purpose of home baking and cooking meals. Residents were also afforded communal space options with the provision of two separate living room spaces with a large TV in each.

The provider had undertaken a suite of fire safety improvement works in the centre prior to the opening of the centre. It was noted there were effective containment measures throughout the centre, a recently serviced fire alarm and fire extinguishers at key locations in the centre. Fire safety check systems were also in place and had been carried out since the opening of the centre. Residents had also engaged in a fire evacuation drill since the opening of the centre ensuring their personal evacuation plans were up-to-date and reviewed on foot of the drill to ensure they were as effective as possible.

Each resident had an up-to-date annual health check completed with their General Practitioner (GP). Residents were supported to avail of health screening and had received bone density tests and blood tests to assess their health. Residents were also supported to attend out-patient clinics and regular reviews by allied health professionals associated with their overall health care needs.

Residents rights were upheld in this centre. Residents were supported to engage in resident meetings with staff and to provide feedback about the service they received. Residents' opinions were listened to and valued and resulted in changes to their lives based on that feedback. Staff spoken with demonstrated an understanding of the importance of ensuring each resident's right to self-

determination and choice.

Regulation 17: Premises

The centre premises presented as a well maintained, comfortable home for residents.

Judgment: Compliant

Regulation 27: Protection against infection

It was demonstrated that appropriate infection control procedures were in place and in adherence with public health guidance.

Judgment: Compliant

Regulation 28: Fire precautions

Effective fire safety precautions were in place in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had received a comprehensive assessment of need, support planning was in place for each need identified. Personal plans reflected input from allied professionals. Goal planning was of a good standard. Each resident had engaged in an inclusive and comprehensive transition planning process before moving into this designated centre.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were managed to a good standard. Residents were

supported to attend healthcare reviews and checks as required.
Judgment: Compliant
Regulation 7: Positive behavioural support
<p>Each resident had received a comprehensive behaviour support assessment ensuring behaviour support planning was evidence based. There was evidence on ongoing period service review for each plan.</p> <p>A low number of restrictive practices were in place, where required they were in place to meet an identified personal risk.</p>
Judgment: Compliant
Regulation 8: Protection
<p>Staff had received training in safeguarding vulnerable adults. Localised safeguarding procedures in place were reflective of the National Safeguarding Vulnerable adults policy. Intimate care planning focused on promoting and encouraging residents' self-help skills and independence.</p>
Judgment: Compliant
Regulation 9: Residents' rights
<p>Residents rights and civil liberties were upheld to a good standard in this centre. Staff spoken with demonstrated a rights based approach to supporting residents.</p>
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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Designated Centre 20 OSV-0007904

Inspection ID: MON-0031063

Date of inspection: 08/12/2020

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 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: Residents and/or their representatives will be issued with an up-to-date contract which reflects the services, terms, conditions and fees applicable to their new home by 22nd January 2021	

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 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	22/01/2021