



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

Issued by the Chief Inspector

Name of designated centre:	St Augustine's
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	21 October 2020
Centre ID:	OSV-0001465
Fieldwork ID:	MON-0026177

About the designated centre

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

The designated centre is based in a suburban area of South Dublin and provides part-time residential services for up to four children. It operates for four days and nights each week during school-term times. The centre is comprised of one detached four bedroom house with a modest sized driveway to the front and a shared garden space to the rear. A staff team of social care workers provides care and support to residents and they are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 21 October 2020	09:30hrs to 15:30hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines the inspection was carried out from one space in the house mostly.

The inspector used a face covering and ensured physical distancing measures were implemented during interactions with residents and staff and in the centre during the course of the inspection. The inspector respected resident's choice to engage with them or not during the course of the inspection at all times.

The inspector met the residents that were present on the day of inspection and spoke with them to gather their views of the service they received.

Residents were observed to wear face coverings on return from their vocational programme. Residents also engaged in hand hygiene on arrival to the centre and had their temperature checked. Residents were observed to engage in good hand washing practice and told the inspector they understood the importance of all the measures that were in place.

Residents appeared happy, relaxed and content in the centre. Staff were observed to engage with residents in a respectful way, chatting about their day and discussing some plans for the afternoon.

Residents said they felt safe and happy in the centre. They were happy to be back to education and attending the centre. They told the inspector that they could have a 'bit of craic' with each other and the staff in the centre. They said they weren't bored as they usually found things to do. They told the inspector they learned self-help skills in the centre like making meals and snacks and baking. They told the inspector that they got along with their peers and were friends with them.

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.

The centre had re-commenced its service in September 2020 in tandem with the re-opening of the school and vocational programmes residents attended. The service was not operating at full capacity as residents using the service only attended from one specific cohort at a time. For example, two residents from one school pod attended for two days, residents from another school pod attended the remaining two days. These measures were put in place as part of the provider's overall COVID-

19 infection control measures for the centre.

It was demonstrated the provider had addressed non-compliances from the previous inspection. For example, the provider had addressed fire safety non-compliances from the previous inspection and had completed a suite of improvement works, meeting a restrictive condition of registration for the centre.

There were arrangements in place to monitor the quality of care and support, the provider had completed six-monthly provider led audits of the the centre. It was noted that the provider had continued to carry out a provider-led review of the service during COVID-19 restriction period. The provider had also completed a 2019 annual report for the centre as required by the regulations.

The provider had ensured robust staffing contingency measures were in place to manage any staff absences should they occur due to COVID-19. The inspector noted there was a planned and actual roster in place and staffing levels had been maintained as per the statement of purpose for the centre for the most part.

The provider had failed to appoint a full-time person in charge of the centre. At the time of inspection the programme manager was also performing the role of person in charge. This arrangement did not meet the requirements of regulation 14 whereby a full-time person in charge is required.

Regulation 14: Persons in charge

The provider had failed to appoint a full-time person in charge for the centre. At the time of inspection the programme manager was also performing the role of person in charge.

Judgment: Not compliant

Regulation 15: Staffing

The staffing arrangements for the centre were in line with the whole-time-equivalent arrangements as set out in the statement of purpose for the centre. A staffing contingency plan was in place as part of the overall COVID-19 management measures for the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff working in the centre had received training in mandatory areas such as fire safety and child protection. Some improvement was required to ensure staff received refresher training in mandatory and additional areas required to meet the assessed needs of residents using the service.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured a six-monthly provider led audit for the centre had been completed.

The provider had completed an annual report for the centre for 2019.

The provider had addressed fire safety non compliances from the previous inspection and had adhered to a restrictive condition of registration in this regard.

Judgment: Compliant

Quality and safety

Residents living in the centre were in receipt of a good quality service. Residents spoken with told the inspector they felt safe and were happy in the centre.

The provider had ensured an up-to-date risk management policy was in place and evidence of the implementation of this policy was found on inspection. A risk register was maintained and where required further personal risk assessments for residents were documented and reviewed. COVID-19 risk assessments were also in place and set out the control measures in place.

Some improvement was required however, to ensure all incidents occurring in the centre were recorded on the provider's incident recording system to inform risk assessments in place and support the creation of new risk assessments. It was acknowledged however, that the service had been closed for six months which provided a rationale for the low number of incidents recorded for the centre.

Residents' personal planning was of a good standard and reflective of the type of service provided. An assessment of need had been completed. It was noted for some identified needs an associated support or goal plan was not in place. This required improvement.

There was evidence of the provider's implementation of Children's First policies and

procedures. Staff had received up-to-date training training in child protection. Where required, safeguarding planning was in place. There was also evidence to demonstrate close liaison and regular contact between social work allied professionals and staff working in the centre.

Where required, intimate care planning was in place which set out a skill-teaching framework to support residents in achieving independence in personal care.

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 if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating 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. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. Each staff member and resident had their temperature checked daily as a further precaution. Residents spoken with indicated their knowledge of the use of wearing face coverings, in line with public health guidance and the importance of good hand hygiene. Cleaning schedules for the centre were in place and a high level of cleanliness and hygiene was noted in the centre on the day of inspection.

The provider had addressed fire safety non-compliances from the previous inspection. An appropriately qualified person had carried out an assessment of fire safety for the centre following the previous inspection. On foot of the assessment they had provided a suite of recommended works required to bring the centre into compliance with fire safety precautions. The provider had completed the required fire safety improvement works.

Fire safety equipment had been serviced as required. Fire evacuation drills had been practiced with a personal evacuation plan in place for each resident that attended the service.

Regulation 26: Risk management procedures

Some improvement was required to ensure all risks and incidents occurring in the centre were captured on the provider's incident recording system which in turn would inform risk assessments and the risk register for the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Comprehensive systems for the management of COVID-19 were observed on inspection and documented guidance and procedures were in place.

Adequate supplies of personal protective equipment were available to both residents and staff. Residents attending the centre on the evening of inspection were observed to wear face coverings in line with public health guidelines and engage in hand washing and hand hygiene procedures on return from their school day.

Contingency planning was in place in the event of a suspected or confirmed case of COVID-19 for both residents and staff.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had addressed fire safety non-compliances found on the previous inspection. A fire safety assessment by an appropriately qualified person had been carried out following the previous inspection. A suite of fire safety upgrade works had been completed.

An up-to-date fire register was in place, each resident had a personal evacuation plan in place and regular fire drills had taken place during the year.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of needs. Some improvement was required to ensure a corresponding support plan was in place for the need identified.

Judgment: Substantially compliant

Regulation 8: Protection

All staff working in the centre had received training in child protection which was up-to-date. Timely and responsive action was taken in response to safeguarding concerns. Safeguarding plans were in place as required, setting out safeguarding

measures in place.

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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Augustine's OSV-0001465

Inspection ID: MON-0026177

Date of inspection: 21/10/2020

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: A Full-Time Person-In-Charge will be appointed.	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: All training needs have been referred on to the HR Department. HR acknowledged awareness of requirements on 19.11.2020 and are actioning same. Staff and Management will continue to liaise with HR until the matter is resolved. HR have advised of backlog in training requirements due to Covid-19 and expect the DC's training requirements to be met by February 2021.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures:	

Since 21/10/2020 all risks and incidents are being recorded by the Designated Centre on the NIMS System, which in turn informs the Risk Register.

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:

Due to Covid-19 constraints (i.e. inability to facilitate meetings-in-person and lack of technology available to the Designated Centre), there was a delay in commencing the formal aspect of Resident Support Plans for the current academic term. This has now been addressed by the Young Persons and Keyworkers, and each Resident has a current completed plan in place, which has been circulated to the Resident's Circle of Support. Covid-19 restrictions unfortunately continue to impact on physical meetings; however technology is being trialed to seek to compensate for this.

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 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	01/02/2021
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	01/02/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	21/10/2020

	place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	01/01/2021