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:	Kilpedder D.C
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	01 October 2020
Centre ID:	OSV-0002883
Fieldwork ID:	MON-0026686

About the designated centre

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

This is a centre providing residential care and support to 6 adults with disabilities. It is based in a peaceful, rural setting in Co. Wicklow and transport is provided so as residents can access local nearby towns/villages and frequent amenities such as parks, shops, restaurants, cafes and beaches. The centre comprises of a large detached two storey house with each resident having their own bedroom, which are decorated to their individual style and choice. Communal facilities include a large kitchen cum dining room, a large sitting room, a small activities/relaxation area and there are ample, spacious well equipped bathrooms on each floor. The centre also provides a separate well equipped utility room and large private, very well maintained garden areas for residents to avail of when they so wish. Garden areas provide ample garden furniture for residents to use and a large poly tunnel for residents with a keen interest in gardening/growing plants and vegetables. The centre is staffed on a 24/7 basis. The staff team consists of a person in charge, a supervisor and a team of qualified social care workers and staff nurses. Health care needs are comprehensively provided and residents have as required access to a range of allied healthcare professionals which includes General Practitioner (GP) services. Therapeutic services are also provider for and residents are supported to engage in activities that they enjoy and are stimulating.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 1 October 2020	09:10hrs to 15:10hrs	Andrew Mooney	Lead

What residents told us and what inspectors observed

In line with public health guidance and residents assessed needs, the inspector did not spend extended periods of time with residents. However, the inspector did have the opportunity to meet three residents during the inspection.

The inspector engaged with residents in line with their assessed communication needs and staff supported residents to engage with the inspector. It was very clear that staff understood residents individual communication style.

Residents appeared very comfortable with staff. The inspector also noted that residents appeared very relaxed and comfortable in each others company. The inspector observed residents eating together at breakfast. The inspector observed that the centre was well maintained and homely throughout.

Capacity and capability

Overall the centre was well managed and there were appropriate oversight mechanisms in place. However, despite the providers best efforts, an ongoing lack of staffing resources adversely impacted the centres capacity and capability and this negatively impacted residents lived experience in the centre.

There was a statement of purpose in place that clearly described the model of care and support delivered to residents in the centre. It contained all the information set out in the Regulations and had been updated as required.

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

There were arrangements in place to monitor the quality of care and support in the centre. The person in charge conducted appropriate audits and the provider had ensured that an unannounced visit to the centre was completed as per the Regulations. Where areas for improvement were identified within these audits, plans were put in place to drive improvement. This process was monitored using a quality enhancement plan. Additionally, the provider ensure that an annual review of quality and care was produced, this plan was completed in consultation with residents and

their representative. With this review the provider had self-identified that a lack of staffing resources was adversely impacting residents access to appropriate community inclusion. The provider confirmed they had engaged with their funder to seek additional resources to address this deficit, this was an ongoing engagement over a long period of time. The provider confirmed on the day of inspection that they were committed to increasing staffing levels as a matter of priority. The provider stated they had recently been given authorisation by their funder to increase staffing resources within the centre and they noted a recruitment campaign would begin shortly.

Staffing arrangements at the centre broadly reflected what was outlined in the statement of purpose. However, as stated already, these staffing arrangements were insufficient to meet the the social and recreational needs of residents. Furthermore, there was insufficient contingency arrangements within the current staffing resources to cover all statuary leave requirements within the centre. This left the centre reliant upon external staffing resources to cover planned and short notice leave requirements. From a review of the roster, it was evident that there was an appropriate skill mix of staff employed at the centre. The person in charge had ensured that there was both a planned and actual roster maintained. Staff spoken with were knowledgeable and informed of key areas such as residents' needs, safeguarding and infection prevention and control.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling. The person in charge maintained a register of what training was completed and what was due. This training enabled staff to provide evidence based care and enabled them to support residents with their assessed needs.

The inspector completed a review of a sample of adverse incidents within the centre. This review demonstrated that the person in charge had ensured all appropriate incidents were notified to the Office of the Chief Inspector as required by the Regulations.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster. All appropriate schedule 2 information was in place.

However, staffing arrangements were insufficient to meet the the social and recreational needs of residents. Furthermore, there was insufficient contingency arrangements within the current staffing whole time equivalent to cover all statuary leave requirements within the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflected up-to-date evidence-based practice. Staff were supervised appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in the associated schedule. It was reviewed annually as required and a copy of it was available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All appropriate notifications had been submitted in line with the Regulations.

Judgment: Compliant

Quality and safety

There were systems and procedures in place to protect residents and promote their welfare. There were appropriate arrangements in place to protect residents during the COVID-19 pandemic. However, improvements were required with residents

access to meaningful activities.

The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare associated infection. The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices.There were appropriate hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE).The provider had developed a COVID-19 contingency plan that was in line public health guidance and best practice. This plan was enacted where required and residents received access to appropriate testing as required. During the inspection, the inspector observed staff engaging in social distancing and wearing appropriate PPE. These arrangements helped protect residents and staff from unnecessarily acquiring or transmitting COVID-19.

The service worked together with residents to identify and support their strengths, needs and life goals. However, residents access to their community was not in keeping with their preferences. Staff and residents representatives noted that despite the best efforts of staff, it was not always possible for residents to access their community as they wished. This had also been identified by the provider and measures were being put in place to address this. However, at the time of the inspection, these measures were not in place.

Residents received regular and timely review with their General Practitioner (GP) and were supported to engage with physiotherapy, chiropody and occupational therapy as required. Residents that required supports in relation to epilepsy management received ongoing regular review with their neurology physician as required.

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

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

The provider had ensured that there were fire safety measures in place, including

detection and alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents and staff understood what to do in the event of a fire. Regular fire drills were conducted within the centre, however they were not reflective of all possible scenarios. For example there had been no recent fire drill competed that simulated the maximum number of residents being evacuated by the minimum number of staff. Therefore, it was unclear if the centre could be effectively evacuated when these staff ratios were in place.

Regulation 26: Risk management procedures

There was an appropriate system in place for the assessment, management and review of risk within the centre.

Judgment: Compliant

Regulation 27: Protection against infection

There were arrangements in place to protect residents from the risk of acquiring a healthcare associated infection, including hand wash facilities, clinical waste arrangements and laundry facilities. The provider had introduced a range of measures to protect residents and staff from contracting COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured that there were fire safety measures in place, including detection and alarm system, fire fighting equipment and containment measures. There were personal evacuation plans in place for all residents.

Fire evacuation drills were carried out regularly but required improvement as they did not simulate the least number of staff and maximum number of residents.

Judgment: Substantially compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to each residents' personal plan.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 13: General welfare and development

The service worked together with residents to identify and support their strengths, needs and life goals. However, residents access to their community was not always in keeping with their preferences.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 13: General welfare and development	Not compliant

Compliance Plan for Kilpedder D.C OSV-0002883

Inspection ID: MON-0026686

Date of inspection: 01/10/2020

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing of the DC has been reviewed and an additional staff has been sanctioned to join the team. An instructor post has also been sanctioned to facilitate increased day activities in the DC.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills in the DC were reviewed. A drill has been completed to simulate the least number of staff with the maximum number of residents.	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: Staffing of the DC has been reviewed and an additional staff has been sanctioned to join the team. An instructor post has also been sanctioned to facilitate increased day activities in the	

community

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	31/01/2021
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	31/01/2021
Regulation	The registered	Substantially	Yellow	05/10/2020

28(4)(b)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Compliant		