



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

Issued by the Chief Inspector

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| Name of designated centre: | St John of God Kildare Services – DC5 |
| 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: | 24 September 2020 |
| Centre ID: | OSV-0003642 |
| Fieldwork ID: | MON-0025044 |

About the designated centre

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

St John of God, Designated Centre 5 is a designated centre located within a campus setting in County Kildare. The centre provides residential services to 13 adults with an intellectual disability. The centre is a purpose built building which consists of three kitchens, four dining rooms, four sitting rooms, staff office, two sensory rooms and 13 individual resident bedrooms. The centre is located close to a town with access to local shops and transport links. The centre is staffed by a person in charge, clinical nurse manager, staff nurses, social care workers and healthcare assistants.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 11 |
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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 24 September 2020 | 10:00hrs to 16:20hrs | Conan O'Hara | Lead |

What residents told us and what inspectors observed

The inspector had the opportunity to meet with ten of the residents living in the designated centre during the inspection. The inspector also observed elements of their daily lives at different times over the course of the inspection. The inspector ensured physical distancing measures were implemented during interactions with all 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.

The residents who spoke with the inspector said they liked living in the designated centre. The inspector also observed residents engaging in activities of daily living including relaxing in their home, enjoying hand massages, watching TV, spending time in the sensory room or their own bedrooms. On the day of the inspection, residents were also supported to take part in national fitness day. It was observed that residents appeared relaxed, comfortable and enjoyed being in the company of staff members.

Capacity and capability

Overall, the governance and management arrangements in place were monitoring the quality and safety of the care and support provided to residents. However, some improvement was required in relation to training and development.

The centre had a defined governance and management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge also demonstrated a good knowledge of the residents and their support needs. There were a number of quality assurance audits in place to review the delivery of care and support in the centre. These included the six-monthly unannounced provider visits and an annual review for 2019 as required by the regulations. These audits identified areas for improvement and action plans were developed in response.

The person in charge maintained a planned and actual roster. From a review of the staff roster, the inspector found that on the day of the inspection staffing levels at the designated centre were appropriate to meet the needs of the residents and ensured continuity of care and support to residents. At the time of the inspection, there was one whole time equivalent (WTE) vacancy and there was evidence that this vacancy had been filled and a staff member had been identified to begin to work in the centre. Throughout the day of inspection, positive interactions were observed between residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of a sample of staff training, the inspector found that, for the most part, the staff team had up-to-date mandatory training including medication management, fire safety and safeguarding vulnerable persons. However, refresher training was required for a number of the staff team in de-escalation and intervention techniques. This had been identified by the person in charge and was in the process of being addressed.

The inspector reviewed a sample of incidents and accidents occurring in the designated centre and found that they were appropriately notified to the Chief Inspector as required by Regulation 31.

Regulation 14: Persons in charge

The person in charge worked full time and was suitably qualified and experienced to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained a planned and actual staff roster. At the time of the inspection, staffing arrangements at the centre were appropriate to meet the needs of the residents and ensured continuity of care and support to residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. However, refresher training was required for a number of the staff team in de-escalation and intervention techniques.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. There was evidence of

regular quality assurance audits taking place which identified actions to address areas that required improvement.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents were appropriately notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the management systems in place ensured that residents received a quality and safe service. Some improvement was required in relation to personal plans and premises.

The inspector completed a walk through of the premises accompanied by the person in charge. The centre is a purpose built building which consists of three kitchens, four dining rooms, four sitting rooms, staff office, two sensory rooms and 13 individual resident bedrooms. Overall, the centre was well maintained, decorated in a homely manner and residents' bedrooms were decorated in line with their preferences. However, there were some areas of the centre which required attention including areas of paintwork, plasterwork and flooring.

The inspector reviewed a sample of personal plans and found that each resident had an up-to-date assessment of need. The assessment of need identified residents' health and social care needs and informed the residents' personal support plans. The support plans identified residents' social care goals which were well planned and reviewed regularly.

In addition, there was evidence that residents' health care needs were appropriately identified and managed. Residents were supported to access allied health professionals as required including General Practitioners (GPs), speech and language therapists and occupational therapists. In general, the healthcare plans reviewed were up to date and suitably guided the staff team to support residents with identified healthcare needs. While, there was evidence of supporting the residents with their healthcare needs and accessing allied health professional as appropriate, one healthcare plan reviewed required additional information to ensure that the staff team were appropriately guided to support the resident and their identified health need.

Residents were supported to manage their behaviours and there were positive behaviour support plans in place as required. The inspector reviewed a sample of behaviour support plans and found that they were up to date and contained appropriate information to guide the staff team. There were restrictive practices in use in the centre on the day of the inspection. There was evidence that restrictive practices were regularly reviewed by the provider to ensure they were the least restrictive intervention for the shortest duration necessary.

There were systems in place to safeguard residents. The inspector reviewed a sample of incidents and found that they were appropriately managed and responded to. Residents were observed to appear comfortable and content in their home throughout the inspection.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The centre maintained an up-to-date risk register which detailed centre specific risks and the measures in place to mitigate the identified risks. In addition, individualised risk assessments were in place for identified risks including behaviour, falls and manual handling.

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. There was infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment (PPE) including hand sanitisers and masks were available and were observed in use in the centre on the day of the inspection.

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. Each resident had a personal emergency evacuation plan (PEEP) in place which guided the staff team in supporting residents to evacuate. There was evidence of regular fire evacuation drills taking place in the designated centre.

Regulation 17: Premises

The centre was decorated in a homely manner. However, there were some areas of painting, plaster and flooring in the centre which were in need of attention.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review

of risk.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems were in place for the prevention and management of risks associated with infection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced as required. Centre records demonstrated that fire drills were carried out regularly.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was an assessment of need in place for residents identified residents' health and social care needs and informed the development of support plans. However, there was some improvement required in one personal plan to ensure that an identified need had a detailed personal plan in place to guide the staff team.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well managed and residents were provided with regular review by their General Practitioner (GP) and allied professionals associated with their assessed care needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were positive behaviour support plans in place as required which guided the staff team in supporting residents manage their behaviour.

Restrictive practices in use in the centre were identified and there was evidence of regular review.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents.

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 | Substantially compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 5: Individual assessment and personal plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for St John of God Kildare Services – DC5 OSV-0003642

Inspection ID: MON-0025044

Date of inspection: 24/09/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 16: Training and staff development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Staff who require refresher training in de-escalation and intervention techniques have been scheduled to attend and will have completed same by 14th December 2020.</p> | |
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A schedule of works have been drawn up and the areas of painting, plaster and flooring in the centre which are in need of attention will be addressed incrementally by the Maintenance team/contractors by 31st January 2021.</p> | |
| Regulation 5: Individual assessment and personal plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The personal plan referred to in the report has been reviewed and updated. All identified needs have a detailed plan in place to guide the staff team. This was completed on 28th</p> | |

September 2020.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation | Regulatory requirement | Judgment | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow | 14/12/2020 |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Substantially Compliant | Yellow | 31/01/2021 |
| 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 | Substantially Compliant | Yellow | 28/09/2020 |

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| | reflects the resident's needs, as assessed in accordance with paragraph (1). | | | |
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