



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

## Issued by the Chief Inspector

Name of designated centre:	St Joseph's Unit
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	22 July 2020
Centre ID:	OSV-0002705
Fieldwork ID:	MON-0026384

## About the designated centre

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

The designated centre provides full-time 24 hours nurse led residential service. The centre is a large single floor building which is attached to another building on one side and on the other end, a corridor adjoining to another building. The building is based on a campus in a small town in Co. Kildare. The centre can accommodate up to 17 residents male and female with varying degrees of intellectual and physical disability, chronic physical conditions and dementia. The centre comprises of 17 bedrooms with three of the rooms having an en suite facility. Out of the 17 bedrooms two bedrooms are kept for respite residents and one for emergency convalescence admissions. There are four bathrooms, two toilet areas and two single toilets. There is a shower room, a storage room, a nurse's station, a manager's office, a sitting room, a kitchen, a dining area, a conservatory with seating area, a visitors room, three storage cupboards/areas, staff locker rooms and staff room and a day activation room. Outside there is a garden and plant area with seating. A bus is available to the service on a daily basis for appointments and social activities. There is a full-time person in charged, 13 nurses, 19 care assistants, three house-keepers and internship students (Jan - Sept ) and two clerical officers employed at this centre.

**The following information outlines some additional data on this centre.**

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
Wednesday 22 July 2020	11:30hrs to 17:45hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

On the afternoon of the inspection the inspector observed a number of residents in the sitting room area watching television and a number of residents relaxing in the conservatory area listening to music. Two of the residents requested to speak with the inspector and arrangements were made for the inspector to meet and talk with them in the centre's visitors room. The residents who spoke with the inspector were offered support from staff members to communicate with the inspector, which one resident chose to avail of. The inspector observed that staff supporting the resident communicate was knowledgeable in the resident's communication needs and how to support them relay their views to the inspector.

One of the residents advised the inspector that they were very happy living in the centre and that they were happy with the support provided by the staff. They told the inspector that they had many friends living in the centre with them and that they enjoyed going out on different activities with their friends. The resident appeared happy when they informed the inspector that their family had come to visit them that morning. The resident talked about their future plans and in particular about wanting to go away on a overnight trip in the near future.

Another resident advised the inspector that they too were happy living in the centre. They told the inspector that they were unable to attend mass in the local church due to COVID-19 restrictions however, they were supported to attend mass in the centre via online video linked to the local church. The resident talked about their family visiting and was hoping that it would be confirmed by the weekend. The resident had not seen their family in over a year and was looking forward to the reunion. The resident was very clear about all the current health pandemic and was understanding of many of the restrictions currently in place.

Overall, the residents were very complimentary about the support they received from staff and management and were happy living in the centre. They advised the inspector of how well the staff had supported and taken care of them when they were ill. The residents talked to the inspector about the time they were unwell and advised the inspector that they were now feeling very well and healthy.

It was evident that the residents enjoyed family visits in the centre, in the local community and/or to their family homes and had missed this engagement during the recent restrictions. The inspector found that protocols and safety measures had been put in place to support the resident return to visiting with their families in an enjoyable yet safe way.

Residents and their representatives views and experiences had been captured in the annual review of the care and support provided in the centre. Feedback from residents and their families was positive and in particular, in relation to the care and support provided by staff and management.

Overall, during the inspectors time in the centre the inspector observed that the residents appeared relaxed and content in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions.

## Capacity and capability

The inspector found that the registered provider and person in charge were ensuring a good quality and safe service for residents living in the centre; Residents' well-being and welfare was maintained to a good standard. The person in charge and staff were found to be knowledgeable of the residents' needs and motivated to ensure that the residents were happy, safe and supported to make choices in their day-to-day life. The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place.

There was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. Since March 2020 the organisation's crisis management team provided daily updates on COVID-19 public health guidelines to staff, many of which were relayed through power point presentations.

The inspector saw that overall, appropriate contingency arrangements were in place in the centre for the current health pandemic; The Health Information and Quality Authority (HIQA) preparedness and contingency planning self assessment for designated centres for adults and children with a disability for a COVID-19 outbreak had been completed for the centre. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support staff and residents, and manage the service in the event of an outbreak of COVID-19.

The inspector found evidence to demonstrate that the centre strived for excellence through shared learning and reflective practices. The person in charge attended meetings with senior management and other persons in charge from the same organisations on a monthly basis. These meetings identified improvements required, which were relayed back to each designated centre, ensuring better outcomes for the residents. For example these meetings included matters relating to residents' health, COVID-19 updates and the related risks, team meetings and staff training and inductions.

There was an annual review of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their family were part of the consultation process. The registered provider carried out an unannounced visit to the centre every six months and had completed a written report on the safety and quality of care and support provided in the centre

and had put a plan in place to address any concerns regarding the standard of care and support. The inspector found that all actions on the plan had been completed by the person in charge well in advance of their projected time line.

Further to the annual and six monthly reviews, the person in charge carried out monthly audits of different service delivery areas such as fire precautions, medicines, health and safety, transports and resident meetings. These audits assist the person in charge ensure that the operational management and administration of the centre result in a safe and effective service delivery.

Overall, residents were supported by a staff team who were familiar to them. A sample of rosters reviewed by the inspector demonstrated that all the required shifts were covered on the roster and it was evident that every effort was made to ensure continuity of care for residents. Where redeployed or relief staff were employed, the person in charge endeavoured at all time to employ staff who were familiar with residents' needs and the supports required to meet those needs.

Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents. On speaking with management, staff and a number of residents, the inspector was advised of the care, compassion and understanding provided to residents during a difficult period where other residents living in the centre had passed. Furthermore, the inspection saw that the person in charge had put additional staffing arrangements in place to support residents attend the graveside of loved ones they had lost.

The inspector observed staff engaging with residents in a positive, supportive and respectful manner. The inspector spoke with three staff members and found that staff were familiar with residents' assessed needs and in the supports required to meet those needs. The inspector also found that staff were fully aware of the safe practices required to reduce the risks related to COVID-19 when delivering care and support to the residents.

The inspector found that current and new staff were provided with up-to-date training specific to COVID-19, including how to prevent infection and minimise the risk of getting the disease as advised by the Health Service Executive (HSE) and Health Protection Surveillance Centre (HPSC). There was information for staff on updated HSE/HPSC guidance for residential care facilities. Staff were provided access to and availed of HSELand/HPSC training material, online learning and educational videos in relation to infection prevention and control and the care of residents during COVID 19. However, the inspector found that new staff who had commenced since April 2020, had not been provided with an appropriate induction to the centre.

Overall, the inspector found evidence of good practice in relation to record keeping in the centre. All of the information requested by the inspector was made available during the inspection. The inspector found that a record was kept of all incidents occurring in the centre and that notifications were sent to the Chief Inspector in line with the requirements of the regulations.

## Regulation 15: Staffing

The inspector reviewed the centre's actual and planned roster and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. Each staff member played a key role in delivering person-centred, effective, safe care and support to the residents. Staff who spoke with the inspector demonstrated good knowledge of the residents' needs and the support in place to meet those needs. Furthermore, through speaking with residents and staff, the inspector learnt of the care and compassion that had been provided to residents' to support them grieve the loss of their fellow residents who had recently passed.

Judgment: Compliant

## Regulation 16: Training and staff development

The inspector found that current and new staff were provided with up-to-date training specific to COVID-19, including how to prevent infection and minimise the risk of getting the disease as advised by the Health Service Executive (HSE) and Health Protection Surveillance Centre (HPSC). However, the inspector found that new staff who had commenced since April 2020, had not been provided with an appropriate induction to the centre.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The inspector found that governance systems in place ensured that service delivery was safe and effective through the ongoing auditing and monitoring of its performance resulting in a thorough and effective quality assurance system in place. An annual review and unannounced six monthly review had taken place to ensure service delivery was safe and that a good quality service was provided to residents living in the centre.

Judgment: Compliant

## Regulation 31: Notification of incidents



The inspectors reviewed a sample of incident reports and other records in the centre and found that notifications were provided to the Chief Inspector in line with the requirements of the regulation.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the centre was well run and provided a homely and pleasant environment for residents. From a review of the designated centres' documentation, and on speaking with a small number of residents and staff on the afternoon the inspection, the inspector found that overall, residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident from conversations that the management team and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Overall, care and support provided to residents was of good quality.

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents' healthcare needs were appropriately assessed and care plans were developed in line with the residents' assessed needs. Each resident had access to allied health professionals including regular access to their general practitioner (GP). Health screening was occurring where appropriate and where a resident refused the service it was followed up by the resident's GP and documented appropriately. Residents were in receipt of support at time of illness and at the end of their lives. The inspector found that end of life care plans were developed as required, and included information in relation to residents' wishes and preferences.

The inspector reviewed a sample of residents' appointments and saw that where required, residents were supported to attend allied health professionals such as the dentist, optician, dietician and psychiatrist. The person in charge showed the inspector an information template which collated details from residents' care plans to be put in place should residents need to receive care or undergo treatment in the hospital.

There were a variety of easy-to-read guides in place for health related procedures to support residents have a better understanding of them and to lessen any anxieties they may have about the procedures. The inspector saw that audits regarding the effectiveness of residents' healthcare plans were carried out on a regular basis and any actions arising from the audits, were followed up promptly.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices documented in residents' person plans regarded residents' privacy and dignity. The culture in the house espoused one of

openness and transparency where residents could raise and discuss any issues without prejudice. Overall, the inspector found that the residents were protected by practices that promoted their safety. Residents who spoke with the inspector advised that they knew who to go to should they have a complaint.

The inspector found that where applied, restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. For example, there was a restrictive practice log in place and it listed all the times when restrictive practices had taken place. There was a regular review of the restrictive practices which provided a clear explanation for their use.

However, the inspector found that the reviews taking place did not include what alternative measures, if any, were being considered before the restrictive practice was used. The inspector also found that where therapeutic interventions were implemented there was insufficient evidence to adequately demonstrate that informed consent was attained by the residents or their representatives.

The provider ensured that the centre's safeguarding policy was adhered to. All incidents at the centre were investigated in accordance with the centre's policy. Staff had received appropriate safeguarding training. The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents who required such assistance, did so in line with each resident's personal plan and in a manner that respected the resident's dignity and bodily integrity.

The inspector found that overall, there were comprehensive contingency arrangements in place for the centre during the current health pandemic. The provider's crisis management team circulated daily updates to the staff with regard to COVID-19 and included Health Service Executive (HSE) and Health Protection Surveillance Centre (HPSC) updates. There was a variety of standing operation procedures (SOP) in place to help and guide staff in their practice during the current pandemic. For example, there was a SOP on training and development, a SOP on wearing surgical masks and a SOP on taking temperatures.

Where appropriate easy-to-read information was made available to residents regarding the current health pandemic. The inspector reviewed a sample of house meetings and saw that matters relating to COVID-19 was discussed regularly at residents' house meetings in an effort to keep residents up to date. Staff had completed specific training in relation to the prevention and control of COVID-19 such as hand hygiene, breaking the chain of infection, infection prevention control and the use of personal protective equipment.

Infection control procedures in place in the centre had been updated and included daily cleaning of touch surface twice in the morning and twice in the afternoon. Staff and resident temperatures were taken and recorded twice daily. There were protocols in place for staff on entering the centre such as temperature checks and on leaving the centre the same protocols were in place. There was a new protocol in

place for visitors during COVID-19 to allow the safe return of family visits including supporting residents to visit their family homes.

The provider had updated their risk register to account for risks related to COVID-19. Individual and location risk assessments had been put in place relating to the care and support provided to the residents during the current health pandemic. The risk register including the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. For example, there were risk assessment in place relating to residents, to staff and for visitors coming to the centre. There were also risk assessments relating to travel in the centre's vehicle, personal protective equipment, shared items including crockery and surfaces, and linen.

The inspector found that the fire fighting equipment and fire alarm systems had been appropriately serviced and checked by an external company and that overall, there were satisfactory systems in place for the prevention and detection of fire.

For the most part, staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. A sample of residents' personal evacuation and escape plans were reviewed and found to be regularly updated. Since the last inspection, learning from a night-time evacuation drill had resulted in positive outcomes for the residents; The inspector saw that additional staff were included on the overnight roster to ensure adequate resources were in place for the safe evacuation of all residents.

The inspector reviewed documents which demonstrated that fire drills were taking place however, the most recent drill had not taken place within the required timeframe of a six month interval. The records of the evacuations had gaps and were not always completed in full to demonstrate the number of residents part-taking, observations or learning from the drill, or if actions had been followed up or completed. Furthermore, the inspector found that the centre's fire register check in July 2020 to monitor the recording of fire safety management, fire drills, testing and maintenance of protection systems and appliances was overdue by three months.

## Regulation 26: Risk management procedures

The provider had updated their risk register to account for risks related to COVID-19 including the risk of transmission to residents, staff and visitors. There were plans and risk assessments in place to support residents during the current health pandemic.

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had policies, procedures and guidelines in place in relation to infection prevention and control. These were detailed in nature and clearly guided staff to prevent or minimise the occurrence of healthcare-associated infections. Staff had completed training in hand hygiene and the use of PPE. Cleaning schedules had been adapted in line with Covid-19. Social stories were available for residents in relation to Covid-19. Residents who spoke with the inspector demonstrated good knowledge of the current health pandemic, the restrictions in place and the use of PPE.

Judgment: Compliant

## Regulation 28: Fire precautions

The inspector reviewed the documentation associated with fire precautions and found that overall, the premises was equipped to detect, contain, and alert people to fire or smoke in the designated centre. Practice evacuation drills were occurring and records maintained. Residents had up to date personal evacuation plans in place. However, on the day of inspection the inspector found the follow;

Not all practice evacuation drills had not taken place at suitable intervals.

The records of a number of the practice evacuation drills had gaps and were not always completed in full to demonstrate the number of residents part-taking, observations or learning from the drills, and if actions had been followed up or completed.

The designated centre's most recent fire register safety check was carried out three months after its due date.

Judgment: Substantially compliant

## Regulation 6: Health care

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Health screening was occurring where appropriate and where a resident refused the service it was followed up by the resident's GP and documented appropriately.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual. However, the inspector found that the reviews did not include what alternative measures, if any, were being considered before the restrictive practice was used.

The inspector found that where therapeutic interventions were implemented there was insufficient evidence to adequately demonstrate that informed consent was attained by the residents or their representatives. However, care was delivered to a high standard and did not result in a medium to high risk to the resident.

Judgment: Substantially compliant

## Regulation 8: Protection

The provider ensured that the centre's safeguarding policy was adhered to. Staff had received appropriate safeguarding training and on speaking with the inspector demonstrated a good understanding of the safeguarding processes in place in the centre.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St Joseph's Unit OSV-0002705

Inspection ID: MON-0026384

Date of inspection: 22/07/2020

## 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>A location specific induction form for all staff has been designed and is now in use. Those staff who joined the team since April 2020 have now had formal induction completed. All new staff members will now have location specific induction carried out. Staff training is up to date</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The fire register check is up to date. Gaps in information on fire drill learning outcomes have been completed retrospectively with the staff involved and the outcomes shared at team meetings. Schedules are in place for future drills with the exception of unannounced drills. The fire officer has been made aware of the need for unannounced drills within the recommended time frames. All actions which were recommended from fire drills have evidence of completion.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant



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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

Evidence of consent for restrictive interventions is documented. All alternatives to restrictive practices which have been tried and/or considered are also documented. Evidence to support possible alternatives to restrictive practice and consideration of alternatives not previously considered will now be documented as required by the regulation

## 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	24/08/2020
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	24/08/2020
Regulation 28(4)(b)	The registered 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	Substantially Compliant	Yellow	08/09/2020

	procedure to be followed in the case of fire.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	30/09/2020
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	30/09/2020