



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

## Issued by the Chief Inspector

Name of designated centre:	Sallynoggin
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	16 October 2019
Centre ID:	OSV-0002890
Fieldwork ID:	MON-0027916

## About the designated centre

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

The designated centre is comprised of three individual units located in a suburban South County Dublin area. One unit is a detached two storey house which is currently home to four residents, a second unit is semi-detached two storey house which is home to five residents, and the third unit is also a semi-detached two storey house which is home to four residents. There is a person in charge appointed to manage the centre who has responsibilities for other services areas and who is supported in the role by a full-time supervisor. The centre provides 24 hour residential supports to individuals with varying levels of intellectual disabilities and has a core focus of promoting independence, privacy, dignity and respect.

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

Number of residents on the date of inspection:	13
--	----

## 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
16 October 2019	12:15hrs to 14:30hrs	Thomas Hogan	Lead

## What residents told us and what inspectors observed

Residents were not present in the centre at the time of the inspection. Due to the nature of this inspection, the inspector conducted a focused review of a number of areas including safeguarding and protection, residents' rights, transitions of residents, and governance and management.

## Capacity and capability

This risk based inspection was completed in response to the receipt of a unsolicited information of a safeguarding nature which was reported to have impacted negatively a resident who was availing of the services of one unit of this centre. The inspection focused on four regulations relating directly or indirectly to unsolicited information which had been received by the Office of the Chief Inspector of Social Services. Overall, the inspector found in some cases, residents were not being satisfactorily protected while residing in the centre and appropriate measure had not been put in place to prevent residents from experiencing incidents of a safeguarding nature. The registered provider had, however, produced a robust plan which was due to be implemented and the inspector was assured that the concerns identified during the course of this inspection would be addressed and resolved once the actions outlined in the plan were implemented in full.

The inspector reviewed the centre's governance and management arrangements and met with the person in charge, a social care leader and a programme manager. The inspector found that the management team were very aware of the concerns identified during the course of the inspection and had taken some actions to address these matters. The inspector found, however, that some residents continued to experience incidents of a safeguarding nature and there was clear evidence that there was an impact when these occurred. As a result, the inspector found that the registered provider had failed to ensure that the service was safe for some residents and appropriate to their needs.

## Regulation 23: Governance and management

The registered provider was found to have failed to ensure that management systems were in place in the centre for the delivery of services which were safe and appropriate to residents' needs.

Judgment: Not compliant

## Quality and safety

The inspector found that the management team had produced a multi-centre comprehensive transition plan which outlined a range of reconfigurations within the service area aimed at addressing the concerns identified during the course of the inspection. The plan involved a transition of a resident from Sallynoggin designated centre to another centre nearby and was supported by an individualised and comprehensive transition for the resident concerned. The inspector found that this individual had been appropriately supported in the transition process and had engaged with the resident's family and independent advocacy services on their behalf.

A review of a range of records maintained in the centre was completed by the inspector including incidents and accidents forms, behavioural records, and a safeguarding register. The inspector found that there were significant numbers of incidents of a safeguarding nature occurring in the centre. Seven of these cases involved one resident experiencing abusive incidents of a physical or psychological nature. There was evidence available which demonstrated that these events were having a negative and significant impact on residents. While the registered provider had complied with requirements outlined in national policy in the management of these incidents, effective safeguarding plans were not in place due to the reoccurring nature of the incidents. The inspector found that the registered provider had failed to protect some residents as a result of the absence of appropriate compatibility assessments and provision of appropriate care and supports.

While reviewing how the rights of residents were protected in the centre, the inspector found that registered provider had failed to ensure that the dignity of residents was respected at all times. As a result of the frequency and number of safeguarding incidents experienced by some residents, the inspector found that there was limited freedom for exercising control in their daily lives.

## Regulation 25: Temporary absence, transition and discharge of residents

The inspector found that residents were appropriately supported to transition between services and had completed a range of assessments to ensure that new placements were suitable and sustainable.

Judgment: Compliant

## Regulation 8: Protection

The registered provider failed to ensure that some residents were protected from all forms of abuse in the centre.

Judgment: Not compliant

## Regulation 9: Residents' rights

Some residents were found to have limited freedom in exercising choice and control over their daily lives due to the ongoing and significant numbers of incidents of a safeguarding nature which they experienced.

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
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
<b>Quality and safety</b>	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Sallynoggin OSV-0002890

Inspection ID: MON-0027916

Date of inspection: 16/10/2019

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Transition plan has been in place for identified resident to move to a more suitable location, this resident moved to a more suitable location on November 13th 2019. This will ensure systems are in place in the centre for the delivery of services which are safe and appropriate to residents’ needs.</p> <p>The registered provider has been informed of all stages of the transition plan. Unannounced visits will continue to occur every six months and auditor shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>It has been recognised that there have been compatibility issues in the location. Compatibility and transition plan was devised to address these issues to ensure the needs of all residents are being met. One resident moved to a more suitable location on November 13th 2019 and it is anticipated that incidents of a safeguarding nature which impacted negatively on a resident will be eliminated.</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Following the transition of one resident to a more suitable location on November 13th 2019, residents will be consulted regarding new residents who move into the location. A review of all rights restrictions, meaningful day and Person Centred Plans will be carried out to ensure that each resident has the freedom to exercise choice and control in their daily lives.</p>	

## 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	13/11/2019
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and	Substantially Compliant	Yellow	31/01/2020

	support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	13/11/2019
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	30/11/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/11/2019