



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

## Issued by the Chief Inspector

Name of designated centre:	Wyattville
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	04 September 2020
Centre ID:	OSV-0002893
Fieldwork ID:	MON-0026249

## About the designated centre

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

The designated centre is based in a suburban area of South County Dublin and is comprised of one community based residential unit and one community based respite unit. Residential services are provided to four adults, while respite services are provided for up to five adults at one time from a respite use group of 80. The residential service is provided through a four bedroom detached house while the respite service is provided through a four bedroom terraced house. While residential services are provided on a 24 hour basis over 365 days, respite services are provided on a 24 hour basis across 340 days of the year. There is a person in charge, two social care leaders, and staff teams in place in the centre to support residents and respite users.

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

Number of residents on the date of inspection:	4
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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
Friday 4 September 2020	09:30hrs to 15:30hrs	Ann-Marie O'Neill	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector met with two residents living in the residential unit of the designated centre. Another two residents, that lived in the house, were on a holiday break at the time of inspection. The remaining unit, that made up the centre, operated as a respite centre. Respite services had recommenced operations on a phased basis, at the time of inspection, providing day activation hours for a limited number of people only.

In line with infection prevention and control guidelines the inspector only visited the residential house and carried out the inspection predominantly from one space in that house. This was due to residents living in the house with a number of underlying health conditions and cocooning during COVID-19 pandemic being present on the day of inspection. In addition some of those residents were identified as not being able to physically distance from visitors to the centre. The inspector however, did greet residents on arrival to the centre and noted residents were very happy to see visitors and welcomed the inspector into their home.

The inspector ensured physical distancing measures were implemented during interactions with residents, staff and visitors to the centre during the course of the inspection.

Residents appeared content during the course of the inspection and were observed leaving the centre to attend activities with the support of staff. Staff were observed interacting with residents in a supportive manner and observed to wear appropriate personal protective equipment during those interactions.

## Capacity and capability

The findings from this inspection demonstrated the provider had the capacity and capability to provide an improved quality service to meet the needs of residents. It was demonstrated the provider had addressed non-compliances from the previous inspection and had enhanced fire safety measures in the centre by completing a suite of fire safety improvement works to the respite house of the centre.

This work completed was aligned to a restrictive condition to the registration of the centre whereby the provider was required to come into compliance with Regulation 28: Fire Safety Precautions. It was demonstrated on this inspection that the provider had adhered to this condition of registration.

The person in charge had commenced an extended pre-planned leave in the weeks prior to the inspection. The provider had appointed a new person in charge to fill

their post in their absence as required by the regulations. The provider had submitted a notification to the Chief Inspector in relation to the newly appointed person in charge as required by the regulations.

The newly appointed person in charge was also responsible for two other designated centres all within a close distance to each other. The inspector met with the new person in charge during the course of the inspection. They had worked with all of the residents in this centre in their previous role as social care leader and knew them very well and were aware of their support needs.

There were arrangements in place to monitor the quality of care and support, the provider had completed six-monthly provider led audits. These were found to be of a good quality and reviewed specific regulations in detail, providing a quality action plan for any areas that required improvement. It was noted that the provider had continued to carry out a provider-led review of the service during COVID-19 restriction period. The provider had also completed a 2019 annual review for the centre as required by the regulations.

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

It was noted most staff had returned to work and where there were some vacancies due to leave those absences were filled as much as possible with redeployed staff from within the organisation. The provider had ensured that those staff were from a specific cohort of staff to ensure infection control guidelines and measures were in place.

A regulatory non compliance from the previous inspection in relation to staffing had been addressed. The provider had increased the staffing whole time equivalent (WTE) by four in the respite unit of the centre. The overall staffing whole-time-equivalent for the residential unit of the centre was 10.5 and this had been sustained. The provider, persons participating in management and person in charge demonstrated they were consistently reviewing staffing resources in the centre and had planned to recruit an additional staff to the centre which would ensure consistency in staffing numbers during times when other staff were on leave, for example.

The inspector reviewed actions from the previous inspection in relation to mandatory staff training and noted all staff working in the centre had received such training. There were however, some gaps for staff training in the area of behaviours that challenge. This was required as behaviour support was an assessed need for residents in this designated centre.

The inspector reviewed an action from the previous inspection in relation to contracts of care. The provider had redrafted residents' contracts of care to ensure they clearly described the terms and conditions and services residents would receive in the centre and fees payable by residents. In addition, the provider had re-drafted

the admissions procedure for the respite unit by specifying clearly the type of assessed needs that could be supported and could not be supported by the service. Some improvement was required as contracts were still in draft format and had not been signed by the residents or a representative acting on their behalf.

#### Regulation 14: Persons in charge

The provider had appointed a new person in charge to manage the designated centre that met the requirements of Regulation 14 and its associated sub-regulations. They were found to have a good regulatory knowledge and knew the needs of the residents living in the centre very well.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had addressed the staffing non-compliances identified on the last inspection in a way to ensure residents' support needs were met.

Judgment: Compliant

#### Regulation 16: Training and staff development

Some improvement was required to ensure staff received training in the area of behaviour support.

Judgment: Substantially compliant

#### Regulation 23: Governance and management

The provider had addressed the matters of a restrictive condition relating to fire safety.

The provider had addressed non-compliances from the previous inspection.

Quality and safety review audits carried out on a six-monthly basis by the provider were comprehensive and detailed and provided an action plan following each

review.

An annual report of the service for 2019 had been completed by the provider.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

The provider had made arrangements to review the contract of care for residents to ensure it clearly outlined the services provided and fees applicable to the resident. However, at the time of inspection the contract was still in draft format and had not been signed by residents and/or a representative on their behalf.

Judgment: Substantially compliant

### Quality and safety

Overall, residents living in the centre were in receipt of a safer and improved quality service since the last inspection. Improvements which had occurred since the previous 2018 inspection included, increased staffing in the centre, enhanced fire safety measures and improved personal planning and admission procedures for residents.

A number of non-compliances from the previous inspection in 2018 had been in relation to findings pertaining to the respite unit that made up part of the centre. The inspector requested the provider to demonstrate evidence that non-compliance relating to fire safety and premises had been addressed. The inspector reviewed photographic evidence and certificates of completion with regards to these matters during the course of the inspection. It was demonstrated the provider had addressed the non-compliances.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. This centre had experienced an outbreak of COVID-19 some months previous. Through review of information available and residents support planning it was demonstrated residents were cared for and supported during their illness with some residents requiring hospitalisation during that time. All residents had recovered from their illness.

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. The person in charge ensured that all staff were made aware of public health guidance and any changes in procedure relating to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while



working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. Each staff member and resident had their temperature checked daily as a further precaution.

The inspector reviewed a sample of residents' personal plans and noted they provided a comprehensive of need and detailed support planning for each resident in the residential part of the centre. Personal planning audits were carried out as part on behalf of the provider as part of a quality assurance process. These audits identified where improvements, if any, were required. It was demonstrated on inspection that the person in charge had undertaken to address most of the actions identified from such audits with ongoing review occurring also.

A regulatory non-compliance from the previous 2018 inspection which related to respite admission planning had been addressed through the development of a revised admission criteria procedure. This addressed the previous non compliance found in Regulation 5: Individual Assessment and Personal Plan. It was noted the procedure was detailed and clear in it's criteria for admissions to the respite centre.

Each resident had been reviewed by their general practitioner and other allied professionals on a regular basis and had received timely review for any presenting healthcare conditions. Where required residents received emergency service or hospital care. It was noted, some residents living in the residential part of the centre had a number of underlying medical conditions which required nursing support and careful ongoing healthcare reviews. Personal plans documented evidence of these reviews which were carried out on a regular basis and

Actions from the previous inspection in relation fire safety had been addressed by the provider. During the course of the inspection the inspector was provided with a suite of documents which included a breakdown of fire safety improvement works, certificates of completion, assessment by an architect of works completed and photographic evidence in order to demonstrate the provider's adherence to a restrictive condition of registration relating to compliance with Regulation 28: Fire Safety Precautions.

It was demonstrated that at times residents were reluctant to participate during fire evacuation practice drills. The inspector reviewed this matter to review how the person in charge was managing this risk issue. It was clearly demonstrated that the person in charge had commenced skills training with residents in relation to fire safety drills which showed residents were engaging more successfully in each drill during the day. Some further skills training had been identified to support residents during night time fire drills and this was underway at the time of inspection. Each resident's personal evacuation plan had been regularly reviewed and updated following each drill and revised on foot of learning following each drill.

An action from the previous inspection in relation to premises had been addressed. The previous inspection had found premises improvements were required refurbishment in some areas, this had been addressed. Bathing facilities in the respite unit had been upgraded and enhanced to provide greater accessibility for

residents using the service. In addition the provider had arranged for the unit to be repainted. A change in admission criteria for the service also addressed the non compliance from the previous inspection where it was found there was inadequate communal space for residents with mobility support needs.

The person in charge demonstrated to the inspector a number of environmental enhancements that had taken place and were underway in the residential house. At the time of inspection the provider was refurbishing the bathroom which would provide residents with a Jacuzzi style bath. This would afford residents the opportunity to have an enhanced sensory bathing experience which was aligned to residents' sensory needs and assessments as per their personal plans.

Some further enhancements that had occurred in relation to the garden space to the rear of the property. The provider had installed an astro turf lawn which could greater support wheelchair users to use this space. There was also a proposal to create a large sensory space within the centre which would provide residents with more opportunities to engage in activities within their home setting that met their needs.

It was noted by the inspector that these premises enhancements would provide residents with more opportunities for enrichment in their daily lives and were clearly aligned to their assessed needs and personal preferences for low arousal spaces.

Residents' assessed behaviour support needs were met in this centre. Detailed behaviour support assessment and planning was in place for residents living in the residential unit of the centre. These plans have been updated and reviewed by an allied professional with expertise and knowledge in the area of positive behaviour support. Assessments and reviews were detailed and analysed collated data and information and were of a high standard. Some restrictive practices were required in this centre in order to maintain residents personal safety and as part of behaviour support planning. Each restrictive practice had been reviewed by a human rights committee and there were some instances where restrictions had been discontinued, for example a lock on a fridge was no longer required to manage a

It was demonstrated that safeguarding national policies and procedures were implemented in this centre. Staff had received training in safeguarding vulnerable adults with refresher training available. Safeguarding plans were in place as required and reviewed regularly following any safeguarding incident that occurred. At times peer safeguarding incidents could occur in this centre and staff supervision and positive behaviour support planning formed part of the overall safeguarding planning and supports in this centre.

## Regulation 17: Premises

The provider had addressed non-compliances from the previous inspection and was

undertaking a suite of premises enhancement works in the residential unit of the centre which would benefit the residents by providing them with opportunities for personal enrichment and occupation during the day.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and person in charge had managed a COVID-19 outbreak in the centre some months previous and through learning from this outbreak had created comprehensive support planning, infection control risk assessment and procedures in the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had addressed the non compliance from the previous inspection in relation to fire safety.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Quality audits of personal planning were carried out in this centre to a high standard. There was evidence of the person in charge addressing any actions on foot of these audits on an ongoing basis. Personal plans were comprehensive, informative and up-to-date.

Judgment: Compliant

### Regulation 6: Health care

Some residents living in the centre had complex medical needs which were well managed and reviewed regularly. Residents had frequent and regular review by allied professionals with evidence of recommendations being implemented as required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where required residents had comprehensive and detailed behaviour support planning in place. Restrictive practices were reviewed through a human rights approach and in some instances had been discontinued.

Judgment: Compliant

### Regulation 8: Protection

There was evidence of the implementation of National Safeguarding Vulnerable Adults policies and procedures in this 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Wyattville OSV-0002893

Inspection ID: MON-0026249

Date of inspection: 04/09/2020

## 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>MAPA training is currently not running due to Covid-19. 7 Staff require refresher training in MAPA and 1 new staff member requires a first training. HR are working with CPI on moving the training to an online platform to ensure consistency through the pandemic. All MAPA trainers require a refresher in train the trainer before they can deliver this training to staff. HR will have this in place by April 2021.</p> <p>HR are exploring interim options with the Callan institute regarding running an online health and safety course for staff as an interim measure.</p> <p>As an interim measure; Wyatville PIC will link with the current MAPA trainers and organize all Wyattville staff to be trained in the theory modules of MAPA by 30-12-2020.</p> <p>Currently no MAPA holds are permitted for use in the centre without authorization from the MDT. In event of a MAPA hold being required and authorized, A MAPA trainer will attend the location and train the relevant staff members on the specific hold for that occasion and that individual.</p> <p>All staff members who are due refreshers in MAPA or are newly recruited and due a first training session, will complete the online Callan Institute training in Multi-Element Behaviour support. This is an intense course, equivalent to 4 full days training in behavior support. All staff will be signed up for this course by 30-10-2020 and will be expected to have the course completed by 30-12-2020.</p>	

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The Supports Agreement is currently in it's final draft stage and is with the Finance department for review. A brief look at the document in progress was provided to the HIQA inspector on the day of inspection and feedback given to the Quality department.</p> <p>The Agreement will be reviewed, completed, circulated to the locations, and in place for each individual by 31-12-2020.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/12/2020
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/12/2020