



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

## Issued by the Chief Inspector

Name of designated centre:	St John of God Kildare Services - DC 13
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:	29 July 2020
Centre ID:	OSV-0002964
Fieldwork ID:	MON-0026292

## About the designated centre

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

Designated Centre 13 is a designated centre operated by St. John of God Kildare Services. The centre consists of two bungalows situated beside each other in a small housing estate near a town in County Kildare. One location provides care for more dependent residents while the other location provided support for residents with higher levels of independence. Each resident has their own bedroom and each bungalow provides residents with a comfortable living room space and separate kitchen. Residents are supported by a team of social care workers. The centre is managed by a person in charge who is supported in their role by a social care leader and a senior manager. The person in charge is also responsible for three other designated centres within St. John of God Kildare Services.

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

Number of residents on the date of inspection:	7
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## 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
Wednesday 29 July 2020	13:00hrs to 18:20hrs	Ann-Marie O'Neill	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector met with three residents living in the residential unit that supported more dependent residents. Residents in the other residential unit were at work and out and about during the course of the inspection.

In line with infection control guidelines the inspector only visited one residential unit and carried out the inspection from one space in that house. The inspector also ensured social distancing measures were implemented during interactions with residents during the course of the inspection. The inspector respected resident's choice to engage with them or not during the course of the inspection at all times.

Two residents spoken with appeared content during the course of inspection and engaged in some activities in the centre with staff and were noted to smile, talk and laugh during these interactions. Another resident was out and about for a while and returned to the centre later in the day. The inspector spoke with them briefly as they enjoyed their supper. They appeared happy and content also and were proud to tell the inspector their age. When asked they said they liked their home and nodded in agreement when asked if the staff were nice and helpful to them.

The inspector also observed a resident receive a visit from family members during the course of the inspection. This visit was conducted in line with social distancing guidelines and the resident appeared to enjoy the visit with their family members. When the inspector spoke with the resident following the visit they told the inspector the name of their family members that had visited them and smiled.

Staff interactions with residents were observed to be pleasant and helpful to residents at all times. Some jovial interactions were also observed between staff and residents during the course of the inspection and while they were having their supper.

## 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 increased the whole-time equivalent staffing resources in the centre.

The provider had appointed a new person in charge to the centre in June 2020. As required by the regulations, the provider submitted a notification to the Chief Inspector in relation to the newly appointed person in charge. The person in charge

was responsible for this designated centre and three other designated centres and were filling the post while the prior person in charge was on a long-term planned leave from work.

The matters of regulation 14 in relation to management experience and qualifications for the person in charge were found to be in compliance. It was noted the person in charge had a wide management remit and the inspector discussed with them how they managed their time and resources to ensure adequate oversight and supervision across all the designated centres within their remit. The person in charge outlined various auditing and oversight arrangements that were in place which included an audit framework focusing on key quality indicators. In addition a social care leader formed part of the management oversight for this designated centre with a similar management arrangement for the other three designated centres within the person in charge's management remit.

There were arrangements in place to monitor the quality of care and support in the centre. The provider had completed a six-monthly provider led audits of the the centre. 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 .The person in charge also completed some centre specific audits, for example, infection control management and personal planning.

The provider had also completed a 2019 annual report for the centre as required by the regulations also.

The provider had made comprehensive arrangements to ensure adequate staffing levels were in place in the centre and had increased the staffing whole-time-equivalent by one since the previous inspection. The provider had ensured robust staffing contingency measures were in place to manage any staff absences should they occur due to COVID-19. 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. Redeployed staff were available to manage any staff shortfalls in the short-term.

### Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14. The person in charge was responsible for this designated centre and three other designated centres. They discussed the systems they had in place to ensure management oversight of all centres in their remit which included a social care leader assigned to each centre.

Judgment: Compliant

## Regulation 15: Staffing

The provider had increased the staffing whole-time-equivalent for the overall centre by one since the last inspection. This had enhanced the support and supervision arrangements for residents living in both residential units that made up the centre.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had addressed the actions from the previous inspection.

The provider had ensured a six-monthly provider led audit for the centre had been completed.

The provider had completed an annual report for the centre for 2019.

The person in charge had an auditing framework to oversee the quality of service provision in the centre focusing on key quality indicators.

Judgment: Compliant

## Quality and safety

Overall, residents living in the centre were in receipt of a safer and improved quality service since the last inspection. Some improvements which had occurred since the previous 2018 inspection included, increased staffing in the centre, enhanced fire safety measures, improved personal planning assessments for residents and safeguarding training for residents, in particular those more independent residents.

Some improvements were required in relation to fire safety evacuation procedures to ensure there was learning and improvements made following fire evacuation drills. Further review of risk assessments was also required to ensure they accurately reflected risks presenting in the centre.

There was evidence residents were provided opportunities to maintain their general welfare and development while COVID-19 pandemic restrictions were in place. The provider had made arrangements to allocate a redeployed day staff to the centre who generally supported residents in the more independent residential unit of the designated centre while those residents were unable to go to work due to COVID-19 pandemic restrictions and temporary cessation of their employment

arrangements. This ensured residents could maintain an active life as much as possible while in adherence with public guidelines relating to COVID-19.

Residents in the more dependent residential unit were supported to engage in activities outside of the centre as much as possible with the support of staff while awaiting the re-opening of their day service provision, for example. The provider however, was in the process of reviewing the day service provision for these residents as it had been noted that a more person centred and individualised day activity schedule could meet their assessed social care needs in a more meaningful way.

In addition, residents were supported to maintain contact with their family through the use of electronic devices and technology, for example. Residents were also supported to maintain relationships with their families, friends and significant others during the COVID-19 restrictions. As referred to previously, some residents were observed to have a visit from family members while adhering to Public Health guidelines. Residents were observed smiling and happy following their visit which in turn promoted and supported their general welfare and connection with their loved ones.

An action from the previous inspection in relation to supporting residents to understand how to stay safe had been addressed. Residents had received training in safeguarding and this topic was a regular feature in resident meetings where topics were discussed that related to safeguarding and compromising and living happily together. The person in charge discussed some arrangements residents, living in the more independent house, had come to in terms of how they managed watching their preferred television programmes in a way that everyone got to see their favourite programmes. This was an example of a way in which residents themselves ensured a more harmonious living environment that met their collective needs and reduce incidents occurring between peers in the house.

A financial safeguarding concern for a resident was reviewed by the inspector during the course of the inspection. It was demonstrated that responsive action had taken place when the concern was raised and had identified the resident required individualised supports to manage their personal finances. Further to the review, a referral for allied professional support for the resident had occurred which would ensure the received appropriate support to manage aspects of their finances going forward.

The inspector discussed the measures taken with the person in charge and was satisfied that appropriate safeguarding arrangements had been put in place. The person in charge undertook to submit a safeguarding incident notification to the Chief Inspector during the course of the inspection as one had not been submitted at the time the concern was initially raised. As the notification was submitted during the inspection a non compliance finding was not found for Regulation 31, however, the person in charge was required to continue to ensure required notifications were submitted in appropriate time-lines as set out in the regulations. This was further discussed during the feedback meeting at the end of the inspection.



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. 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 good detail in relation to the support needs of the resident. Informative support care planning was in place and had been updated. Personal planning audits carried out by the person in charge had identified improvements were required in relation to personal plan documentation and it was demonstrated on inspection that the person in charge had undertaken to address this. An action from the previous inspection in relation to assessment of needs and personal planning had been addressed. There was evidence to demonstrate that a comprehensive assessment of need was completed following the recent admission of a new resident, demonstrating continued improvement from the previous inspection, where it had been previously found a newly admitted resident had not received a comprehensive assessment of need within the time-frame as set out by the regulations.

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 and each resident had a hospital passport in place which outlined their medical history and specific requirements for their hospital stay. It was also noted residents had access to National Screening programmes and a collated record of screening dates were maintained.

Actions from the previous inspection in relation fire safety had been addressed by the provider. The fire alarm system for both residential units was now linked and this meant if the fire alarm was activated in the more independent living residential unit staff from the other house would be alerted. This was an important fire safety enhancement measure to support residents that lived more independently as their assessed needs indicated they did not need consistent staff supervision and support but did require assistance in relation to specific risk areas such as fire safety.

The inspector reviewed some further aspects in relation to fire safety and noted that fire evacuation drills had been carried out during day and night time hours in appropriate intervals over the previous year. However, it was noted that not all residents evacuated during these drills and learning and a review of residents' personal evacuation plans had not occurred where a drill was not fully successful. The provider and person in charge was required to review personal evacuation planning arrangements for residents to ensure the most effective arrangements

were in place. In addition, the provider was required to have a person appropriately qualified in fire safety to form part of the review to ensure the most optimum fire safety arrangements were in place for residents.

The provider had ensured an up-to-date risk management policy was in place and evidence of the implementation of this policy was found on inspection.

Some improvement was required to ensure information collected to assess the quality and effectiveness of risk management measures was accurately reflected in risk assessments for the centre. For example, risk assessments for fire safety measures did not accurately reflect the presenting risks in the centre and were risk rated low despite evidence presenting that no fire drill in the centre, carried out for the previous year, had been successful in evacuating all residents.

### Regulation 13: General welfare and development

There was evidence residents were provided opportunities to maintain their general welfare and development while COVID-19 pandemic restrictions were in place.

Judgment: Compliant

### Regulation 26: Risk management procedures

Some improvement was required to ensure information collected to assess the quality and effectiveness of risk management measures was accurately reflected in risk assessments for the centre. For example, risk assessments for fire safety measures did not accurately reflect the presenting risks in the centre.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

Infection control systems in place reflected Public Health guidelines. Good supplies of personal protective equipment and alcohol hand gel were observed in the centre. Staff were observed to adhere to social distancing and wearing of masks where required.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider and person in charge was required to review personal evacuation planning arrangements for residents to ensure the most effective arrangements were in place. In addition, the provider was required to have a person, appropriately qualified in fire safety form part of the review, to ensure the most optimum fire safety arrangements were in place for residents.

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

The person in charge had carried out an audit of residents personal plans in the centre and had made arrangements to update and review these plans where required.

An action from the previous inspection had been addressed and evidence found on this inspection demonstrated that where a new resident was admitted to the centre they had received a comprehensive assessment within the a short time frame following their admission.

Judgment: Compliant

## Regulation 6: Health care

Residents' healthcare needs were well managed and residents were provided with regular review by their General Practitioner and allied professionals associated with their assessed care needs. Residents had access to National Screening services.

Judgment: Compliant

## Regulation 8: Protection

An action from the previous inspection had been addressed. Residents had been provided with training in relation to safeguarding and personal safety.

The provider had responded to a financial safeguarding concern and had put measures in place to support the resident the concern related to which included a

referral to an allied health professional for further review.

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 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St John of God Kildare Services - DC 13 OSV-0002964

Inspection ID: MON-0026292

Date of inspection: 29/07/2020

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• Individualised risk assessment completed for one individual (who refuses to evacuate during drills) at the DC where it was found at inspection to be required, but not in place. Completed 30/07/20.</li> <li>• All risk assessments in relation to fire at the DC were reviewed to ensure they accurately reflect risks presenting at the center. Completed 07/08/20.</li> <li>• Systems for collecting and reporting information relating to risk reviewed to ensure that all risk assessments required are completed. All fire evacuation profiles reviewed to ensure all documented supports are accurate. Completed 07/08/20.</li> </ul>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Personal Fire Evacuation Plans of all residents at the DC reviewed in full to ensure they accurately reflect the supports required by residents to evacuate in the event of a fire. Completed 07/08/20.</li> <li>• Local Assistant Chief Fire officer consulted to ascertain if there are additional control measures that can be implemented for residents and to ensure that optimum fire safety arrangements are in place in the DC. Completed 11/08/20.</li> <li>• Fire safety presentation/Workshop tailored to each individuals learning ability to be carried out with all residents in the DC. To be completed by 25/08/20.</li> <li>• Fire safety is a set agenda item at monthly residents meeting. On-going action.</li> </ul>	

## 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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	07/08/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	25/08/2020