



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 - Designated Centre 15
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:	10 September 2020
Centre ID:	OSV-0005316
Fieldwork ID:	MON-0026248

About the designated centre

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

St John of God Kildare Services DC 15 is a registered designated centre that provides residential care and support for up to seven residents with intellectual disabilities. The designated centre comprises of two community based homes located near each other and situated in community based housing estates outside a large town in County Kildare. Each residential unit that makes up the centre is a modern, spacious home providing residents with their own bedroom. One residential unit, that makes up the centre, is home to two residents that are provided with one-to-one staffing support and supervision. The second residential unit is home to five residents. A number of residents living in the centre transitioned from a congregated setting operated by St. John of God Kildare Services as part of an overall de-congregation plan for the organisation. Residents living in the centre receive a full-time residential service and are supported by a team of social care workers. A person in charge manages this designated centre and is supported in their role by a social care leader and a senior manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 10 September 2020	09:40hrs 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 all five residents living in one of the residential units that comprises the centre.

In line with infection prevention and control guidelines the inspector only visited one residential unit and carried out the inspection mostly from that space in the house.

The inspector also ensured physical distancing measures were implemented during interactions with all residents and staff and in the centre during the course of the inspection. The inspector respected resident's choice to engage with them or not during the course of the inspection at all times.

Residents were keen to talk to the inspector and tell them about their home and the support they received. Residents told the inspector it was a lovely place to live and they were very happy in their home. They told the inspector that staff were nice to them and that they brought them out. They told the inspector that they would talk to a member of staff if they were upset or if somebody was not nice to them.

One resident discussed a recent trip to Spain where they had been involved in a technology conference. They described how they had given their feedback and input in the development of an app to help people with disabilities use technology in a more accessible way. They said they really enjoyed this experience and it was good that they were asked for their opinion and perspective.

Residents told the inspector they really enjoyed getting a takeaway at the weekend. They told the inspector there were enough staff to help them in the house. Residents also discussed COVID-19 and their thoughts on the pandemic. They told the inspector they had received training regarding infection prevention and control measures. They told the inspector the importance of washing their hands, physical distancing, sneezing and coughing etiquette and using alcohol hand gels. They also told the inspector that they wore face coverings when out shopping, for example, and that they understood why staff wore masks also. They mentioned that staff checked their own temperatures and that they themselves had their temperatures checked each day also. According to the residents, the implementation of these measures by the staff and themselves helped to make them feel safe.

One positive thing that had occurred recently for residents was the lifting of restrictions of family visits. They told the inspector their families had come to visit them which they were very happy about. They told the inspector that it was not nice when they couldn't see their families in person but had used different forms of communication to keep in touch with them during the restrictions.

One resident discussed their interest in cooking and baking and all residents agreed that this resident was a great cook. The resident informed the inspector they were thinking of making a cookbook at some point and their key worker was going to help

them do this.

Capacity and capability

The previous inspection had found good levels of compliance in relation to the capacity and capability of the provider to provide a good quality service. The findings of this inspection indicated this level of compliance had continued. Residents spoken with told the inspector they liked living in the centre, were consulted with and felt safe.

There was a clearly defined governance and management structure in place. The centre was managed by a full-time person in charge who was appropriately qualified and experienced and demonstrated good knowledge of the residents and their assessed needs. The person in charge was responsible for the management of another designated centre also. They were supported in their role by a deputy client service manager, who formed part of the local management structure for the centre. This post was vacant at the time of inspection. The person in charge informed the inspector that a social care leader was in the process of being recruited for the centre with a commencement start date for the post identified to commence shortly after the inspection.

There were arrangements in place to monitor the quality of care and support, the provider had completed six-monthly provider led audits of 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. 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 report for the centre as required by the regulations. This report was comprehensive and provided a detailed overview of the quality of supports for residents during the year. The annual report also included photographic information regarding the activities and achievements of residents throughout the year and was an accessible and informative document.

The inspector reviewed staffing arrangements for the residential unit they visited during the course of the inspection only on this inspection. The previous inspection had found compliance in Regulation 15: Staffing. The provider had ensured staffing contingency measures at an organisational level, were in place to manage 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 in the residential unit they visited. Resident feedback to the inspector indicated they felt there were adequate staffing numbers to meet their needs.

The inspector reviewed actions from the previous inspection in relation to staff training in medication management and noted all staff working in the centre had

now received training in this area. Staff had also received mandatory training in other areas, for example, safeguarding vulnerable adults and fire safety. However, some improvements were required. Some refresher training for staff had not occurred due to the impact of COVID-19 restrictions. In addition some staff members had not received training in the management of behaviours that challenge.

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the centre. They had the required experience and qualifications to fulfil the requirements of Regulation 14.

Judgment: Compliant

Regulation 16: Training and staff development

Some refresher training for staff had not occurred due to the impact of COVID-19 restrictions. In addition some staff members had not received training in the management of behaviours that challenge

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had completed six-monthly provider-led audits of the safety and quality of supports in the centre as required by the regulations.

The provider had completed an annual report for 2019 which was of a very good quality with comprehensive information and detail of the quality of service provision for residents for the year.

The person in charge completed a suite of centre based audits in key quality areas.

Judgment: Compliant

Regulation 15: Staffing

The inspector reviewed staffing arrangements in the residential unit visited on the

day only.

A planned and actual roster was in place. It was demonstrated staffing levels were maintained as per the whole-time-equivalent numbers set out in the statement of purpose. Residents reported they were satisfied with the level of staffing and support they received.

Judgment: Compliant

Quality and safety

Overall, residents living in the centre were in receipt a good quality service. The previous 2018 inspection of the centre had found good levels of compliance overall with some improvements required in relation to fire and smoke containment measures in the centre and stock control measures for medications stored in the centre.

The inspector noted the provider and person in charge had made suitable arrangements to address these non compliances by enhancing containment measures for key areas identified in the centre. In addition the person in charge had changed some of the medication stock control procedures in the centre to good effect therefore addressing the previous non compliance finding.

However, some further improvements were required in relation to one fire evacuation route in the centre and a review of the risk control measures for ensuring correct temperature hot water in the centre.

Overall, it was demonstrated appropriate fire detection and containment measures were in place in the centre. Fire compliant doors and a regularly serviced fire alarm detection system was in place. However, improvement was required with regards to one evacuation route in the centre. The provider was required to have a person appropriately qualified in fire safety review the evacuation route and on foot of this review make arrangements to address any recommendations made in a timely way.

There was evidence of the provider and person in charge's implementation of National Safeguarding policies and procedures for vulnerable adults. All staff, had received training in safeguarding vulnerable adults. Residents reported feeling safe in the centre and knew they could report any concern to a staff member. Where required, safeguarding concerns had been reported to a designated person whereby a preliminary screening was completed resulting in a documented safeguarding plan, where required. Safeguarding plans were reviewed and updated as necessary.

Residents' assessed behaviour support needs were met in this centre. Detailed behaviour support assessment and planning was in place for residents living in both residential units that made up 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.

No identified restrictive practices were in operation at the time of inspection. In some instances residents required psychotropic medications for the management of anxiety which formed part of their mental health diagnosis or identified assessed need. Some discussion, between the inspector and person in charge, identified a review, through a Human Rights Committee could provide an additional quality framework for the oversight of these medications. Overall, the criteria for the administration of these medications was clearly set out in residents' support planning and in the prescribing physician's recommendation and rationale for their use.

Comprehensive personal planning was in place for each resident. Where residents needs were identified an informative up-to-date plan was in place and each plan demonstrated evidence of regular and consistent allied professional reviews and recommendations. Residents' social care goals were also well planned and documented, with photographic evidence to demonstrate residents engaging in social activities aligned to their identified goals and aspirations. Residents told the inspector they were supported to have interesting lives with staff that supported them to achieve their goals.

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 provider and person in charge had 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. Residents were knowledgeable in how to implement public health guidance while in and outside of their home.

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. A risk register was maintained with control measures to mitigate each risk outlined. In addition personal risk assessments for each resident were maintained and updated and reviewed regularly. However, the inspector noted the temperature of hot water in sinks in the centre was very hot and brought this to the attention of the person in charge. They undertook to check the temperature of hot water in other sinks and showers in the centre and noted this was an issue throughout. It was noted the boiler in th centre had recently been serviced and this may have impacted on the thermostatic control measures in centre.

The inspector requested immediate measures to be put in place to manage the risk and provide an assurance that the issue had been addressed within a short time-frame following the inspection. The provider submitted the required update to the

Office of the Chief Inspector following the inspection. This update indicated the thermostatic control for the boiler had been re-calibrated to the correct temperature which mitigated the immediate risk of scalds, with some further thermostatic control measures due to be completed shortly thereafter.

Regulation 13: General welfare and development

Residents told the inspector they were very happy living in their home having transitioned from a congregated setting some years back. They told the inspector their current home was much better than the congregated setting. Residents told the inspector staff supported them to achieve their social goals and aspirations and photographic evidence in the centre indicated residents were supported to achieve their goals.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured residents were afforded a modern, comfortable spacious home. The centre was equipped with multiple en-suite bedrooms and bathing/showering facilities throughout.

Judgment: Compliant

Regulation 26: Risk management procedures

A review of the risk control measures for ensuring correct temperature hot water in the centre required improvement to ensure the risk of scalds formed part of the overall risk management systems for the centre going forward.

While prompt measures were implemented by the provider, to address the presenting scald risk shortly after the inspection, some further thermostatic control measures were due to be implemented.

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 had ensured appropriate fire detection and containment measures were in this designated centre. However, improvements were required in relation to one evacuation route in the centre. The provider was required to have a person appropriately qualified in fire safety review one evacuation route within the centre and make arrangements to address any improvement areas identified on foot of the review and any recommendations made.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had reviewed medication stock control procedures in the centre addressing the non-compliance found on the previous 2018 inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive personal planning was in place for residents with evidence of allied professional review and recommendations clearly demonstrated throughout. Social care planning was also of a good standard.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support planning was of a good standard and comprehensively reviewed and updated by appropriately qualified allied professionals in the area of

psychology and behaviour support.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 15: Staffing	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St John of God Kildare Services - Designated Centre 15 OSV-0005316

Inspection ID: MON-0026248

Date of inspection: 10/09/2020

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>All staff requiring refresher training in Safe Administration of Medication have been scheduled to attend training this will be able completed by December 2020</p> <p>All staff requiring training in Positive Behaviour Supports have been scheduled, this will be completed by December2020</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Additional risk assessments were completed on the day of the inspection and added to the risk register.</p>	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions:	

On the 12/09/2020 a checklist to reduce the fire loading was completed

On the 15/09/2020 a fire officer and an architect visited the property. They assessed the options available in the house for an alternative evacuation route. Three options were identified. One was unworkable due to the impact on the structural integrity of the building. The second option was considered to have an impact on reducing communal space for residents so was not preferable.

On the 25/09/2020 the person in charge and the operational manager had a meeting in relation to the options identified. The only viable remaining option was to create an exit door from the bedroom directly to the outside. This option requires planning permission and this process is underway.

On the 30/09/2020 quotes for the above works were sought and received. The works will commence immediately on receipt of the required planning permission from the local authority. It is anticipated that the permission and these works will be concluded by 29/01/2021.

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	31/12/2020
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	11/09/2020
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency	Not Compliant	Orange	29/01/2021

	lighting.			
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