Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	DC19
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	25 March 2022
Centre ID:	OSV-0005815
Fieldwork ID:	MON-0034831

About the designated centre

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

DC 19 is a ground floor apartment style building located on a campus setting in Co. Kildare with other residential centres operated by the registered provider. The apartment has capacity for three adults with an intellectual disability and mental health diagnosis. Residents avail of services within the campus such as access to a GP, laundry services and other healthcare professionals. Residents are supported by nursing staff 24/7 and are also supported by social care workers and care assistants. The designated centre has a two kitchen areas combined dining areas and there is a separate living room. Residents are supported to access the local community, which is in walking distance and the designated centre also has two vehicles available for transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

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 (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 25 March 2022	10:00hrs to 15:15hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This centre is located on a St. John of God campus, where a variety of other services are operated from. The centre is registered for three residents who had moved from a larger centre on the campus in 2018 as part of the registered provider's de-congregation plan. The premises consisted of a ground-floor style apartment layout with three bedrooms, two bathrooms and a kitchen-dining combined area, a separate living area and a second small kitchen.

The purpose of this risk inspection was to focus on areas of concerns that arose at the previous inspection and to follow up on the provider's progress in addressing these areas of non-compliance.

On arrival at the designated centre, one of the two residents living in the centre was present. The other resident was attending their day services in another location on campus. Staff reported that the resident was happy to have returned to their day service on a full-time basis. This was a positive development for this resident, because, at the time of the previous inspection in June 2021, day services had not yet reopened owing to the COVID-19 pandemic.

The house overall was seen to be well presented, well-furnished and clean. The two residents each had their own bedrooms and separate living areas, and efforts had been made throughout the house since the previous inspection to make the centre more homely. For example, new flooring had been installed and sofas and reclining chairs purchased. There were ornaments, pictures and Patrick's Day decorations on display. In addition, a rockery with potted flowers and plants and a new patio with a seating area welcomed visitors to the front of the house.

The inspector met with one resident who was watching television in their personal living room. This resident was keen to greet the inspector on their arrival and was seen to be smiling while the inspector was present. They were happy to talk to the inspector about their new bedroom and living room and the changes that had occurred since the previous inspection. The resident discussed the programmes and films they liked to watch and how a projector was due to be installed in the room so they could watch movies at home.

Residents enjoyed high levels of staff support in the centre in line with their needs; all residents were supported by one-to-one staffing throughout the day. The staff team consisted of nursing staff, social care workers and healthcare workers. Residents also had access to a range of other multi-disciplinary staff support if required. This included a psychiatrist and a behavioural therapist. Staff interviewed displayed a thorough understanding of residents' requirements, preferences, and the precise support plans in place to help meet those needs. The staff members present were seen to engage with residents in a pleasant and respectful manner during the inspection. For example, staff were overheard offering a resident options of food

and drinks and joyfully engaging in humorous interactions.

While there had been some incidents in this house that were of a safeguarding nature viewed on the previous inspection, it was seen that the changes made by the provider, reduced the potential for these to happen. The reduced capacity also changed the dynamics within the house while also providing additional personal living space for the two residents residing in the centre. Some restrictive practices were in use within the centre, it was seen that these were being reviewed with efforts made to ensure these were used as the least restrictive measure.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This designated centre was previously inspected in June 2021. During that inspection, the inspector expressed concerns about the centre's ability to meet the assessed needs of all residents, in particular the requirements of a low stimulus environment. Following receipt of a compliance plan in response to these concerns, it was decided to conduct a risk-based inspection of this centre, focusing on the issues mentioned. Overall, the inspector found that improvements made within the physical living environment positively impacted the residents living in the centre and better suited their needs.

In accordance with the regulations, the provider had ensured that a person in charge was in place to oversee this designated centre on a day-to-day basis. Two changes in the person in charge had occurred since the previous inspection, with the newly appointed person in charge commencing in February 2022. The inspector found they had the necessary qualifications and experience required by the regulations. At the time of this inspection, the person in charge's sole remit was for the current designated centre only, allowing them to focus on this centre's quality improvement plan.

During this inspection, it was seen how the provider had taken measures to improve the level of oversight of the designated centre. For example, enhanced reviews were taking place in areas such as incident reporting and PRN (medicines as required) administrations. Several incidents were noted during the previous inspection that had not been adequately considered in terms of the impact they were having on residents' well-being. On the current inspection, it was found that a new protocol for the reviewing of incidents had been introduced, which placed more emphasis on restrictive practice considerations. There was also evidence of increased oversight from the provider for those directly involved in the management of this centre.

It was noted that the audits being carried out in this designated centre were

identifying issues in other areas also, such as infection prevention and control related matters. Where any areas for improvement were found, actions were identified to address such matters. The provider also sought to ensure oversight of the designated centre by carrying out unannounced six-monthly provider visits to the centre. These are a requirement of the regulations and are an important measure of the effectiveness of the monitoring mechanisms. One such unannounced visit was carried out in December 2021; a report of this visit was available to review, which included an action plan to respond to issues identified. A member of the quality and safety team carried out these six-monthly visits on behalf of the provider. The inspector noted that the six-monthly visits and the subsequent report had been enhanced since the previous inspection and were of a high quality. The report outlined a detailed review of the quality and safety of care and support provided to residents in accordance with the regulations. In addition, the reasoning for areas of compliance and improvement were clearly stated. The report featured resident, family, and staff input, as well as prioritised actions as a result of the feedback.

The inspector found that the staffing arrangements were found to effectively support residents' complex assessed needs. Even though the number of residents living in this house had recently reduced from three to two, the staffing arrangements had not been reduced, allowing for greater one-to-one support being provided. The inspector was informed during the inspection there were no known plans to admit a third resident.

While there had been significant improvements since the previous inspection, some actions to be taken following the previous inspection remained incomplete. One of these actions was to ensure all staff were in receipt of refresher training in managing behaviours of concerns, manual handling, and fire safety. The inspector was informed that fire safety and manual handling training had been completed, but not all staff had completed managing behaviours of concern training. In terms of formal staff supervision, the inspector noted that there had been a concerted effort to ensure that all employees had regular supervision sessions. However, there was a small number of staff who still required supervision. Another action from the previous inspection was the consultation with families and residents as part of the annual review process, which was still due at the time of this inspection.

Regulation 14: Persons in charge

A new person in charge had recently been appointed to the centre. The person in charge was appointed in their role on a full-time basis and were a social care leader. This person was found to have the skills and experience necessary to meet the requirements of the regulation and effectively manage the designated centre. They were also found to be aware of their legal remit to the Regulations and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

It was evident that the designated centre had an appropriate level of staffing to ensure that residents were provided with a good quality service. Where required, residents were provided with one-to-one staff support. There was a minimum of one registered nurse on duty 24 hours per day in line with residents' assessed needs. The inspector found that staff had the necessary skills and experience to support residents and provide high quality, person centred care.

Staff were observed to speak in a nice way to residents and where shown to be patient and supportive to residents during the course of the inspection. Staff members spoken with were able to accurately describe the specific needs of the residents and the supports required to provide for these.

Judgment: Compliant

Regulation 16: Training and staff development

While there was evidence of improved staff training arrangements for staff, further improvements were required to ensure all staff had received training to maintain their skills. There remained some gaps in refresher training for staff in positive behaviour support.
There was also a supervisory schedule in place through 2022. However, not all staff supervision was current at the time of the inspection, as per the provider's policy. Despite this, the new person in charge was based at the centre full-time, which the inspector noted provided more opportunities for informal supervision.

Judgment: Substantially compliant

Regulation 23: Governance and management

Based on the overall findings of this inspection in areas including incident reviews and audits, the registered provider was ensuring that the service provided to residents in this designated centre was safe, appropriate to the residents' needs and effectively monitored. There was evidence of shared learning from other inspections within the organisation being applied in the centre, for example, infection prevention and control improvement measures. The provider's six-monthly unannounced audit demonstrated the provider's commitment to continuous improvement and quality checks. One area that remained outstanding on this inspection was the provision of

an annual review with resident and family consultation as required by the regulations.

Judgment: Substantially compliant

Quality and safety

During the June 2021 inspection of this centre, it was found that the physical layout and size of the centre was too small to fully meet the needs of all residents. The size and layout of the centre impacted its ability to afford residents that required a low arousal, quiet environment. The inspector completed a walk-about of the centre in the company of the person in charge. A number of premises enhancements had been carried out since the previous inspection. The exterior of the building had undergone cladding which had improved the overall aesthetic of the building. Work had begun on the garden to increase the size of the patio area and the installation of a fence around the property to allow for more outdoor recreation areas. Internally there was a change in the living and bedrooms spaces for the two residents that resided in the centre. From observations made and discussions with residents and staff, it was determined that these changes had a positive impact on the residents' lives. This was evident from the ease residents presented in their living environments and the reduction of adverse interactions between residents.

The inspector found that each resident had access to allied health professionals, including regular access to mental health professionals.
Each resident's healthcare plan included a health profile of the resident and a variety of health action plans. The health action plans included a comprehensive assessment of the resident's health needs and identified supports required to meet those needs. Actions identified from the previous inspection had been escalated and responded to appropriately by the management and staff team.

The inspector found that staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. Staff had been provided with the appropriate training in safeguarding. The inspector saw that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. Overall, the inspector found that the residents were protected by practices that promoted their safety.

As previously mentioned, behaviour support assessments outlined the necessity for some residents to be afforded a low arousal, quiet environment. While the change in the living environment was a recent development for the centre, having only occurred in the past few weeks, it appeared that it was having the desired effect of providing a quieter environment for residents. While some limitations remained, in particular, during times of heightened anxiety, the inspector was informed of longer-term plans to address this.

There were ongoing usage of PRN (as required) medicines administered to manage

residents' anxiety and other mental health difficulties. During the previous inspection, the inspector found that, in some instances, anxiety medicines were administered to residents whose anxiety was triggered by other residents' behaviours. This was not in line with restrictive practice national policy on the least restrictive procedure being used. The inspector found the administration and review of PRN medicines was a key focus for management; this was evident through the review of PRN protocols, the follow-up sign off on all PRN administration by management and agenda items in supervision. Staff spoken with could detail a change in the requirements of administrating one PRN that had occurred four days previous.

Regulation 17: Premises

Overall, the premises was well-maintained with accessibility arrangements in place for residents as required in relation to ramps, assistance aids and mobility equipment. The provider and staff had also ensured the exterior premises was a functioning and accessible space for residents to use and engage in activities if they wished. Improvement works had been completed in the centre following the previous inspection creating a more homely atmosphere.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

This regulation was not reviewed in full and was only assessed as part of the centre's suitability to meet the needs of residents as raised in the previous inspection. For the most part, the inspector was satisfied that the provider had made reasonable progress in ensuring that the needs of residents could be met in the centre. At the time of the inspection, there was a reduced capacity of residents living in the centre, allowing for environmental changes. As discussed with the person in charge and the residential coordinator, this regulation required ongoing review and consideration due to the conflicting needs of residents.

Judgment: Substantially compliant

Regulation 6: Health care

It was evident that residents were provided with appropriate access to healthcare and allied health professional in line with their assessed needs. Residents were provided with health action plans which included a comprehensive assessment of

their healthcare needs and identified supports required to meet those needs.

Each resident has their own general practitioner (GP). Residents' records showed that they were seen by their GP regularly and that if a resident's condition changed this was reported to their GP. There was out of hours GP service available in the evenings and at weekends.

Judgment: Compliant

Regulation 7: Positive behavioural support

Any restrictive practices used in the centre had been recently reviewed, with efforts made to reduce the use of these where appropriate. Restrictive practices were logged and regularly reviewed and it was evident that efforts were being made to reduce some restrictions to ensure the least restrictive were used for the shortest duration.

Where residents presented with behaviours of concerns, the provider had arrangements in place to ensure these residents were supported and received regular review.

While there remained some gaps in staff refresher training in de-escalation and intervention, this is addressed under regulation 16.

Judgment: Compliant

Regulation 8: Protection

The inspector found that the provider had taken appropriate action to safeguard residents from experiencing abusive incidents in the centre. The residents were protected by practices that promoted their safety; residents' intimate care plans ensured that the resident's dignity, safety and welfare was guaranteed. Staff had completed training and were aware of their roles and responsibilities in the event of a suspicion or allegation of abuse.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for DC19 OSV-0005815

Inspection ID: MON-0034831

Date of inspection: 25/03/2022

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
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A new Training Matrix is in operation using the traffic light system. There is also a system in place for scheduling staff on training courses. Where required staff have been scheduled for refresher training and all training will be up to date by 30th June 2022. Staff supervision meetings have been brought up to date. A schedule for further supervision meetings is in place.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The 2021 Annual review has been completed in consultation with residents and their families.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
In order to ensure a low arousal, quiet environment there will be two structural changes to the building.

1. A second door will be erected giving access to the shared bathroom from both apartments. 30/06/2022
2. A further door will be erected between the lounge/corridor area which will further separate the two apartments. 30/06/2022

The residents continue to be considered as part of the ongoing de-congregation of the campus area.

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	30/06/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	16/05/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in	Substantially Compliant	Yellow	30/06/2022

	accordance with paragraph (1).			