



# 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 Service DC 12
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 April 2021
Centre ID:	OSV-0002963
Fieldwork ID:	MON-0032163

## 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 Service Designated Centre 12 supports residents with a disability in three premises located in a community setting in Co. Kildare. The capacity of the designated centre is 12 adults, both male and female. Residents are supported to attend various activities and day programmes provided by Saint John of God. Residents have access through a referral system to the following multi-disciplinary supports; psychology, psychiatry and social work. All other clinical supports are accessed through community-based primary care as required. Staffing levels are based on the needs at each location; some residents have the support of staff 24/7, while other residents have the support of staff dropping in to provide specific supports like assistance with cooking or domestic bills. There is a social care leader responsible for each location who work alongside social care workers.

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

Number of residents on the date of inspection:	8
--	---

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 29 April 2021	09:30hrs to 15:30hrs	Erin Clarke	Lead

## What residents told us and what inspectors observed

The inspector observed that residents enjoyed a very good quality of life in this centre and were offered a person-centred service tailored to their individual needs and preferences. Residents were seen to be well cared for in this centre, and there were management systems in place that ensured a safe and effective service was being provided. The inspector saw that residents were consulted about their day-to-day lives and that family members were facilitated to maintain good contact with their relatives.

This inspection took place during the COVID-19 pandemic, and as such, the inspector adhered to national best practice and guidance concerning infection prevention and control measures. The inspector visited one of the three houses in the designated centre in order to reduce movement between the three locations due to COVID-19 preventative precautions. The inspector met with four of the five residents living here, the person in charge, the social care leader and two staff members. The inspector spoke to the programme manager, who was a person participating in the management of the centre, during the inspection over the telephone. The inspector also spoke via telephone to two family members from across the designated centre after the inspection.

This designated centre consisted of three houses in the community and was registered for 12 residents. Each house reflected the needs of residents in the staffing support provided. In one house, residents were very independent and had enjoyed engaging actively in their community and had work commitments prior to the pandemic. Some of the residents also enjoyed attending day services during the day. The residents living in this house did not require any staff supervision at night time; however, staff are available in another house in the neighbouring estate if any assistance was required during the night and are contactable at all times by phone.

The person in charge informed the inspector that four of the 12 residents had been at home with family members since the start of the pandemic. These residents regularly visited their family homes prior to COVID-19. This interim measure was in place until restrictions had lifted for residential centres whereby residents could visit and stay with family members without having to self isolate on return to the designated centre. The person in charge explained that the organisation was hopeful that this restriction would be lifted in June 2021 once 80% of residents were fully vaccinated. The inspector spoke to a family member of a resident who had decided to remain at home during this time. The family member informed the inspector that they were satisfied with the support being made available to them, from the staff working in the house, the job coach, the day service, and management. They stated that it was an anxious time for their loved one; however, they were highly complimentary of St. John of God services.

When the inspector visited the residents in their home, they each appeared comfortable and were observed to be keeping busy doing activities of their choice in

their home. One resident was watching their favourite film, 'Chitty Chitty Bang Bang', on the television. The resident gave staff members a 'thumbs up sign when they were asked were they happy with their activity. Another resident was resting after a morning bath as per their usual morning routine. A third resident was being supported by staff to apply a mobility aid. This resident spoke to the inspector about their new wheelchair that they received the day before and how excited they were to try it out. One resident had to temporarily give up work in a canteen due the COVID-19 pandemic. The resident told the inspector that they missed this work but was looking forward to their meeting the following day with their job coach regarding a safe return to work.

The person in charge and staff working in the centre spoke about how family communication was maintained and facilitated in the centre. Some family members were in daily contact with the centre. As previously discussed, family members were not currently visiting the centre due to public health restrictions in place. Regular phone and video contact were maintained, and where appropriate, drive-by and window visits were facilitated.

Due to the current health pandemic restrictions, community activities were limited; however, residents were supported to choose from a number of community activities they enjoyed. The inspector viewed a poster on the wall in the kitchen that showed the residents taking part in a 50km walking challenge and the milestones they had hit during this challenge. During the inspection, residents went for a takeaway coffee and a drive to the Curragh. The inspector found that residents' personal plans demonstrated that, prior to COVID-19 restrictions, residents were supported to be involved in their local community in accordance with their individual interests. Some activities listed in residents' personal plans were rugby, basketball, yoga and meditation. One resident was involved with the local council in helping to organise parades. One resident told the inspector they were involved with the local Church and had volunteered on a weekly basis. The resident said they were looking forward to resuming this activity when restrictions eased, but in the meantime, they watched the local mass on television every Sunday. The person in charge also informed the inspector that residents were supported to attend Church to light candles and say a prayer when they wished.

The inspector found that where personal goals had been affected by the restrictions, staff tried to substitute activities where possible. For example, one resident had a set goal to attend a 'Guns and Roses' concert and had tickets for a venue in Dublin when it had to be cancelled last summer. Staff told the inspector that they tried to recreate the concert experience by streaming a concert online. Notwithstanding the restrictions placed upon residents due to the pandemic, the inspector noted a high level of activity during the inspection. Residents were taking part in video conferencing classes through their own tablets and wireless headphones. This was facilitated through the day service programme. Residents were observed taking part in exercise classes and bingo by the inspector.

The provider had ensured that an annual review of the service's quality and safety had been completed for 2020. Consultation with residents and their family representatives had occurred, encouraging them to have a say in driving

improvement in the centre. The questionnaires looked for opinions on how comfortable their home was, access to shared areas, access to a garden, bedrooms, food and mealtimes, visitors, activities, care and supports and staffing. In addition to the questionnaires, residents were invited to a focus group, through video conferencing, for their views of the quality of the service in the context of the COVID-19 pandemic. All residents said that they feel safe in their home and showed great insight into the need for restricted movement in the pandemic. One resident said, "I don't mind washing my hands; I don't want to get the virus". Another resident said, "I got the flu vaccination, staff told me it was my choice, and I will get the COVID vaccine too". Two residents told the group that they.. " use their IPAD to check what's happening with the virus". And "I watch the news every night, and staff help me to understand it". It was evident to the inspector that residents felt that they were being supported during this challenging time by the following comments, "My keyworker is very kind", "I feel happy in this house that's important", "Staff keep us safe."

A family member that the inspector spoke with also felt that their relative was safe during the pandemic, and "staff had gone over and beyond the call of duty". For example, staff took temperatures every two hours instead of twice daily, which had the positive impact of identifying a COVID-19 case early. Effective measures were implemented quickly as a result. The family member felt that staff and person in charge were dedicated and vigilant.

Eight residents also completed questionnaires prior to the inspection regarding their views of their service. Residents informed the inspector that they had been living in the three houses that make up the designated centre for between three and 20 years. Residents stated that they had felt very happy living in their house and that they were " lucky to live with four other people and get on well with them". "I love my house", "I don't want to change anything", "I am happy". This feeling of being "at home" was evident to the inspector from the ease residents moved around their home and how they interacted with each other and staff.

This inspection found full compliance with the regulations inspected against. This meant that residents were being afforded safe and person-centred services that met their assessed needs. 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 the service's quality and safety.

## Capacity and capability

The purpose of this risk-based inspection was to monitor the centre's ongoing levels of compliance with the regulations. The inspector found that the centre was operating with high levels of compliance. The provider had appropriately addressed any issues from the centres previous inspection. The high levels of compliance found

on inspection were reflective of a service that demonstrated a person-centred approach while embracing continuous improvement.

The registered provider had notified the Chief Inspector on 31 March 2021, that due to financial concerns, that they would be no longer able to continue to provide residential services from 30 September 2021. At the time of writing the report, discussions were underway between St John of God Community Services Company and the Health Service Executive (HSE) to a solution and next steps to the operation of all 94 designated centres under this provider. Notwithstanding this, the inspector found that the provider had ensured that the designated centre was appropriately resourced in line with residents' assessed needs.

The person in charge was appointed into the role in July 2020 to cover a planned one year absence. They were responsible for four designated centres. The inspector reviewed the systems in place to ensure the person in charge was maintaining oversight of all centres. This was found effective with a social care worker based in the centre reporting to the person in charge. The person in charge reported to a programme manager participating in the running of the centre, who in turn reported to a regional director. Reporting structures were clear, and there were robust organisational supports such as a comprehensive audit schedule in place that supported the person in charge and the staff working in the centre and ensured that oversight was maintained at a provider level. Staff supervision was occurring, and there was evidence of regular contact between the staff team, the person in charge and management at a provider level.

The person in charge maintained a planned and actual roster. A review of rosters demonstrated sufficient staffing levels to meet the current number of residents and their needs. At the time of the inspection, redeployed staff from day services were employed in the house as extra support during the day. The person in charge told the inspector that there was an identified need for additional night time staffing in one house due to a recent change in needs. The inspector was informed that the provider was actively recruiting to fill these vacancies.

There were effective systems to support staff to carry out their duties to the best of their abilities. Staff were in receipt of regular formal supervision. They had access to training and refreshers in line with residents' assessed needs. Staff who spoke with the inspector were aware of their roles and responsibilities and said they were well supported by other staff members and the person in charge. The person in charge had a planned schedule of training for 2021 available for review during the inspection. The person in charge informed the inspector of some gaps in refresher training, but dates had been scheduled for later in the month for staff. The inspector was informed that the delays in scheduling refresher training were due to the impact of COVID-19.

The inspector reviewed the incident log for the centre; the person in charge had maintained records of incidents occurring in the centre and notifications of any adverse incidents. All notifications had been appropriately made within the required time frames as viewed by the inspector.



The inspector reviewed the provider's admissions policy and procedures that outlined the arrangements in place for admitting and transferring residents within the centre. No new admissions had happened since the previous inspection. Each resident had a contract of care that contained information about care and support in the centre, the services to be provided for, and where applicable, the fees to be charged.

#### Regulation 14: Persons in charge

The inspector found that the person in charge met the requirements of this regulation with regard to their qualifications, knowledge and experience. They managed more than one designated centre and had systems in place to ensure they were maintaining oversight of the four centres. Additionally, it was noted that there were systems in place to facilitate the person in charge's regulatory responsibility for the designated centre while working from home and off site due to COVID-19 restrictions. These included a shared electronic online system, video conferencing and window visits.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had recognised the need to increase staffing support hours in the centre in line with residents' changing needs. They were in the process of applying for additional support hours and in the interim the inspector was informed that the provider would put additional supports in place to meet residents' needs.

The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A core team of staff were employed in this centre, and where relief staff were required, the same relief staff who were familiar to the residents were employed. Staff were also re-deployed from the provider's day services to provide on-site activation programmes.

The inspector was informed that staffing requirements were under review, for one house in particular, for when residents returned from living at home with family members. The inspector was satisfied that there was sufficient staff on duty at the time of the inspection to ensure residents needs were met.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had been provided with a range of mandatory and most of the required additional training, which ensured the workforce was skilled in the delivery of safe and appropriate care. Training had included safeguarding, dysphagia and managing behaviour that is challenging. In response to the recent pandemic, a suite of infection prevention and control training had been provided. There were some delays for a few staff to complete refresher training in fire safety, the safe administration of medicines and CPR (Cardiopulmonary resuscitation). However, dates were scheduled for completion within the month.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly defined management systems in place and staff had specific roles and responsibilities in the designated centre. The person in charge and social care leader were in regular contact on the days when the person in charge was not present in the centre. A member of senior management was available on-call outside of normal working hours should staff require management support.

There was evidence that the service provided was regularly audited and reviewed. The inspector saw that the person in charge carried out a schedule of local audits throughout the year, including audits relating to the care and support provided to the residents living in the centre. A monthly report was sent to the programme manager which included a synopsis of issues in the centre, if any identified, including accidents, adverse incidents, medication errors, restrictive practices, safeguarding concerns and staffing issues. This was then reviewed and actions identified when necessary. A review of adverse incidents also regularly took place to identify any trends. A six monthly unannounced inspection had also been completed and an annual review of the quality and safety of care and support in the centre. An accessible version of the annual review was provided to residents.

There was an effective governance structure in place to prepare for and manage a COVID-19 outbreak in the centre. There were strong links with the public health team, and a contingency plan was reviewed on a regular basis to ensure its effectiveness in the event of an outbreak.

Judgment: Compliant

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

The provider had an admissions policy and procedures in place, and the criteria for

admission was outlined in the centre's statement of purpose.

Each resident had a contract of care which contained information in relation to care and support in the centre, the services to be provided for, and where applicable the fees to be charged.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents. The provider had made the required changes to ensure the statement of purpose staffing arrangements aligned with the centre's roster, as requested by the inspector.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was knowledgeable of their responsibility to give notice of incidents that occurred in the centre. It was found that all incidents that required notification had been submitted to the chief inspector within the appropriate time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

In their questionnaires, residents indicated that if they were unhappy about anything they would speak to their keyworker or go to a member of the staff team or the complaints officer. Two residents who had used the complaints process indicated they were happy with how their complaint was dealt with and with the reply they got from the complaints officer.

There were no complaints communicated with the inspector on the day of inspection.

Judgment: Compliant

## Quality and safety

The inspector found that the governance and management arrangements in this centre ensured that the quality and safety of care delivered to residents was maintained to a consistently high standard, as evident in the high level of compliance with regulations. The person in charge and provider had ensured the changing needs of the residents were supported, such as referring residents for multi-disciplinary assessments where required. In addition, the provider and person in charge were actively reviewing the future care needs and any additional supports that the current and returning residents may require.

The management of the centre took measures to ensure that residents' assessed needs were being met. Residents were supported to access medical care and support. A review with the behaviour support team had been arranged for a resident who had presented with increased anxiety and cognition decline, and efforts were made to identify the root cause of this decline. The inspector observed a physiotherapist attend one of the houses during the inspection to carry out a follow-up assessment with one resident. Staff spoken with were knowledgeable regarding care and support needs and could clearly convey the necessary supports for residents. It was observed by the inspector that residents were appropriately supported and treated in a respectful manner.

Personal care plans were in place and reflected clear information about residents. The plans reviewed by the inspector showed evidence that the goals identified were meaningful and had been developed in consultation with the resident. There was evidence of regular multi-disciplinary review and regular updates to reflect residents' changing needs and circumstances. The inspector observed staff facilitate a supportive environment which enabled the residents to feel safe and protected. There was an atmosphere of friendliness, and residents' modesty and privacy were observed to be respected. Where appropriate, and to ensure that the dignity of each resident, was promoted, residents' personal plans included clear detail on how to support each resident with their personal and intimate needs.

Residents were supported to manage their behaviours and had access to a full time behavioural therapist within the service. Residents had positive behavioural support plans in place when required which were subject to regular review. Where a resident's behaviour necessitated intervention, every effort was made to identify the cause of the behaviour and appropriate strategies were put in place to support the resident.

The inspector reviewed fire precaution measures and found a fire alarm and detection system in place along with appropriate emergency lighting. There were personal emergency evacuation plans in place for each resident, which clearly outlined the individual supports required in the event of a fire or similar emergency.

Regular fire drills were taking place in the centre, and records demonstrated that residents and staff could evacuate the centre without difficulty in a reasonable time frame.

There were systems in place for the assessment, management and ongoing review of risk in the centre. There was a risk register, and general and residents' individual risk assessments were developed and reviewed as required. There was evidence of review of incidents and adverse events and of learning following these reviews. Residents' risk assessments were also reviewed and updated following these reviews. The person in charge shared trending and learning following these reviews at management and staff meetings.

The provider had ensured that there were systems in place to respond to safeguarding concerns. The person in charge had also ensured that all staff members had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse. Any safeguarding concerns were treated in a serious and timely manner and in line with national safeguarding guidance.

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. There were satisfactory contingency arrangements in place for the centre during the current health pandemic. The inspector observed the house to be clean, and that cleaning records demonstrated a high level of adherence to cleaning schedules. Staff had completed specific training in relation to the prevention and control of COVID-19.

### Regulation 13: General welfare and development

Residents welfare and development was provided for to a high standard. Residents were well supported socially and vocationally and had good levels of community involvement and activity. Each resident had the opportunity for new experiences, social participation, recreation, education, training and employment. Access was determined by individual needs, abilities, interests and choices. Some of these activities were paused during the COVID-19 restrictions. It was evident that staff were being creative with residents and supported them during this time away from their regular activities. Staff also supported residents to maintain contact with their family and friends through alternative methods such as video calls.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a risk management policy and procedure in place, and this had been

updated to reflect the COVID-19 pandemic. An up to date risk register was used to identify and assess risks in the centre, and included the measures and actions in place to control the risks identified.

The risk register was also contained assessments relating to individual residents. Such risk assessments were noted to have been recently reviewed while staff present in the centre demonstrated a good understanding of any risks present in the centre.

A comprehensive risk assessment had been completed for the COVID-19 pandemic and there were contingency controls in place. These included workforce planning, infection prevention and control measures, visiting arrangements and resources.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had developed a service-wide emergency response plan to the COVID-19 crisis to ensure effective governance, support and resources during the pandemic. This plan detailed the infection control measures in place, vaccination programme, mass testing, communication, accessible information and staffing contingency arrangements if an outbreak occurred.

Staff had completed appropriate training in relation to the prevention and control of COVID-19. The training provided staff with the knowledge and skill necessary to keep residents safe and mitigate the risks of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector observed fire safety measures located in the designated centre including detection systems, emergency lights, alarms, fire fighting equipment and signage. A fire specialist attended the centre regularly to service these.

All residents had personal emergency evacuation plans in place, which were updated following fire drills. Visual fire safety checks were being completed weekly by staff.

The person in charge had proactively reviewed the newly published 'Fire Safety Handbook, A Guide for Providers and Staff of designated centres' by HIQA in January 2021, against the current fire measures in place. They identified areas of improvement which had been escalated.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents were supported to make choices and decisions with regard to activities and personal goals. There was a key working system in place, and key workers supported residents to achieve set personal social goals in place, which were agreed upon at residents' personal planning meetings.

As previously mentioned, some goals could not be achieved due to the lockdown restrictions, such as attending concerts or having a party with friends and family to celebrate a milestone birthday during the pandemic restrictions. However, goals were re-adjusted and reviewed in light of the current situation; for example, a resident celebrated a milestone birthday with personalised videos from family, and friends from the various social groups the resident was a member of.

Residents also had goals to look forward to when restrictions lifted. One resident told the inspector that they were going to help produce and appear in a documentary through their local drama group with the aid of an Arts grant. The purpose of the film was to give a voice to the lived experiences of residents who grew up as children on campus.

Judgment: Compliant

### Regulation 6: Health care

Healthcare plans showed that each resident had access to allied health professionals including access to their GP, physiotherapist, occupational therapist, speech and language therapist and mental health practitioners as required. Residents healthcare was monitored on an ongoing basis by staff in the centre, and records were available on the healthcare monitoring completed in line with plans.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Detailed positive behaviour support plans were in place for residents that required this support. The positive behaviour support plan reviewed was comprehensive and explored aspects such as the residents' sensory profile, environmental profile, communication skills and health. A function-based assessment was used to identify possible functions of behaviours, and there were clear proactive and reactive

strategies to guide staff practice to support the resident appropriately. Part of the plan also included skills teaching as part of the proactive strategies. The plans were reviewed on a quarterly basis to ensure the strategies put in place were effective.

Judgment: Compliant

### Regulation 8: Protection

Residents in the centre were safeguarded. All staff had received up-to-date training on the safeguarding and protection of vulnerable adults. Any safeguarding concerns were treated in a serious and timely manner and in line with national safeguarding guidance.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector observed there to be many examples of where the residents' rights were promoted. Residents were consulted in the running of the centre and in decision making through weekly resident meetings and through the annual report consultation process. Personal care plans and intimate care plans demonstrated that residents were treated with dignity and respect. Residents were provided with lots of choice around activities, meals and the environment they lived in. The inspector observed communication and interactions between staff and residents and found it to be caring and respectful at all times. There was a self advocacy group within the organisation and a complaints policy and procedure in place to support residents and their families raise any issues they may have in relation to the service provided.

Residents rights were respected in the centre with residents having choice and control in their daily lives. Key working sessions and residents meetings were used as platforms to discuss residents rights and advocacy regularly.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	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
Regulation 9: Residents' rights	Compliant