



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

Issued by the Chief Inspector

Name of designated centre:	Designated Centre 20
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Meath
Type of inspection:	Unannounced
Date of inspection:	18 February 2022
Centre ID:	OSV-0007904
Fieldwork ID:	MON-0031144

About the designated centre

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

DC20 is a designated centre operated by St. John of God Community Services CLG located in a rural location near the County Kildare/Meath border. The centre provides full-time residential services for up to three male adults with intellectual disabilities. The centre is supplied with a transport vehicle and provides secure, large outdoor garden and parking spaces. The centre comprises of a detached two storey house with a large kitchen/dining area and two separate living room spaces. Residents have their own private bedrooms which have been decorated to residents' personal preferences and with due regard for residents' assessed needs. The centre is staffed by social care workers and health-care assistants and is managed by a person in charge who is also responsible for one other designated centre. They report to a person participating in management who supports them in their management role.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 18 February 2022	10:30hrs to 14:30hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

Residents in this designated centre were being supported to enjoy a good quality of life in a very homelike environment. Residents spoken with by the inspector provided positive feedback about living in this designated centre. Staff members and management present engaged with residents in a friendly and respectful manner throughout the inspection.

The inspector met and spoke with all of the staff members present on the day of the inspection. While the centre was only operational since November 2020, many staff had worked with the residents for up to 15 years. They told the inspector that the residents' previous community home had suited their needs well, and the original transition from a campus-based setting was successful. They explained that the move to this house also had been successful, and residents enjoyed living here. They described the environment residents had lived in on a congregated campus setting several years prior, which they mentioned was highly restrictive and impacted residents' ability to make choices. The inspector found that residents had not received an updated contract of care to reflect their new living arrangement. The contracts of care present contained information relating to the campus setting.

The inspector identified from reviewing documentation in the centre that there were positive outcomes for the residents in transiting from campus-based living to community living. There had been a significant reduction in challenging incidents and personal risks for residents. The house could provide a lower stimulus environment with fewer residents and more opportunities for one-to-one activities. It was observed during the inspection that residents were asked if they would like to go shopping and for a drive and residents agreed and spoke about the items they needed to purchase.

Residents spoken with said they felt safe and happy in their home. They told the inspector how long they had lived in the house and mentioned they were friends with the peers they had lived with. They told the inspector that they were pleased with their new home and how the staff had also moved with them. Residents were observed interacting with each other and were happy and comfortable in each other's company and having positive interactions and chats with each other while the inspector was present.

Each resident had their own individual bedroom, all of which were seen by the inspector, which offered residents suitable space and sufficient storage for personal belongings. One resident showed the inspector around their bedroom and explained how they requested additional storage for their bedroom, and the inspector had seen this had been ordered for the resident. It was noted that bedrooms had been personalised to reflect residents' individual interests. For example, one resident's bedroom had a couch and a television for watching their favourite sports. Residents were observed using their bedrooms for relaxation and occupation purposes and when the inspector commented on how nice their bedroom to one resident they

smiled.

The inspector spoke with both residents and staff regarding community-based activities for residents and how the social needs of residents were being provided for. It was noted that some residents had chosen not to attend day services and had taken the option to retire. The inspector spoke briefly to a resident concerning this, and they confirmed they could make their own decisions on how they spent their day. It was seen that residents were participating in activities in the community and were maintaining contact with their families. For example, residents availed themselves of local gyms, gardening, buying newspapers, attending social clubs, and meeting friends. Staff spoke about how everyone was looking forward to a holiday to England in the summer after not being away on holidays since before the health pandemic.

There was evidence of consultation with residents through monthly residents' meeting that had taken place in this house. Such meetings were to be used to discuss issues of relevance to residents such as staffing, meals, activities and how to make a complaint. The inspector reviewed notes of such meetings and noted the notes indicated that the meetings were being used in this way with topics such as car safety, money access, complaints, privacy and respect, choices and new ideas being discussed.

In summary, the feedback provided by residents, both verbally to the inspector and in the documents reviewed during this inspection, was very positive. Residents met with on the day of inspection appeared comfortable and relaxed in staff's presence. Residents were being supported and facilitated to maintain contact with family members and to participate in activities. As discussed later in the report some improvements were identified in fire containment measures and the use of personal protective equipment (PPE).

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered.

Capacity and capability

DC 20 was registered in November 2020 as a new designated centre for the purposes of supporting residents to transition from an already existing designated centre in St. John of God Community Services. The previous inspection in December 2020 found a strong level of compliance, with one regulation being found non-compliant under the capacity and capability regulations. This inspection found similar findings under the same suite of regulations. Contracts for the provision of services remained outstanding and had not been completed by January 2021, as stated in the provider's compliance plan.

This inspection aimed to ensure the provider was operating it in line with the

centre's conditions of registration and compliance with the regulations. The provider had ensured the centre was appropriately resourced, ensuring residents received a good standard of care and that residents' individual and specific preferences were respected and provided for. This included sufficient staffing, suitable premises and appropriate facilities such as transport. The provider had also ensured staff were engaged in ongoing training and had provided staff with the required training to meet the needs of residents.

A change of person in charge had occurred in November 2021. At the time of this inspection, the person in charge was responsible for a total of three designated centres, although it was intended for their remit to reduce to two centres in the months following this inspection. It was not found, though, that their current remit was having a negative impact on the running of the current centre. The inspector found that the person in charge was present in the centre frequently, carried out their own audits of the centre regularly, and demonstrated a good understanding of the residents and the operations of the centre. Audits and quality checks carried out by the person in charge formed part of the ongoing quality oversight arrangements for the centre.

The provider also had systems in place to monitor the quality and safety of the care and support offered to residents. In September 2021, the provider completed an unannounced visit for the centre as required by regulations and had produced a report following this audit. This included feedback from residents and demonstrated the provider's ability to self-identify areas of improvement and reflected on operational practices including complaints, restrictive practices, safeguarding and notifications, as well as providing for staff consultation.

As required by the regulations, the provider had ensured that appropriate staffing arrangements were in place to support the needs of the three residents living in this designated centre. It was seen that there was a core staff team in place, which is important in maintaining professional relationships with residents and promoting consistent care. The core staff team in place was evident from the rosters maintained in the designated centre. The person in charge had maintained planned and actual rosters, a sample of which were reviewed by the inspector. A relief panel of staff was available to the centre to cover staff shifts during times of staff holiday leave or illness. Where relief staff were required, it was seen that the same relief staff who were familiar to the residents were employed.

There were systems in place for the training and development of staff. A review of training records found that all staff had completed the training outlined as required by the registered provider. Staff were provided with training appropriate to their roles, such as administering medicines, safeguarding, positive behaviour support, and infection prevention control. There were appropriate arrangements in place for the supervision of the staff team, and regular one-to-one supervision meetings were taking place with all staff members. Staff meetings took place on a monthly basis and were resident focused. During the inspection, notes of staff team meetings were reviewed, which indicated that topics such as accidents and incidents, complaints and residents' needs were discussed.

Regulation 14: Persons in charge

A new person in charge had recently been appointed to the centre. 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 very knowledgeable of the requirements of their role and responsibilities. At the centre level, the person in charge had good management systems in place to ensure day-to-day oversight of the centre's running.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of the staff team was found to be appropriate to the number and assessed needs of the residents. There was a planned and actual roster in place which showed continuity and consistency of staff by a core staff team.

A review of the staff rosters found that there was continuity of care and support in the centre and that there were sufficient numbers of staff members employed to meet the assessed needs of residents. At the time of the inspection, there were no vacancies. The centre had a small pool of relief staff that was used to cover any leave and agency staff were not availed of; this ensured that staff were familiar to residents and aware of their support needs.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that a training needs analysis was periodically undertaken with all staff, and relevant training provided was to the needs the residents and promoted safe and high standards of social care practices. Staff were in receipt of formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Staff who spoke with the inspector demonstrated good understanding of the resident's needs and were knowledgeable of the procedures which related to the general welfare and protection of residents.

Judgment: Compliant

Regulation 23: Governance and management

It was evident that the designated centre was adequately resourced to ensure that the delivery of care was safe, appropriate to residents' needs and consistent and effectively monitored. To allow information sharing with relevant committees at a senior management level, the provider established defined lines of reporting relating to certain components of residents' care, such as restrictive practises, positive behaviour support, and risk management. This was necessary to provide effective oversight and encourage best practices at the provider level in these areas. The provider also had ensured six-monthly provider-led audits for the centre had been completed for the previous year and were available for review during the course of the inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was an absence of a contract that would fully inform residents of the service they could expect to receive. This was identified on the previous inspection, and while assurances were received that this would be addressed, it remained outstanding. This required improvement to ensure the resident was provided with a contract that outlined the services provided in the centre, terms and conditions of their residence and fees payable by them, with the opportunity to agree these terms and conditions with the support of a representative if required.

Judgment: Not compliant

Quality and safety

The inspector found that systems and measures were in place for the provision of a safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including residents' rights, fire safety, safeguarding, infection control and positive behaviour management. The inspector found that these areas were largely compliant and that the registered provider, management and staff were promoting person-centred care and support for residents living in the designated centre. On review of the care and supports available for residents and the environment in which they live, the inspector identified that some improvements were required concerning the fire containment measures and the correct use of personal protective equipment (PPE).

The supports that were provided to residents were apparent from talking with

residents, speaking with staff members present and reviewing documentation. Personal plans of residents were among the types of records that were examined. The inspector examined a sample of such plans and found them to be well-written and informative on how to assist residents. Such individualized plans were based on needs assessments and were reviewed on a yearly basis. During the personal planning process, it was observed that each resident was assigned a keyworker to assist them in accomplishing desired goals they had identified.

There were systems in place to ensure residents were protected from abuse. This included staff training and care plans for personal and intimate care, which were developed in consultation with the residents. There were no active safeguarding plans in place at the time of the inspection, and the provider had ensured any incidents had been reviewed and investigated where required.

Residents living in the centre required positive behaviour supports as part of their overall assessed needs. It was demonstrated that residents were given assistance in managing their behaviours. When needed, residents had access to multidisciplinary professional support, and staff received training in positive behaviour management. Residents were now living in a far less restrictive atmosphere than they had been in previous settings. Positive behavioural support strategies for each individual were in place. Some residents' support plans emphasised the significance of a low-arousal atmosphere, which was facilitated by living in this centre. In the event that a resident needed as required medication (PRN), protocols and strategies were in place. There were a limited number of restrictive practices in use, and they were used to protect residents from identified risks. Any restrictive practices had been identified as part of residents' assessment of needs and had been referred to the provider's Human rights Committee for review and authorisation.

In addition to supporting needs, it was also noted that active efforts were being made to protect residents from COVID-19. During the inspection, it was seen that infection prevention and control measures were being followed, including regular cleaning, staff training and temperature monitoring. A contingency plan was also provided for this centre which had been recently reviewed and provided guidance for how to respond in the event that COVID-19 related concerns arose. Staff were also using personal protective equipment (PPE), although the inspector did not note some inconsistencies in the type of masks being worn. Under relevant national guidance, all staff should wear medical-grade masks. While the centre was in receipt of information that gave conflicting advice, the inspector found there was a deviation from the Health Protection Surveillance Centres' national guidance latest and previous update.

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 residents' health needs and identified supports required to meet those needs. There was evidence to show that residents were consulted regarding their health. Residents were supported to access health information, including health matters relating to COVID-19. Residents were provided with a hospital passport to support them if they needed to receive care or undergo treatment in the hospital.

The inspector reviewed the medicine management processes and found safe practices relating to the receipt and administration of medicines in line with best practice. There was a robust checking system in place for all medicines coming into the centre, and all staff administering medicines were appropriately trained. The inspector reviewed the storage of medicines and found these were appropriately stored securely in a locked press. Medicine prescriptions were reviewed on a six-monthly basis with the residents' general practitioner. All medicines observed on the day of inspection were in date and crossed checked with the balancing records maintained in the centre. There were appropriate arrangements in place for the storage and disposal of out of date or unused medication.

Fire safety precautions were in place throughout the designated centre. Emergency lighting was located at key areas, fire servicing checks were up-to-date, and fire evacuation drills were carried out with good frequency and evacuation times. Staff had received up-to-date fire safety training with refresher training also provided. However, while the provider had installed fire doors, not all had been fitted with door closing devices. This required improvement to ensure the most optimum fire containment measures were in place.

Regulation 27: Protection against infection

The auditing systems included infection control auditing. A comprehensive infection control audit had been completed recently by a nurse manager. The audit showed areas for improvement as identified by the inspector during the inspection. Records provided indicated that all staff had undergone relevant infection and prevention control training. Infection prevention and control measures being followed in the centre included regular cleaning and symptom monitoring.

Stocks of PPE were seen to be present in the centre including medical grade masks (FFP2). However staff were not observed wearing FFP2 masks in line with national guidance for residential care facilities throughout the inspection day.

Judgment: Substantially 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.

While the provider had installed fire doors throughout the centre, not all doors had been fitted with door closing devices. This required improvement to ensure the most

optimum fire containment measures were in place. The inspector also observed one fire door wedged open during the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had ensured that safe practices were in place for the ordering, prescribing, storage and administration of medicines in the designated centre. A sample of residents' medicine prescriptions were reviewed, and the inspector found that medicines were being administered as prescribed. Residents' medicines were regularly reviewed by the prescriber, and the date of these reviews were documented in the medicines' prescription record. Medicines were stored safely and securely, and all medicines appeared in date and clearly labelled. Guidance was available to staff regarding the purpose of all medicines, especially where medicines had a dual function and potential side effects were listed for monitoring purposes. There was ongoing review through audits of medicines management practices in the centre, including an annual audit by a nurse.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported to enjoy the best possible health and to avail of health and social care professionals as required. Interventions such as vaccines were also facilitated while support was given to residents to avail of national screening programmes. Guidance on supporting residents with their health needs was available in residents' personal plans. Appointments with allied health professionals were logged and the advice and guidance from these professionals were then updated into residents' personal plans.

The inspector found that residents' healthcare needs were monitored on an ongoing basis by staff in the centre, and records were available on the healthcare monitoring completed in line with health action plans. For example, monthly weights were being recorded by staff. Residents on special diets were under the regular review of their GP and blood tests were facilitated when required.

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 plans reviewed were comprehensive and explored aspects such as the residents' 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. The plans were reviewed on a quarterly basis to ensure the strategies put in place were effective.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. At the time of inspection there were no active safeguarding plans. Staff had received mandatory training in safeguarding vulnerable adults with refresher training also provided.

Intimate care plans outlined the support in place to ensure residents' privacy and dignity was respected and their choices and skills were promoted.

Judgment: Compliant

Regulation 9: Residents' rights

Regular house meetings were taken place where residents were consulted in relation to the running of centre and given information on their rights such as complaints. The registered provider had prepared accessible materials to support residents to learn about COVID-19, to understand the impacts of public health measures on their rights, and to support informed decision-making and consent in relation testing and treatment.

Residents were observed to be treated respectfully throughout the inspection, and residents were also seen to be offered choice by staff on duty.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Quality and safety	
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Designated Centre 20 OSV-0007904

Inspection ID: MON-0031144

Date of inspection: 18/02/2022

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 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The contract of care, have been completed for the residents on the 12-04-2022. The contracts outline services provided in the centre, terms and conditions of their residence and fees payable by them. The contracts have been sent to the resident's next of Kin for signage. This will be completed by the 22nd of April 2022.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: All staff throughout the service have been informed by senior management to wear FFP2 masks at all times when supporting residents. 2 types of FFP2 masks have been provided to staff to choose between. Completed on the 29th March 2022	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A request has been sent and approved by senior management and the maintenance team to have automatic door releases installed on fire doors with in the service where needed, this included the resident's door that was wedged open on the day of inspection. This action will be completed by the 22nd of April 2022.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	22/04/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the	Substantially Compliant	Yellow	29/03/2022

	Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/04/2022