



Report of an inspection of a Designated Centre for Disabilities (Children)

Name of designated centre:	St Augustine's
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	27 September 2018
Centre ID:	OSV-0001465
Fieldwork ID:	MON-0022050

About the designated centre

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

The designated centre is based in a suburban area of South Dublin and provides part-time residential services for up to four children. It operates for four days and nights each week during school term times. The centre is comprised of one detached four bedroom house with a modest sized driveway to the front and a shared garden space to the rear. A staff team of social care workers provides care and support to residents and they are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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How we inspect

To prepare for this inspection the inspector or 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
27 September 2018	09:30hrs to 15:30hrs	Thomas Hogan	Lead

Views of people who use the service

The inspector met with two residents availing of the services of the designated centre and spoke with a family member of one resident via telephone at the time of inspection. Those spoken with by the inspector communicated high levels of satisfaction with the service delivered and were very complimentary of the staff team. The inspector observed that residents were supported to live active lives and build long term skills across a range of areas including independent living, friendship and networking, education, and relationships. In addition to speaking with residents and a family member, the inspector received three completed questionnaires. The questionnaires enquired across areas such as general satisfaction, accommodation, food and mealtime experience, visiting arrangements, personal rights, activities, staff supports, and complaints. Respondents communicated high levels of satisfaction across all of the areas outlined.

Capacity and capability

The inspector found high levels of compliance overall across the five regulations inspected against relating to *capacity and capability*. There were effective governance structures in place which ensured that good quality and safe services were delivered. There were clear lines of accountability in place and members of the workforce were aware of their responsibilities and to whom they were accountable. The resources required were in place to ensure the effective delivery of care and support to individuals availing of the services.

The inspector met with the person in charge who had recently been appointed. The person in charge demonstrated that they had a clear understanding of the service to be provided and a strong focus on person-centred supports. They were found to hold the necessary qualifications and management experience to comply with regulatory requirements and demonstrated appropriate knowledge of the legislation, regulations, standards and best practice. While the person in charge was found to have responsibilities for managing two designated centres, the inspector was satisfied that arrangements in place were supportive and facilitated appropriate oversight and governance.

A review of staffing resources found that there were sufficient numbers of staff members with the necessary experience deployed to meet the identified needs of residents. Staff members were observed to facilitate a supportive environment throughout the time of inspection and all interactions between staff members and residents were found to be both respectful and kind. There were both actual and planned staff duty rosters maintained in the centre and the inspector found that these clearly communicated all necessary information. The staff team were supported through the use of a 'relief panel' and regular staff members from this panel were allocated to work in the centre when required in order to ensure continuity of care and support for residents. A sample of three staff files were

reviewed and were found to contain all required information as required by Schedule 2 of the regulations.

A statement of purpose (dated June 2018) in place in the centre was reviewed by the inspector and it was found that several areas of this document did not comply with the requirements outlined in Schedule 1 of the regulations. Detailed feedback was provided on this matter and an opportunity was provided to the person in charge and provider to update and revise the document. A review of a revised statement of purpose (dated September 2018), which was received by the inspector following the inspection, found that two areas did not fully comply with the regulations. The statement of purpose did not outline the facilities in place for day care; and the arrangements for the supervision of therapeutic techniques were not included.

The inspector found that there were effective governance and management arrangements which ensured positive outcomes for residents availing of its services. There was evidence of on-going monitoring of the services being delivered and the self-identification of areas which required development or improvement. An annual review was found to have been completed and a report outlining the review process was comprehensive in nature. In addition, unannounced six monthly visits to the centre by the registered provider, or persons on behalf of the registered provider, were completed. The inspector reviewed reports of recent visits (dated 14 November 2017 and 18 April 2018) and found that they clearly outlined areas for improvement. Management arrangements included regular presence of both the person in charge and a programme manager, formal one-to-one staff supervision and performance management systems, and regular team meetings. Staff members spoken with outlined that they felt supported in their roles and described a culture of feedback informing the continued development and improvement of the centre.

Regulation 14: Persons in charge

The person in charge was found to hold the necessary qualifications and management experience to comply with regulatory requirements and demonstrated appropriate knowledge of the legislation, regulations, standards and best practice.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents, statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 22: Insurance

There was a contract in place in the centre which insured against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance and management arrangements which ensured positive outcomes for residents availing of its services

Judgment: Compliant

Regulation 3: Statement of purpose

A revised statement of purpose (dated September 2018) submitted to the inspector following the inspection was found not to contain two areas of required information.

Judgment: Substantially compliant

Quality and safety

Six regulations were inspected against relating to *quality and safety*, and the inspector found high levels of compliance across the majority of these areas. Overall, the inspector found that the lived experience of residents availing of the services was positive and there was clear evidence of a resident-led, rights based approach to the provision of care and supports. Residents were actively involved in shaping the service they received and were supported to develop and maintain skills required for living active meaningful lives. Despite these findings, the inspector identified that improvements were required in the areas of fire containment and in individualised assessments and personal planning.

The inspector found that residents were supported to develop and maintain a network of relationships and links through family, school, hobbies, sporting, music and community activities. An organisational culture of support for residents to exercise their rights to independence, social integration and participation in life in

the community was present. Skills building supports such as cooking and baking were underway in the centre at the time of inspection and involved residents learning and developing techniques and experience to achieve personal goals such as preparing a full meal for friends. Residents availing of the services attended a nearby school and were supported by the staff team in this regard. Copies of individual educational plans were available and staff were knowledgeable of goals and aspirations contained within these.

The premises was found to have been homely and tastefully decorated to meet the needs of residents. It was found to be clean throughout and was kept in a good state of repair both internally and externally. All residents were found to have their own bedrooms. The centre was accessible to those availing of its services and there was adequate communal and private accommodation. There were adequate numbers of toilets, bathrooms, and showering facilities and there were sufficient spaces for storage of personal belongings of residents. An accessible school area adjacent to the centre provided for suitable outdoor play and recreational facilities including a basketball hall.

A review of medication management arrangements found that no medication was administered to residents availing of its services. Despite this, the inspector found that appropriate arrangements and systems were in place should medications be administered in to residents in the future. There were appropriate storage facilities, staff were trained in the safe administration of medication, and there was an organisational policy (dated September 2016) in place also.

The inspector found that while there were assessments of need completed for residents, these were not completed on at least an annual basis and were not comprehensive in nature. It was unclear in the absence of a summary of findings what the identified needs of residents were following the completion of the assessment. In addition, the person(s) completing the assessment were not clearly named on the document. Despite this, the inspector found that the assessments were of a good standard and included areas such as health, general support needs, behaviour supports, rights and safety. Personal plans in place for residents were also found to be of good quality, however, it was found that these plans were not sufficiently guided by the assessments of need. While the plans were found to have been reviewed on a regular basis, the review process did not assess the effectiveness of the plans in supporting the resident with the identified need. Both the person in charge and staff team demonstrated detailed knowledge of the personal plans in place for residents and the inspector found that plans were very considered in their nature. In one case, the inspector found that a plan in place to support a resident with developing and maintaining friendships had resulted in significant positive outcome.

A review of child protection and safeguarding measures found that the person in charge and staff members spoken with were very knowledgeable of what constituted abuse and the appropriate actions to take in the event of witnessing, suspecting or receiving a report or allegation of abuse. There were policies in place for both child protection and the safeguarding of vulnerable adults and all members of the staff team had completed training in both areas. Appropriate follow up was

found to have taken place in the case of a recent incident which had been classified as a safeguarding and protection issue. Both the person in charge and members of the staff team outlined measures in place to support residents develop the knowledge, self-awareness, understanding and skills required for self-care and protection. The inspector was assured that there were satisfactory systems and arrangements to protect residents from experiencing abuse.

The inspector completed a full walk through of the centre in the company of the person in charge and found that there was an absence of arrangements for the containment of fire throughout the premises. The central stairwell of the centre which formed an emergency exit route was found not to have been protected from fire through the absence of containment measures. While there were fire drills completed on a regular basis in the centre, the inspector found that a fire drill had not been completed with the lowest number of staff and the highest number of residents present in order to test the response to a simulated fire for any potential shortcomings in the emergency procedures. Service records reviewed demonstrated that the fire detection and alarm system and emergency lighting had been serviced and maintained on a regular basis. All staff were found to have completed fire safety training and emergency procedures for evacuation were on display in an easy read format. In addition, individualised personal emergency evacuation plans were in place for each resident and clearly outlined the supports required by residents to evacuate the centre in the event of a fire or emergency.

Regulation 13: General welfare and development

Residents were found to have been provided with access to facilities for recreation, for participation in activities in accordance with their interests, and were supported to develop and maintain personal relationships and links with the wider community.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre was found to have been designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Judgment: Compliant

Regulation 28: Fire precautions

There was an absence of fire containment measures throughout the premises of the centre. A recent fire drill had not been completed with the lowest number of staff

and the highest number of residents present in order to identify any potential shortcomings in the emergency procedures of the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were appropriate systems and arrangements in place for the management of medications in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Assessments of need were not completed on an annual basis and were not comprehensive in nature. There was a lack of clarity of what the identified needs of residents were upon completion of the assessments. It was unclear who the person(s) were that were completing the assessments. Personal plans were not sufficiently guided by the findings of assessment of needs. Reviews of plans did not include consideration of the effectiveness of the plans.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector was assured that there were satisfactory systems and arrangements in place to protect residents from experiencing abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Augustine's OSV-0001465

Inspection ID: MON-0022050

Date of inspection: 27/09/2018

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A full review of the SOP has been completed</p> <p>As per Schedule 1 the SOP has been updated to meet the regulatory standard including</p> <ul style="list-style-type: none"> • Facilities in the place for day care <p>Arrangements for supervision of therapeutic techniques</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A review will be conducted into the fire containment provision within the designated centre in line with Fire Code by a competent Fire Safety Engineer.</p> <p>Following this review, actions will be drawn up in order to address areas where improvements/changes have been identified.</p> <p>All doors in the centre shall be replaced with fire doors.</p> <p>Access to the attic space shall be to Fire Containment standards</p> <p>Works shall be completed to meet the regulatory standard</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge shall ensure that the personal care assessments and plans are the subject of a review, carried out annually or more frequently if there is a change in needs</p>	

or circumstances

All current PCPs are been reviewed. This review will focus on effectiveness of each individuals PCP. Further development of the person centred planning process will include mechanisms for ongoing communication, plan management, the monitoring and evaluation of care and supports services provided.

A comprehensive assessment of each individual's health, personal and social care needs shall be carried out. All support, intervention and plans will be guided based on the identified needs as assessed.

All PCPs will reflects the resident's assessed needs, and shall be developed with the full participation of the young person and his/her relatives, in accordance with the resident's wishes.

PCP development will be multidisciplinary and may include input from the MDT Social Worker, Psychologist and the school where the young person attends.

The PCP process will also take into consideration any changes in circumstances and new developments, as they occur.

Beginning of term PCP meetings, lead by the young person and supported by his/her keyworker shall be scheduled within 4 weeks of the beginning of term.

The young person can invite additional people to the meeting, e.g. family and support staff

This meet will provide the young person and his/her keyworker an opportunity to discuss his/her developing PCP. Part of this process, all present are invited to give feedback, make recommendation or suggest any revisions to assessment and development of the person centred planning process mentioned above.

Changes and recommendation guided by assessment, recommendations or changes in circumstances shall be SMART Goal based with clear defined expectations, timeframe and outcomes recorded

A Framework by HSE National Strategy and Planning on the Person Centred Planning is due to be signed off in the coming weeks.(Oct/Nov 18)

When this publication is available we shall be conducting a full review of the assessment and planning process in the framework and adapt it locally in our Children's Residential and Respite Services

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 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	30/10/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	26/10/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	12/10/2018
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/10/2018

Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/10/2018
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/10/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/05/2019