



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

Issued by the Chief Inspector

Name of designated centre:	Angels Quest
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 June 2023
Centre ID:	OSV-0003576
Fieldwork ID:	MON-0037060

About the designated centre

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

The designated centre is located on a disability services campus in South County Dublin and provides weekend respite service and after-school supports. The centre is comprised of a purpose built one-storey building and contains eight individualised bedrooms, a large dining room, a large sitting room which also acts as a playroom, a kitchen area, a utility space, two staff offices, a number of toilets and shower/bathrooms, and storerooms. Exterior spaces included a storage facility, a large garden space, and a playground area. There is a staff team of nurses, social care workers and care assistants employed in the centre who are supported in their roles 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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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
Wednesday 21 June 2023	11:00hrs to 19:30hrs	Karen Leen	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations. The inspector had the opportunity to meet with children during their respite stay and observe interactions in the centre during the course of the inspection. The inspector used these observations, in addition to a review of documentation, and conversations with support staff to form judgements on the childrens' quality of life and experience of respite. Overall the inspection found high levels of compliance with the regulations and that children were in receipt of a good quality and safe service. However, improvements were required in relation to the maintenance of the premises and fire precautions.

The designated centre provides a respite service for two to five residents (children and young adults) at any one time. The service is provided Wednesday afternoons and across the weekend until Monday mornings. Admissions are based on individual assessed needs including matching the needs and interests of a particular group of children/young adults. The centre is located in a campus setting in South Dublin. The premises is a large bungalow and consists of six bedroom, one additional bedroom as part of local IPC contingency plans, a kitchen and dinning area, a large play room, two bathrooms (with bathing and shower facilitates) a large enclosed garden and a sensory room. There was a household staff present who was observed to be carrying out a number of duties throughout the inspection. The inspector found the centre to be child friendly, the centre was decorated with painted murals and there was toy stations along the corridors. However, additional work was required in the sensory room which had minimal sensory activities for children to avail of. The person in charge and staff team had completed a proposal and were awaiting approval and time frame for reconfiguring the sensory room to meet residents needs. The campus has facilities for the children to use such as a wheelchair-accessible playground and outdoor trampoline area. The service had access to a vehicle in additional to having transport links to local amenities.

On the day of the inspection, there were three residents availing of respite service. The inspector got the opportunity to meet with all residents and one family during the course of the inspection. On arrival to the centre the inspector was met by the person in charge who was facilitating a staff meeting, all residents' were availing of school service prior to their respite stay. The inspector met with the staff during the course of the staff meetings. Staff spoke to the inspector about the criteria for admission within the centre and how compatibility assessments were completed prior to respite stays so that each child would benefit from a respite stay with individuals that enjoyed similar interests. Staff spoken to were familiar with residents assessed needs and there was a strong focus on residents having a meaningful experience while in respite. Staff felt supported in their role and were aware of how to make a complaint if they needed to. Staff had completed human rights training and were actively finding ways to introduce this training into residents experiences in respite. For example, one staff spoke to the inspector about a young

adult who has recently transitioned from children services to adult services. The staff member assisted the resident to advocate for their future service , through communication both in person and written correspondence, a discovery process of past interests and future interests and how this would guide a pathway to their future. Staff also advocated strongly for young adults to avail of summer plans prior to commencing this service. Staff team spoken to had a strong emphasis on leaving behind "what could go wrong" and capturing "what can go right" and doing this in a safe manner with residents voice and rights at the forefront.

The inspector had the opportunity to meet with three residents on return from school. One resident was observed eating their dinner with staff present, the inspector noted that staff ensured they were seated with the child at eye level and offered assistance when required. Staff were also noted to use child-friendly language and Lámh to further enhance communication. The inspector met with one resident who was enjoying watching nursery rhymes with a staff member. The staff member was incorporating singing along to the nursery rhyme and the use of Lámh with the child throughout the interaction. The inspector observed another resident going for a walk with staff to the playground on campus, again the inspector could hear staff singing and children responding through laughter.

The inspector had the opportunity to meet with one family on arrival for their loved ones respite stay. The inspector had the opportunity to speak with the family about the care provided for their loved one. The family member informed the inspector that the centre has created a wonderful environment for the children and that from the moment they enter the centre they have "an immediate feeling of safety". The family informed the inspector that they "cannot say enough good things about the staff", the family discussed that the staff are extremely knowledgeable about their loved ones and their needs but what is also important to them as a family is that the staff always ensure the stay is fun and enjoyable.

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

Capacity and capability

The registered provider and the person in charge had implemented strong governance and management systems to support the delivery of an effective service. The centre was found to be well resourced and care and support was being delivered in a person-centred manner. There was a clearly defined management structure in place. There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for an additional service, the inspector found that governance arrangements facilitated the person in charge to have adequate time and resources in order to fulfill their professional

responsibilities. The inspector found evidence of monthly meetings between the person in charge and the PPIM, at these meetings the governance systems in the centre and concerns as they arise in the centre were discussed and actions placed.

There were effective management arrangements in place that ensured the safety and quality of the service was consistently monitored. The provider had systems in place to review the quality of services such as unannounced visits to the centre and an annual review of the quality and safety of care. The person in charge had implemented a number of additional auditing system, which were discussed at monthly staff meetings and formed part of the centres Quality Enhancement Plan. The annual review included views and comments of residents, families and staff members and identified areas that were done well and further areas for improvement

The staffing arrangements in the centre, including staffing levels, skill mix and qualifications, were effective in meeting residents' assessed needs. There was a planned and actual roster available and maintained in the centre. At the time of the inspection there was one whole time equivalent staff vacancy in the centre, however the inspector found that this vacancy was covered by regular relief and agency to ensure continuity of care. The person in charge held regular supervision with agency staff members. Staff had access to regular and quality supervision. A review of supervision records found that the content of supervision was thorough and sufficient to meet the needs of staff. There was a high level of mandatory and refresher training maintained for staff in the designated centre. The inspector found that all staff in the designated centre had completed training in Human Rights and that this training was having a positive impact in the supports provided for residents during their respite stay.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as fire safety, safeguarding and first aid. Refresher training was available as required and staff had received training in additional areas specific to residents' assessed needs. A review of the staff training matrix identified that staff had access to mandatory and refresher training.

There was a directory of residents available that contained the information required in Schedule 3 of the regulations, which was kept up-to-date. The provider had prepared a statement of purpose that was updated on a regular basis and was an accurate reflection of the service provided in the designated centre.

Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and with professional experience of working and managing services for people with disabilities. They were found to be aware of their legal remit with regard to the regulations, and were responsive to the inspection process. The person in charge was responsible for the management of one other service, in addition to the

designated centre, and the inspector found that they had sufficient time and resources to ensure effective operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The centre had sufficient numbers of suitably qualified and experienced staff members to meet the assessed needs of residents. There was a planned and actual roster, and arrangements in place to cover staff leave whilst ensuring continuity of care. At the time of the inspection the centre had one whole time equivalent staff vacancy, however the inspector found that this vacancy was covered by regular relief and agency. The person in charge held regular supervision with agency staff members, and agency staff completed mandatory training including specific fire training for the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured staff had access to training and development opportunities in order to carry out their roles effectively. There were established supervision arrangements in place for staff.

The inspector found that the staff team had completed training in human rights and they used this training to further enhance the residents quality of life both within the centre and ensuring greater opportunities in areas that mattered most to each individual resident.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents available that contained the information required in Schedule 3 of the regulations, which was kept up-to-date

Judgment: Compliant

Regulation 23: Governance and management

Arrangements for the governance and management of the centre were robust and effective, staff spoken to were aware of their roles and responsibilities and of how to escalate any risks or concerns. The provider and person in charge had supervision and performance management process in place. The person in charge had implemented a number of auditing systems to ensure the service was monitored and that quality and safe care was provided to residents. There had been unannounced visits to the centre completed on behalf of the provider on a six month basis, these audits were used to form the centres quality enhancement plan and were regularly updated and discussed at staff meetings. An annual review on the quality and safety of care for the centre was completed. The annual review included views and comments of residents, families and staff members and identified areas that were done well and further areas for improvement. The feedback received for the annual review were overall positive.

The provider and person in charge had additional audit and oversight systems in place to ensure the designated centre was effectively monitored to ensure it was providing good quality of care and support.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was in place for the designated centre. The statement of purpose was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently reviewed and updated, and was located in an accessible place in the designated centre for residents and their families.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who availed of respite in the designated centre. Overall, the inspector found that the governance and management systems in place ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. However, improvements were required in relation to the maintenance of the premises and fire precautions.

The inspector found a number of areas for improvement were required in relation to the external upkeep and external accessibility of the premises, these findings are detailed under Regulation 17. The provider and local management team were found to be self-identifying areas for improvement and were taking the necessary steps to bring about the required improvements. However, due to the reliance on external contract companies for the completion of works on the premises clear time lines could not be provided for the completion of identified works.

While the provider had fire precaution measures in place to protect residents and staff from risk of fire, at the time of the inspection there was outstanding works required on door closing devices for two fire doors in the centre and required work for the removal of overgrown shrubbery which was found to be impeding an exit point. The inspector completed a fire walk through of the centre with a member of staff and identified a further issue in relation to the seal of one fire door, this was promptly fixed by the maintenance department throughout the course of the day with a clear schedule in place for the remaining two fire doors. The inspector found that staff were knowledgeable and understood their role and responsibility in relation to fire safety within the designated centre.

Each of the 26 children and young adults currently accessing respite breaks in the centre had an assessment of need and personal plan developed. The inspector viewed a sample of the assessments of need and personal plans and they were found to be person centred and clearly guiding staff to support with their care and support needs, with an emphasis on creating independence for each child in line with their wishes and preferences. There was evidence that they were being regularly reviewed to ensure they were effective and reflective of childrens' current needs. There was evidence of annual reviews with childrens' representatives and relevant members of the multidisciplinary team.

The provider had ensured that residents' communication support needs had been comprehensively assessed by an appropriate healthcare professional in conjunction with each residents school. Residents were assisted and supported to communicate through clear guidance and support plans. Residents had access to social stories, first, then boards and accessible information in relation to the centre, for example staff planner in photo format. Staff had received additional training in relation to specific communication techniques used by residents, such as Lámh (a manual signing system). Residents had access to assistive devices and equipment in order to promote their full capabilities with regard to communication.

Residents in the centre were protected by appropriate risk management policies, procedures and practices. There were systems in place for keeping children safe while responding to emergencies. There was a risk register and individual risk assessments in line with the residents' needs. There was evidence of regular review and update of risk assessments in line with their changing needs and learning following incidents. There was evidence that the risk register and associated risk assessments were discussed at staff meetings and that staff were aware of control measures in place.

There were arrangements in place to prevent or minimise the occurrence of a

healthcare-associated infection. Risks associated with infection prevention and control (IPC) had been identified and assessed. It was found that governance and management arrangements were ensuring infection prevention and control measures were consistently and effectively monitored in the centre. There were auditing systems in place to ensure that care and support practices were consistent with the National Standards. The centre had household staff present and was found to be clean and tidy throughout.

Regulation 10: Communication

Residents had documented communication needs which had been assessed by relevant professionals. Staff spoken to on the day of the inspection had in-depth knowledge of each residents communication needs and could describe the supports that residents required. The inspector observed staff throughout the course of the inspection interacting with residents using various alternative communication technology such as visual displays, assistive technology and Lámh. There was an environment of fun created in the centre with the inspector hearing residents and staff singing together and enjoying a number of activities in a relaxed environment.

Judgment: Compliant

Regulation 17: Premises

There were a number of outstanding maintenance issues within the centre which were in need of completion including sinks in residents bedrooms to be removed, gutters were found to be overgrown with moss, outside of windows were in need of power washing, the outside ramp was overgrown with shrubbery and the sensory room required improvements. The person in charge had escalated the required works and the list of outstanding works was identified and actioned in the Quality Enhancement Plan (QEP) and was on the agenda at house meetings. However, for a number of the outstanding premises issues there was no time frame in place as to when the works in the centre would commence

Judgment: Not compliant

Regulation 26: Risk management procedures

There was an up-to-date risk management policy available to staff. The centre's risk register was reviewed and found to be an accurate reflection of the known risks in

the designated centre. The risk register was found to be a live document within the centre to guide the practice of support staff. Individual assessments were available for each risk and had been reviewed regularly.

There was evidence of arrangements in place for the identification, recording and learning from adverse events involving residents, which were communicated to staff through the staff meeting forum.

Judgment: Compliant

Regulation 27: Protection against infection

There were measures in place to control the risk of infection in the centre, the person in charge and staff team were adhering to current national guidance and practices implemented were reflective of guidance. The centre was maintained in a clean and hygienic condition throughout. Hand washing and sanitising facilities were available for use, infection control information and protocols were available to guide staff, and staff had received relevant training. IPC audits were completed by staff each month promoting a shared learning approach to IPC.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had suitable fire detection systems in place. Emergency lighting and fire fighting equipment was present and all equipment was maintained and certified by external companies on a regular basis. The inspector completed a full walk through with a member of the staff team and found that staff were knowledgeable and understood their role and responsibility in relation to fire safety within the designated centre. The person in charge had created a local induction for all staff including agency and relief in fire safety and agency and relief staff took part in local fire safety training. However, there was outstanding work required on two of the fire doors in the centre, the provider had a time frame for the completion of the work for later that week. The inspector found an escape route from the centre to be impeded by overgrown shrubbery and was causing an obstruction to staff and residents. This had been reported by the person in charge to the relevant external maintenance department but no time frame had been given for the completion of the works.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place for the receipt of medication on a child's arrival to respite, with a reconciliation of medication completed upon departure. Staff spoken with were knowledgeable regarding the procedures for the administration of medication. Medicine audits were completed on a monthly basis, along with a review of any medication errors each month. Medication management was discussed at staff meetings.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each child had an annual assessment of need carried out and these assessments informed health action plans. There was a key worker system in place and key workers had the responsibility of auditing and updating plans on an annual basis. A pre-admission checklist was carried out with families prior to each admission to get an update on the child's health and well being. There was evidence of children engaging in activities which they enjoyed while they were in respite. There was evidence that a transition plan to service was completed for new admissions and for residents transitioning to adult services.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Angels Quest OSV-0003576

Inspection ID: MON-0037060

Date of inspection: 21/06/2023

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 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: All the sinks located in resident’s bedrooms will be removed, repair works, and new counters top to be installed. Time Frame: 30.08.2023</p> <ul style="list-style-type: none"> • All external windows were cleaned on the 22.06.2023. • The gutters that are overgrown with moss and outside areas will be power washed. Time Frame: 30.08.2023 • General outdoor upkeep: Weeding and power washing of outdoor areas. Time Frame: 30.08.2023 • Removal of a tree stump from the garden. Time Frame: 30.08.2023 • Sensory Room improvements: new sensory equipment to be purchased and installed in the sensory room. Time Frame: 30.09.2023 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Door closing devices for two fire doors in the centre and required work, this repair work was completed on the 22.06.2023. • Removal of overgrown shrubbery impeding an exit point was trimmed back and the exit is now accessible, this work was completed on the 05.07.2023. 	

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Yellow	30/08/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/08/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	05/07/2023
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	05/07/2023

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/06/2023
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.	Substantially Compliant	Yellow	05/07/2023