



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

Issued by the Chief Inspector

Name of designated centre:	Kilpedder D.C
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	09 September 2021
Centre ID:	OSV-0002883
Fieldwork ID:	MON-0026679

About the designated centre

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

This is a centre providing residential care and support to six adults with disabilities. It is based in a rural setting in Co. Wicklow with transport provided so residents can access local nearby towns/villages and frequent amenities such as parks, shops, restaurants, cafes and beaches. The centre comprises of a large detached two storey house. Each resident has their own private bedroom decorated to their individual style and choice. Communal facilities include a large kitchen/dining room, a large sitting room, a small activities/relaxation area and there are a number of spacious well-equipped bathrooms on each floor. The centre also provides a separate utility room and large private garden area for residents to avail of when they so wish. The staff team consists of a person in charge, a supervisor and a team of qualified social care workers and staff nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 9 September 2021	10:00 am to 4:40 pm	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The purpose of this inspection was to inform a registration renewal recommendation for this designated centre.

The inspector ensured physical distancing measures were implemented during interactions with residents and staff and in the centre during the course of the inspection. The inspector also respected resident's choice to engage with them or not during the course of the inspection at all times.

The inspector greeted all residents that lived in the centre and were present during the course of the inspection. Residents were sitting in the kitchen and living room area of the centre, having completed their morning routine. Residents were being supported by staff to have their breakfast or freshen up after their meal. Some residents remained in bed and were watching TV and relaxing.

Most of the residents the inspector met and greeted during the inspection were unable to verbally communicate their feedback about the service. The inspector therefore, carried out observations of the premises and the residents' daily routines. Overall, it was observed and noted that residents received a good standard of care and support from staff in the centre. However, their access to community based activities continued to be limited as was found on the previous inspection of the centre.

Residents living in this designated centre required considerable supports in relation to their manual handling and healthcare needs. The provider had ensured the centre was supplied with a comprehensive scope of manual handling aids and devices to support residents' mobility and manual handling requirements. Bathrooms were supplied and fitted with various assistive aids and overhead tracking hoists were also available. Residents were also provided with aids and appliances that supported their personal hygiene and intimate care needs.

Each resident bedroom was decorated to a high standard and individualised. The inspector observed each bedroom was decorated differently with due care and consideration to the aesthetic of the room. Staff had taken the time to help some residents choose a pattern to make custom made wallpaper which became a feature wall in a number of residents' bedrooms. 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 also observed other pleasant areas of the premises outside. A large poly tunnel was located to the rear of the property. This contained raised bed containers and was large enough to ensure residents could access and move freely in it while using their mobility aids. Staff told the inspector that residents enjoyed using this space and a number of them were keen gardeners.

During the course of the inspection, the inspector also observed some works underway in the garden area to the side of the property. The inspector was informed that the work underway was the installation of a wood cabin which would become a sensory room for residents to use. This space would provide residents with an additional communal option space for recreation and would suit their sensory needs.

It was observed and acknowledged, that staff were actively trying to find ways to make residents' lives and their home as pleasant and stimulating as possible.

The inspector spoke with the clinical nurse manager (CNM1) for the centre with regards to community based activities for residents. They acknowledged that the current staffing resources were not adequate to meet residents' social care needs and improvements were required. Staff had ensured that residents had the most pleasant home environment possible as their activities mostly took place in their home. There were some improvements that had occurred however. Additional staff had been sanctioned for the centre and were due to commence working there shortly. These plans were in their final stages at the time of inspection.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by their limited access to community based activities. Some premises improvements were required relating to one bathroom and training in first aid for staff on foot of the changing needs of some residents.

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

Overall, the centre was well managed and there were appropriate oversight mechanisms in place.

There was a statement of purpose in place that clearly described the model of care and support delivered to residents in the centre. It contained all the information set out in Schedule 1 of the regulations. Some revisions to the statement of purpose were required in relation to the floor plan descriptions. These revisions were addressed by the provider shortly after the inspection.

There was a suitably qualified and experienced person in charge that met the requirements of Regulation 14 in relation to management experience and qualifications. They were responsible for three designated centres. The provider had put in place governance arrangements to support their regulatory management remit and a clinical nurse manager (CNM1) formed part of the management team

for the centre and facilitated this inspection.

There were clearly defined management structures which identified the lines of authority and accountability within the centre. Staff reported directly to the CNM1 who was based within the centre and they in turn reported to the person in charge.

There were arrangements in place to monitor the quality of care and support in the centre. The person in charge and CNM1 carried out various review audits in the centre on key areas related to the quality and safety of care provided to residents.

The provider had ensured that an unannounced visit to the centre was completed as per the Regulations. Where areas for improvement were identified within these audits, plans were put in place to drive improvement. This process was monitored using a quality enhancement plan. Additionally, the provider had also ensured an annual review of quality and care was completed for the previous year.

The provider had self-identified that a lack of staffing resources was adversely impacting residents access to appropriate community inclusion. Since the previous inspection, additional staffing resources posts had been sanctioned and interviews had taken place. Plans to increase staffing resources were in their final stages and some of the recruited staff would begin working in the centre in due course.

Staffing arrangements at the centre broadly reflected what was outlined in the statement of purpose. However, as stated already, these staffing arrangements were insufficient to meet the the social and recreational needs of residents. From a review of the roster, it was evident that there was an appropriate skill-mix of staff employed at the centre. The person in charge had ensured that there was both a planned and actual roster maintained.

There was a schedule of staff training in place that covered key areas such as safeguarding vulnerable adults, fire safety, infection control and manual handling. The person in charge maintained a register of what training was completed and what was due. However, some improvement was required to ensure staff were suitably trained to meet the changing needs of some residents.

Not all staff had received training in first aid and it was not demonstrated that staff with first aid knowledge had received refresher training. This improvement was required to meet the changing needs of some residents following an incident earlier in the year where some residents had required a first aid response from staff following a healthcare incident.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration.

The inspector reviewed aspects of the floor plan pertaining to the application to renew registration, the provider re-submitted a revised floor plan shortly after the

inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the centre that met the matters of Regulation 14.

They were responsible for three designated centres.

The provider had put supervision and governance arrangements in place to support the person in charge in their regulatory management role by appointing a supervisor to operationally day-to-day manage the designated centre.

A clinical nurse manager 1 worked in this centre in the role of supervisor and reported to the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements at the centre broadly reflected what was outlined in the statement of purpose.

The person in charge had ensured that there was both a planned and actual roster maintained. From a review of the roster, it was evident that there was an appropriate skill-mix of staff employed at the centre.

However, these staffing arrangements were insufficient to meet the the social and recreational needs of residents.

It was acknowledged however, that additional staffing posts had been sanctioned, interviews had taken place with resource planning for the centre in it's final stages at the time of inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was a schedule of staff training in place that covered key areas such as

safeguarding vulnerable adults, fire safety, infection control and manual handling.

The person in charge maintained a register of what training was completed and what was due. However, some improvement was required to ensure staff were suitably trained to meet the changing needs of some residents.

Not all staff had received training in first aid and it was not demonstrated that staff with first aid knowledge had received refresher training.

This improvement was required to meet the changing needs of some residents following an incident earlier in the year where some residents had required a first aid response from staff following a healthcare incident.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had ensured a 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.

These were noted to be of a good quality and comprehensive in scope with provision of an action plan for the person in charge to address.

The provider had completed an annual report for the centre for 2020.

The provider had ensured appropriate operational management oversight arrangements were in place in the absence of the person in charge by appointing a Clinical Nurse Manager 1 to manage the service in their absence with additional oversight by a senior services manager.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had ensure the statement of purpose for the centre met the matters of Schedule 1 of the regulations.

Some small revisions in relation to the rooms in the centre and the whole-time-equivalent number for the person in charge were required.

These were addressed shortly after the inspection.

Judgment: Compliant

Quality and safety

Residents living in the centre were in receipt of a good quality service. A good level of compliance was found on this inspection. Some improvement was required in relation to the premises to ensure repair works were completed in a timely manner. A continued not compliant finding in relation to general welfare and development was found on this inspection. Residents continued to have poor access to community based activities to ensure their social support needs and goals were actualised and provided for.

Overall, it was demonstrated fire containment measures were of a good standard in the designated centre. Fire doors were located throughout with door closers fitted. 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 evaluated different evacuation scenarios. Staff had received up-to-date fire safety training with refresher training also provided. In addition, the provider had moved some fencing to the rear of the property which improved the evacuation procedures for residents requiring bed evacuation from the centre. By moving the fencing back this ensured more space to accommodate a resident's bed during the course of an evacuation. Fire exit doors were fitted with thumb turn mechanisms for ease of evacuation purposes.

There was evidence of the provider's implementation of both National and local safeguarding vulnerable adults policies and procedures. Staff had received up-to-date training and refresher training in safeguarding vulnerable adults. Where required, safeguarding planning was in place. Overall, it was noted there were a low number of peer-to-peer incidents that occurred in the centre. Residents mostly got on well with each other and staff supported residents to avail of chill out spaces and activities to support their behaviour and safeguarding support needs in this regard.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre. Personal protective equipment was in good supply and hand washing facilities were available in the centre with a good supply of hand soap and alcohol hand gels available also. Each staff member and resident had their temperature checked daily as a further precaution. Residents spoken with indicated their knowledge of the use of wearing

face masks when going out shopping and the importance of good hand hygiene.

Overall, the premises was maintained to a good standard throughout. Residents' bedrooms were nicely decorated and a good standard of cleanliness was observed throughout the centre. The external premises was also well maintained and provided residents with options for sitting or engaging in gardening. As discussed, during the course of the inspection, the inspector observed some ground works underway whereby a wooden cabin would be installed in the garden area to provide a sensory space for residents to use. Thus increasing the activity and communal space options for residents living in the centre.

Bathrooms and showering facilities were well equipped with assistance equipment and aids. The inspector however, noted one shower was not working and had been out of service for a period of months. This required improvement to ensure residents had access to facilities within the centre and where repair works were required, they were carried out in a timely manner.

As discussed, while the provider and staff had ensured residents were provided with options for activity and hobbies in their home, there continued to be inadequate support arrangements in place for residents to avail of opportunities and activities in their community. This was a non compliance found on the previous inspection which had not been fully addressed by this inspection. However, the provider had made some further progression in relation to ensuring additional staffing resources were made available in the centre to support residents' social care needs.

The inspector reviewed a sample of residents' personal plans. These were found to be comprehensive and provided an assessment of need which was updated at least annually, with an associated support plan in place for each need identified. Personal goal planning was also in place and reviewed regularly by key working staff and residents. Residents' personal plans were also updated to reflected their changing needs. For example, some residents' healthcare needs had changed in recent months following a healthcare incident that had occurred. There was evidence to demonstrated comprehensive reviews of residents' changing needs, through an allied professional framework with guidance for staff to implement to support their changing needs.

Overall, there was effective management of risk in the centre with evidence of staff implementing the provider's risk management policies and procedures. A risk register was maintained and updated as required. The register provided a good overview of all managed risks in the centre. Some risks had been identified as high risk. Where these were identified they were subject to ongoing close review and monitoring. The inspector also acknowledged the person in charge and staff's person centred management of some personal risks for residents, demonstrating a practical and person centred approach to managing risks for residents.

Regulation 13: General welfare and development

While the provider had made progress towards improving staffing resources in the centre to meet residents' social needs, at the time of inspection, these staffing resources were not yet in place. Residents continued to experience inadequate opportunities to access and participate in community based activities to support their general welfare and development.

Judgment: Not compliant

Regulation 17: Premises

Overall, the premises was well-maintained with accessibility arrangements in place for residents as required in relation to ramps, assistance aids and mobility equipment.

Residents' bedrooms were decorated to a high and unique standard and residents were observed using their bedrooms for rest and relaxation purposes during the course of the inspection.

The provider and staff had also ensured the exterior premises was a functioning and accessible space for residents to use and engage in activities if they wished.

Improvement was required however, to ensure repair works to a shower in the centre were addressed in a timely manner. A shower had been out of service since March 2021.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Overall, there was effective management of risk in the centre with evidence of staff implementing the provider's risk management policies and procedures.

A risk register was maintained and updated as required. The register provided a good overview of all managed risks in the centre.

Some risks had been identified as high risk. Where these were identified they were subject to ongoing close review and monitoring.

The inspector also acknowledged the person in charge and staff's person centred management of some personal risks for residents, demonstrating a practical and person centred approach to managing risks for residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider and person in charge had created contingency and isolation plans for the centre.

The person in charge had completed a COVID-19 outbreak preparedness assessment to ensure a continual assessment of the plans in place.

The provider had assessed regulation 27: Protection against infection, on each of their six-monthly unannounced visits to the centre.

There was evidence of public health infection control guidelines implemented in the centre.

Adequate supplies of PPE were made available to staff and residents spoken with were knowledgeable on infection control public health guidelines and were supported to implement good infection prevention practices.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector observed the presence of fire doors with smoke seals and door closing devices in each residential house visited on this inspection.

Fire safety servicing checks were up-to-date.

Fire evacuation practice drills were completed in each house and evaluated different evacuation scenarios each time.

All staff had received up-to-date fire safety training with refresher training provided for.

The provider had made arrangements to ensure adequate space was available to the exterior of the premises for the purposes of bed evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place with an up-to-date comprehensive

assessment of need completed.

From the sample of personal plans reviewed on inspection, they were found to be detailed, up-to-date, revised regularly and incorporated an allied professional framework and recommendations.

Judgment: Compliant

Regulation 8: Protection

There was evidence of the person in charge and staffs understanding of National safeguarding vulnerable adults policies and procedures.

Safeguarding procedures were followed and implemented following any potential or actual safeguarding incidents.

Staff had received up-to-date training in safeguarding vulnerable adults.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilpedder D.C OSV-0002883

Inspection ID: MON-0026679

Date of inspection: 09/09/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The additional posts needed for the house have been sanctioned by the HSE. Interviews are currently in progress and the final stage of resourcing the center will be completed by 31/3/2022	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: First Aid training has now been added to the list of mandatory training for the DC. All staff will have completed this training by 31/3/2022	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The additional posts needed for the house have been sanctioned by the HSE. Interviews are currently in progress and the final stage of resourcing the center will be completed by 31/3/2022	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The shower in the DC has been repaired (15TH Sept) and going forward all maintenance works will be completed in a timely manner.</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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Not Compliant	Orange	31/03/2022
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	31/03/2022
Regulation 15(1)	The registered provider shall ensure that the	Substantially Compliant	Yellow	31/03/2022

	number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.			
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	15/09/2021