



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

Issued by the Chief Inspector

Name of designated centre:	Sallynoggin D.C.
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	26 May 2021
Centre ID:	OSV-0002890
Fieldwork ID:	MON-0026172

About the designated centre

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

Sallynoggin is a designated centre operated by St John of God Community Services Company Limited by Guarantee. This designated centre is comprised of three individual houses located within short walking distance from each other in a suburban South County Dublin area. One house is a detached two storey building that provides full-time residential services for up to four residents. The remaining two houses are located beside each other with one providing full-time residential services for up to five residents and the other house able to accommodate up to four residents. There is a person in charge appointed to manage the centre. They are also the person in charge of another designated centre located nearby. They are supported in their role by a full-time supervisor and report to a senior manager. The staff team comprises of nurses and social care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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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 - 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
Wednesday 26 May 2021	10:00hrs to 16:20hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The inspector met and greeted all residents in the designated centre on the day of inspection. Conversations between the inspector, residents and staff took place from a two-metre distance as much as possible, wearing the appropriate personal protective equipment (PPE) and was time-limited in line with National guidance.

Sallynoggin designated centre comprises of three residential houses located in close proximity to each other in a South Dublin suburb. During the course of the inspection, the inspector took the time to visit each of the three houses that made up the centre and to spend some time speaking with residents in each of the houses. The inspector also took the opportunity to inspect the premises and facilities in each house and to review fire safety measures.

Some residents, the inspector met with, were unable to provide verbal feedback on the service they received. Other residents the inspector met with could provide some feedback and others showed the inspector their bedroom and other areas of their home.

A resident in one house told the inspector that they really liked their bedroom. They were observed relaxing in a comfortable armchair situated at the window which they liked to look out of and watch passers by. They explained their knees could be sore sometimes so the location of their ground floor bedroom suited them well as they no longer had to use the stairs and the bathroom was also nearby for them. They had been for a walk near the beach in a town in North Wicklow, earlier that day with a staff and said they had enjoyed this.

In another house, the inspector was greeted by a resident who was returning from a walk. They enjoyed walking independently to the local amenities and opened the door to their home and allowed the inspector and the person in charge to enter. They spoke with the inspector before showing them around their home.

They showed the inspector their bedroom and told the inspector that they liked their room and the rest of the house. They also described the importance of hand washing and wearing a face covering when going to shops and in public areas and were looking forward to the restrictions lessening. They had recently attended a hairdresser and had enjoyed the experience.

In the last home the inspector visited, they observed some local gardening volunteers working outside the house planting shrubs and flowers in plant pots to the front of the house and arranging garden furniture. The efforts by the volunteers were making a very pleasant space for residents to use and spend time outdoors.

The inspector greeted and spoke to all residents living in this the house. One resident took the opportunity to show the inspector around the house and show them their bedroom which they had decorated in line with their interests and taste.

The inspector discussed music with the resident as they had a number of posters of their favourite bands and pop stars on display in their bedroom.

The resident mentioned their interest in yoga, music and writing poems. During the course of the inspection the resident took the opportunity to write a poem and showed it to the inspector. They told the inspector they liked their home but were looking forward to the lessening of restrictions so they could begin to plan for resuming their yoga classes, attending music festivals and gigs again.

A resident had recently transitioned from another designated centre, located nearby, to one of the houses that formed part of this designated centre. This was a positive move for the resident as they had shared a bedroom in their previous home. The transition had been successful for them and had ensured they remained in the local area that they were familiar with and near friends and neighbours. The inspector did not get the opportunity to talk to the resident during the course of the inspection as they were busy doing their laundry and getting ready for the day, however, they were observed to be very content and comfortable in their home.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard, albeit impacted upon by ongoing pandemic restrictions.

Overall, a good level of compliance was found on this inspection and a fire safety non-compliance had been addressed, demonstrating the provider's adherence to a restrictive condition on their registration related to Regulation 28: Fire Precautions.

It was observed that each house was a pleasant comfortable environment for residents to live. Some premises improvement works were required across the three houses to ensure they were maintained at the most optimum level for residents. For example, the inspector observed the presses and drawers of the kitchen in one residential house required replacement as they were either broken or the plastic coating on the kitchen press doors was peeling or lifting. Grouting around the tiles in an upstairs bathroom in one house was quite stained.

The garden spaces to the rear of two of the residential houses needed improvement to make them pleasant spaces for residents to use. For example, the inspector observed some areas of these gardens were overgrown with numerous plant pots with dead shrubs and flowers a number of of built sheds that were used to store excess PPE stock, for example, but had the potential to be be used for other purposes by residents which could enhance their opportunities for space to engage in personal hobbies or pursuits.

It was noted however, that the garden space for one of the houses was being upgraded to a very good standard by local gardening volunteers, as discussed previously.

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

The inspector found that the governance and management arrangements had ensured safe, quality care and support was received by residents, with effective monitoring systems in place to oversee the consistent delivery of quality care.

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 two designated centres, the inspector found that the governance arrangements facilitated the person in charge to have sufficient time and resources to ensure effective operational management and administration of the designated centre.

They were supported in their role by a team leader who formed part of the local management of the centre. In addition, both designated centres were located in close proximity to each other which supported the person in charge in the oversight arrangements and management of the designated centres.

The provider had carried out an annual review of the quality and safety of the service for 2020, and there were quality improvement plans in place, where necessary. There were also arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations. The inspector reviewed the previous year's six-monthly provider audits and noted they were comprehensive in scope and provided a quality improvement action plan for the person in charge to address.

The provider had also adhered to a restrictive condition on their registration which required the provider to come into compliance with Regulation 28: Fire Precautions by a specified date. A comprehensive suite of fire safety upgrade works had been undertaken by the provider to meet their regulatory requirements in this regard. The inspector noted an assessment by an appropriately qualified person had identified where fire improvement works had been required, there were documents to evidence that these works had been carried out and a follow up certificate of completion for the works was also available.

In addition, the person in charge and team leader carried out quality audit checks on an ongoing basis in the centre in relation to areas such as personal planning, medication management, residents' finances, infection control and environmental audits.

There were arrangements in place to ensure that staff had access to necessary training, including training in a number of areas deemed by the provider as mandatory training; for example, safeguarding and fire safety. The person in charge maintained oversight of staff training requirements. The inspector noted staff had received training in all areas identified as mandatory. Additional training in the area

of epilepsy management and diabetes management had also been provided to staff.

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge and within the time-frame as set out in the provider's supervision policy.

Regulation 14: Persons in charge

The person in charge appointed to manage the centre was found to meet the matters of Regulation 14 in relation to management experience and qualifications.

While the person in charge managed more than one designated centre, it was noted the provider had ensured adequate management support arrangements for the person in charge to carry out their role.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured staff received supervision meetings on a regular basis. Documented supervision meetings were maintained in the centre.

The person in charge had ensured staff were supported to attend training to maintain their skills and knowledge to support residents' assessed needs.

Mandatory training for staff was found to be up to date with refresher training made available to staff with dates identified for the coming year.

Training in areas related to epilepsy and diabetes management was required for staff working in this centre. It was noted this training had been made available to staff.

Judgment: Compliant

Regulation 23: Governance and management

The provider had undertaken to carry out a significant suite of fire safety works in this centre. This demonstrated the provider's adherence to a restrictive condition on the centre's registration which related to Regulation 28: Fire Precautions.

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

The provider had ensured six-monthly reviews of the service had been carried out. These reviews were comprehensive in scope, focused on compliance with the regulations and provided the person in charge an action plan for addressing findings from the review.

The person in charge also engaged in quality assurance audits within the centre in key areas such as medication management, personal planning, residents' finances, infection control and environmental audits.

The provider had ensured the person in charge was supported in their role through the appointment of a team leader for the centre who reported to the person in charge and formed part of the overall local management team.

Judgment: Compliant

Quality and safety

Overall, it was demonstrated the provider had the capacity and capability to provide a good quality, safe service to residents. Good levels of compliance were found on this inspection.

There was evidence to demonstrate the provider had adhered to a restrictive condition on the registration of this designated centre, related to Regulation 28: Fire Precautions. A documented fire safety assessment had been carried out of the service by an appropriately qualified professional and a schedule of works identified. These works had been carried out and the works reviewed by the qualified professional thereafter, to sign of their satisfaction with the works completed.

The inspector observed good fire containment measures in each of the three houses visited on inspection. For example, fire doors were located throughout each premises and had been fitted with automatic door closers or sound activated mechanisms. Servicing records for the fire alarm, fire extinguishers and emergency lighting were up to date.

Each resident had a personal evacuation plan and regular fire drills were carried out in each house with a documented fire drill recorded following each drill. A schedule of drills were planned for the remainder of the year which would include a drill to evaluate the effectiveness of night time evacuation procedures.

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre. The provider had ensured staff were trained in adult safeguarding policies and procedures. Where required, safeguarding plans were in place and had been created as part of the person in charge implementing National

safeguarding policies and procedures.

Overall, it was noted while some peer-to-peer incidents could occur, there was an exacerbation of such incidents due to the ongoing COVID-19 restrictions which were having an impact on the quality of activities and opportunities for residents to engage in personal pastimes and activities outside of the centre. In addition, since the previous inspection, there had been some transitions for residents which were successful and had brought about improved compatibility among residents living within the designated centre.

Intimate care planning arrangements were in place, the inspector reviewed and discussed some intimate care planning arrangements with the person in charge and noted there were plans to support some residents in achieving greater independence in this regard going forward which would be a positive initiative.

Each resident had an up-to-date personal plan in place. An assessment of need had been completed for each resident which also included an allied professional framework and recommendations which informed the development of support planning for residents. Daily recording notes were maintained and personal plans were updated following review by allied professionals.

The person in charge and team leader engaged in ongoing auditing of residents' personal plans which had ensured they were maintained in an up-to-date manner and were contemporary and provided good guidance for staff in relation to residents support needs. In addition, the inspector noted social goals had been developed for each resident which were updated and reviewed between the resident and their keyworker on a regular basis.

Residents were supported to achieve their best possible health. Healthcare support plans were in place and provided evidence of review and recommendations by allied health professionals involved in residents' care. Residents were also supported to avail of National health screening services based on their age and gender. Nursing care and support was provided to residents as required with clinical oversight of nursing care planning provided by the person in charge. Diabetes and epilepsy care planning was in place to support the needs of residents and staff had been provided with additional training in this regard. Some residents also required nutritional supports to ensure their dietary requirements were provided for. The inspector observed appropriate arrangements in place for residents with these specific needs.

Positive behaviour support arrangements were required to meet the assessed needs of some residents. Positive behaviour support plans in place were detailed, comprehensive, developed by an appropriately qualified person and up-to-date.

Overall, there were a low number of restrictive practices utilised in the centre. Where such practices were in use they consisted of the use of bedrails for some residents and some specific environmental restrictions to manage a specific personal risk. Corresponding risk assessments were also in place which documented the specific restrictive practice as a control measure.

The provider had ensured that systems were in place for the prevention and

management of risks associated with COVID-19. Staff were observed wearing PPE correctly during the course of the inspection. Centre specific and organisational COVID-19 risk assessments were in place. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation 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, with the most recent versions of public health guidance maintained in this folder.

Personal protective equipment (PPE) was in good supply and hand-washing facilities were available in each house. Alcohol hand gel was present at key locations in the centre for staff and residents to use. Each staff member and resident had their temperature checked daily as a further precaution. Appropriate access to general practitioners (GPs) and public health testing services was also available for the purposes of reviewing and testing residents and staff presenting with symptoms of COVID-19.

Individualised COVID-19 isolation support plans were also in place for each resident with associated risk assessments completed and control measures identified. Some residents the inspector spoke with discussed the importance of wearing a mask and using alcohol hand gel, demonstrating their understanding of COVID-19 National guidelines.

There were arrangements in place to manage risk, including an organisational policy and associated procedures. The inspector found, in general, risk was well managed. Identified risks were subject to a risk assessment, with control measures in place to support residents and minimise risks to their safety or well being. Risk control measures were found to be proportionate, and supported residents to safely take positive risks.

Overall, the inspector observed each house that made up the centre was homely, comfortable, nicely decorated and well maintained. However, some improvement was required to improve the standard of facilities for residents. The garden spaces to the back of two of the houses that made up the centre required some improvement and upkeep to ensure they were a pleasant, usable space for residents to enjoy. At the time of inspection the inspector noted there was some overgrowth in both garden areas and a number of plant pots with shrubs and flowers that needed replacing. Grouting around tiles in one upstairs bathroom was stained and kitchen units in one house required repair and/or replacing as some cupboard and drawer doors were damaged.

Regulation 17: Premises

The provider had ensured residents were provided with a comfortable home with appropriate facilities to meet their needs. However, some improvements were required to ensure the premises of each house was maintained to it's most optimum standard.

- Garden spaces to the rear of two houses required some improvement to ensure they were pleasant spaces for residents to use and enjoy.
- Grouting around the tiles of one upstairs bathroom were stained.
- In one house, the kitchen cupboard and drawers required repair/replacement as it was noted some were damaged.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There was evidence of the implementation of the provider's risk management policies and procedures in the centre to a good standard

There was a risk register in place, that evidenced a good understanding of the risks in the centre, with proportionate control measures in place.

Where risks were identified a corresponding risk assessment was in place which assessed the level of risk presenting and documented control measures in place to mitigate and manage the risk.

Judgment: Compliant

Regulation 27: Protection against infection

There were procedures in place to follow in the event of a COVID-19 outbreak in the centre, with contingency plans available.

There was adequate personal protective equipment (PPE) available and there were sufficient hand-washing and sanitising facilities present.

Staff were observed to wear PPE during the inspection and encourage and maintain social distancing procedures with residents and staff.

COVID-19 risk assessments had been drafted by the person in charge outlining the control measures for mitigating infection control risks in the centre.

Plans were in place to support residents to self-isolate should it be necessary in the event of a suspected or actual case of COVID-19 in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had adhered to a restrictive condition related to Regulation 28, on the registration of this designated centre.

They had carried out an assessment of fire safety precautions in the the centre and had made arrangements to address findings from the assessment.

Residents engaged in fire safety drills in the centre and had an associated personal evacuation plan in place.

Fire safety equipment had been serviced regularly and fire safety checks were carried out by staff and documented.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an up-to-date comprehensive assessment of need completed and updated as required.

Residents needs had been assessed through an allied professional framework. Support plans were in place where assessed needs were identified. There was also evidence of regular review of these needs by allied professionals on a regular basis.

Residents were supported to identify and achieve personal goals within the context of COVID-19.

The person in charge carried out audits of personal plans and made arrangements to address actions arising from these audits.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve their best possible health.

Healthcare plans were reviewed regularly and updated to reflect recommendations made by allied health professionals.

Residents were provided nursing care and supports as required. Nursing staff worked in the designated centre.

Residents were supported to attend medical appointments, reviews by allied health professionals and avail of health checks.

Each resident had their own GP and had received an annual health check.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents were had an assessed behaviour support need, positive behaviour support planning arrangements were in place.

Positive behaviour support plans were comprehensive, based on an assessment, developed by an appropriately skilled and qualified allied professional and reviewed regularly and updated.

Overall, there were a low number of restrictive practices in place in the centre. Where such practices were implemented they were to manage a specific personal risk.

Judgment: Compliant

Regulation 8: Protection

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

There was evidence of the person in charge implementing National safeguarding policies and procedures within the centre. Where required safeguarding plans were in place.

Where required, intimate care planning arrangements were in place to support residents in this regard. Such plans focused on supporting residents with their personal care while maintaining their privacy and dignity as much as possible.

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	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sallynoggin D.C. OSV-0002890

Inspection ID: MON-0026172

Date of inspection: 26/05/2021

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. Kilgarvan. Work is commencing 29/06/2021 to replace the damaged presses/cupboards in the kitchen. Broken drawers will also be replaced. The covers of the kitchen presses will be replaced with doors selected by the residents. 2. 98 Glenageary. The request to replace the grouting in the bathroom upstairs in 98 Glenageary has been submitted to the maintenance team. 3. 98 Glenageary garden will be improved. The plant pots will be repotted and/or replaced. The trees will be trimmed back. 4. 97 Glenageary is owned by the SJOG Housing Association and as the Landlord intends to engage with the Residents about the use of the outside space in these built sheds in 97 back garden. They will set up a Focus Group, facilitate by a S&LT to seek the resident’s opinion. A Survey monkey will also be circulated which the staff team will support residents to complete, in order to get their opinion as to what they would like in their communal space. 	

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.	Substantially Compliant	Yellow	30/09/2022
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	Substantially Compliant	Yellow	30/07/2021

	inconvenience to residents.			
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