Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	DC19
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	28 June 2024
Centre ID:	OSV-0005815
Fieldwork ID:	MON-0034770

About the designated centre

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

DC 19 is a ground floor apartment style building located on a campus setting in Co. Kildare with other residential centres operated by the registered provider. The apartment has capacity for two adults with an intellectual disability and mental health diagnosis. Residents avail of services within the campus such as access to a GP, laundry services and other healthcare professionals. Residents are supported by nursing staff 24/7 and are also supported by social care workers and care assistants. The designated centre has two kitchen areas combined dining areas and there is a separate living room. Residents are supported to access the local community, which is in walking distance and the designated centre also has two vehicles available for transport.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 28 June 2024	11:10hrs to 17:00hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The inspector observed work practices and interactions of residents with staff and met with one of two residents living in the centre, the person in charge, and the residential coordinator. The inspector also reviewed relevant documentation to form judgments on the quality and safety of the care and support provided to residents. Overall, the inspector found that the improved layout of the centre and the reduction in resident numbers better met the needs of the two residents living here, ensuring that residents were afforded opportunities to live the life of their choosing. Some improvements were required in the review of positive behavioural plans and the centre's statement of purpose, with these findings detailed later in the report.

The designated centre is located on the grounds of a large congregated setting with several other designated centres, day services, a school, and ancillary and office buildings. The centre was first registered in 2018 as part of a wider decongregation plan by the registered provider for its campus-based setting. Three residents moved into the centre from a larger designated centre that, at the time, could accommodate 20-plus residents. As part of the application to renew registration, the provider confirmed they were seeking to reduce the number of residents that the centre could accommodate from three to two residents.

This reduction in resident numbers allowed the provider to divide the ground-floor apartment-style dwelling into two living environments for two residents. Both residents had access to their own living quarters but also could spend time together in the larger sitting room. A third resident bedroom had been changed into a staff office located in the small hallway connecting both residents' bedrooms. Due to the small size of the centre and layout, the inspector found the decreased resident numbers made the building more functional.

One resident had moved into the centre a year previously from a larger centre on campus. The resident had expressed a wish to live in their home, and a previous move to a house in the community a few years ago had been unsuccessful, so a transition back to the campus was required. From speaking with the resident and staff, the resident was now very pleased to be just living with one other person and enjoyed relaxing in their own private living space. The resident's apartment had been slightly rearranged and adapted to meet their interests and needs. For instance, small lobby area that formally served as an office had been changed to an area where the resident could listen to their radio and have a view of people passing by.

The resident had the freedom to decorate their sitting room to their liking when they moved in. They chose to hang pictures of their favorite animal on the wall and display their guitars. The provider also revamped the internal walls with cladding to provide a more homely aesthetic, covering the plain brick walls. Beams were added

to the ceiling, and staff also made interior decorating touches to the centre using wood from an outside tree to create hangings.

The inspector spent some time with the resident sitting out in the back garden, and the resident told them it was their favourite place to sit. They were planning on having a garden birthday party the following month. They mentioned they were very happy living in the centre and preferred it over their previous home. The resident spoke with the person in charge and staff member, made plans for their day to go shopping, and spoke about plans for their party. It was evident that staff were very familiar with the resident's needs and that the resident was comfortable in their company.

Each staff member had completed training on applying a human rights-based approach to health and social care. The inspector spoke with the person in charge and the PPIM about the impact of this training. They spoke about how more discussions were being held about human rights amongst the team and about how terminology used by staff in report writing was an area of renewed focus. Part of the auditing of written paperwork in the centre included consideration of the recently launched Health Information and Quality Authority (HIQA) Lexicon for social care. This is an online collection of standard definitions for terminology used in social care settings to improve the quality and consistency of communications within these services.

Resident meetings were held regularly. A review of these meeting minutes demonstrated how staff kept residents informed of any upcoming events, changes, or news regarding the centre. These meetings were also used to support residents' understanding of their rights, plan activities and meals, and participate in other day-to-day activities. Updates regarding the service from the Chief Executive Officer (CEO) were also evident, as were newsletters from the day service and advocacy group.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care and support provided to the residents.

Capacity and capability

Overall, the inspector found that the management and governance systems in place in this centre were well established and ensured that the service provided was a safe quality service. The provider and local management team were found to have the capacity and capability to identify areas of good practice and areas for improvement in their own audits and reviews.

This announced inspection was carried out as part of the Chief Inspectors' regulatory monitoring of the centre and to assist with assessing whether this centre

was suitable for renewal of registration. Registration of a designated centre with the Health Information and Quality Authority must be renewed at three yearly intervals. The registered provider who is St John of God Community Services CLG in this case had applied to renew the registration of this centre as it expires on 25 of November 2024. As part of the application to renew the registration of a designated centre, an up-to-date statement of purpose was required to be submitted. This was submitted in April and reviewed by the inspector prior to the inspection. Feedback was given on the document during the inspection regarding amendments required to ensure it met the criteria of the regulations.

Day-to-day management and oversight of the service was delegated to the person in charge, who was supported by staff nurses, social care workers and healthcare assistants. A clear structure of reporting obligations was in place. The person in charge told the inspector they had good access to and support from their manager and colleagues and had time to attend regional person in charge meetings and other relevant management meetings.

A review of rosters indicated that the centre was adequately resourced to ensure the effective delivery of care in accordance with the statement of purpose. Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents.

The provider's arrangements for monitoring the centre included six-monthly unannounced visits as required by the regulations. These were completed by the quality and safety department, independent of the centre. The most recent visit had been completed in May 2024. The centre also had an overarching quality improvement plan in place, and any deficits identified in the six-monthly reports, audits and previous inspections were added to this overarching quality improvement plan.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider submitted an application to renew the registration of the centre. The application contained the required information set out under this regulation and the related schedules.

A minor amendment was required to the floor plan to demonstrate an improved fire containment structure in the centre; this was requested and submitted after the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge. They were found to be suitably skilled and experienced for the role and possessed relevant qualifications in social care and management.

The person in charge demonstrated effective governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

Adequate staff was on duty during the inspection to meet the assessed needs of residents. After reviewing the roster over a four-week period, the inspector found that the staffing levels on the day of inspection were similar to those reflected in the roster. The person in charge maintained planned and actual staff rotas. The rosters clearly showed the staff on duty in the centre during the day and night.

Both residents were supported on a one-to-one basis at all times while in the centre, community or when attending their day programme. This allowed residents to engage in their individual activities of choice while being supported by staff who were aware of their individual requirements.

There were usually two staff working during the day and two at night, depending on the residents' needs. For example, if a resident required additional staff support as outlined in their positive behavioural plan, this was facilitated when needed. In the event that staff could not scheduled at short notice, the person in charge or day staff on campus known to the resident assisted.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training matrix indicated there was a range of training available for staff to undertake. According to the training records reviewed, staff had the skills and knowledge to support the residents. All mandatory training was current, including fire safety training, managing behaviours of concern, and safeguarding vulnerable adults. Supplementary training was also provided to support staff in developing their understanding and competencies to support residents with their assessed needs. These included keyworking training, advocacy, positive behavioural support and applying human rights in social care. The person in charge explained that medicine training was being provided to all non-nursing staff between June and August 2024 as part of a larger campus development to facilitate all residents' support staff in

being able to administrate medicine. The inspector confirmed that while this training had yet to commence in the centre, it did not negatively affect residents' ability to engage in activities of their choosing in the community.

The person in charge provided informal and formal supervision to staff. Formal supervision was scheduled per the provider's policy four times per year, and supervision records and schedules were maintained. In the absence of the local management team, staff could contact a senior manager for support and direction, and there was also an on-call service for outside of normal working hours.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver effective care and support to residents.

The statement of purpose outlined a clear management structure in the centre. The person in charge was present regularly in the centre, and an on-call service was available to staff out of hours. The person in charge reported to and received support from an assigned person participating in the management of the designated centre (PPIM).

The campus's governance structure also included a regional director and a newly appointed programme manager. A vacancy existed in this structure for the assistant director of nursing (ADON), which was under recruitment.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and captured the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose in place, which is an important governance document that describes the services to be provided in a centre and the supports to be delivered to residents while also forming the basis of a condition of registration. The statement of purpose had been reviewed in March 2024. It was found that improvements were required to ensure the statement of purpose clearly reflected the relevant criteria under Schedule 1 as specific to the designated centre. For

example, the admissions process including emergency admissions and the services provided.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

From a review of the accident and incident records with the person in charge the inspector was assured that the provider had submitted the required notifications to the Chief Inspector.

Judgment: Compliant

Quality and safety

The findings of this inspection were that residents received a good quality of care and support. They were supported and encouraged to take part in the day-to-day running of their home and in activities they enjoy. While this centre was located in a campus setting, it was found that the centre strived to operate an individual service independent of campus-based operations. For example, residents' meals were prepared in the centre instead of the centralised kitchen. Efforts were also underway to review the laundry arrangements in the centre in order to move away from centralised systems.

The centre had appropriate risk management procedures in place, and the records demonstrated that there was an ongoing risk review. Individual risk assessments were developed for residents that provided staff with the relevant information to maintain the safety of residents. These were documented in personal and overarching risk management plans which gave detailed guidance to staff to assist them to keep residents safe. The centre used the national incident management system to record accidents, incidents, and adverse events. This system was available to the quality and safety department and senior management so that they could oversee significant events in the centre. This oversight was important to ensure that the provider was aware of the safety and quality of the services provided to residents, identify trends, and learn from events.

There was evidence of good consultation with residents, and their needs were being met through good access to meaningful activities both in the centre, campus and in the community. Residents were consulted with and listened to regarding the running of the centre.

A review of residents' personal plans confirmed that they met with their key workers regularly and had personal plans detailing their goals. Residents' healthcare needs

were met to a high standard, and there was evidence that residents had timely access to services as required.
Residents' health care needs were assessed by nursing staff and plans of care were developed to guide the management of these needs. Residents had access to multi-disciplinary supports such as specialist staff in behaviour support and allied health professionals including occupational therapy and physiotherapy services.

Staff had completed training in managing behaviours of concern and human rights. This meant that staff had the knowledge and skills to support residents in a person-centred way while respecting their dignity, respect, and autonomy. Systems were in place to ensure risks were identified, assessed, and managed within the centre. Individual risk assessments were in place for all residents, including individual risks such as falls and ingestion of inedible items.

Regulation 17: Premises

The designated centre provides full-time residential care and supports two residents with intellectual disabilities. The centre is a ground-floor building with a layout for two separate apartments divided by an internal door. Each side of the centre has an exit door to the front and exit to the garden area. The centre was suitable for meeting the needs of the current residents. It was well-lit, clean, and nicely decorated. Careful consideration had been given to improving the internal features of the building to make it more homely for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

There were processes and procedures in place to identify, assess and ensure ongoing review that effective control measures were in place to mange centre specific risks.

The provider and person in charge had identified risks, such as safety issues, and put risk assessments and appropriate control measures in place. In addition, risk assessments were subject to regular review by the person in charge and the quality and safety department, with the most recent reviews clearly documented and the updated information and control measures recorded. For example, the risk of ingestion of inedible items had been recently identified and appropriately risk managed.

Judgment: Compliant

Regulation 28: Fire precautions

Improvements have been made to the fire safety management system since the previous inspection, in line with identified deficits in the arrangements to contain the spread of fire and smoke. This included hold-open fire door devices, which supported the containment of fire while also promoting the unrestricted movement of residents around their homes due to mobility requirements.

The fire register was reviewed, and the inspector found that fire drills were taking place on a regular basis. Residents had personal emergency evacuation plans (PEEPS). These were resident-specific to ensure the safety of each resident. Fire drill records adequately outlined the scenarios under which evacuation took place, including the location of residents at the time of the drill and what exit was used.

The centre was equipped with a fire detection system, emergency lighting, and firefighting equipment, which were subject to inspections by approved external contractors. The quality and safety adviser reviewed the centre in May 2024 and noted that two extinguishers and one fire blanket were not subject to the required service. When this was brought to their attention during the audit, the person in charge immediately actioned for these to be serviced by the end of the audit.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that residents' care needs were assessed, which informed the development of personal plans. The inspector viewed the residents' health and personal care plans, including positive behavioural support, intimate care, eating and drinking, and safety plans. The plans provided sufficient information to inform staff on the supports and interventions to meet residents' needs. There was also information on residents' likes and dislikes, preferences, and interests for staff to follow to support residents' enjoyment of the centre.

Judgment: Compliant

Regulation 6: Health care

Residents had access to health care professionals according to their assessed needs and were supported to attend medical appointments by staff. Healthcare was found to be well managed, and both long-term conditions and changing needs were responded to appropriately. There were detailed healthcare plans in place, which included appropriate guidance for staff, such as care plans in relation to the

management of infection, mobility issues, and epilepsy. There was evidence that these care plans were implemented and that the interventions were recorded daily where appropriate. All care plans were regularly reviewed, and the recommendations of members of the multi-disciplinary team (MDT) were incorporated.

Judgment: Compliant

Regulation 7: Positive behavioural support

Arrangements were in place to support residents with behaviours of concern. All staff had received training in supporting residents to manage their behaviour and emotional wellbeing. Those who required support had access to regular psychiatry and behaviour support reviews. However, the behaviour support plans in place to guide staff required updating to ensure they were current and effective in guiding staff practice.

The person in charge maintained a restrictive practice register, and had referred them to the provider's human rights committee for approval.

Judgment: Substantially compliant

Regulation 8: Protection

Residents who used this service had lived together for a year. While both enjoyed having their own space and activities to do, it was reported that both were accepting of the other and spent time together. On review of safeguarding concerns in the centre, there were no documented negative incidents between the residents, resulting in a safeguarding concern.

All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for DC19 OSV-0005815

Inspection ID: MON-0034770

Date of inspection: 28/06/2024

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The person in charge has reviewed and amended the statement of purpose to include additional information on the emergency admission policy and services provided. Completed 14/8/2024.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The person in charge has gathered all information requested by the psychologist for this stage of the behavioural support plan, the person in charge will continue to meet with the resident, psychologist, and staff team to complete the behaviour support plan required over the coming months. Due for completion 30th Oct 2024	

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 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	14/08/2024
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/10/2024