



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

## Issued by the Chief Inspector

Name of designated centre:	Johnstown Gardens
Name of provider:	Cheeverstown House CLG
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	28 May 2024
Centre ID:	OSV-0008646
Fieldwork ID:	MON-0041989

## About the designated centre

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

Johnstown Gardens is a single-storey house in a residential area outside of a town in Co. Kildare. This centre is registered to provide full-time support of two residents over the age of 18 years, with an intellectual disability and may have other medical and social care needs. The purpose of this centre is to empower residents with new skills and opportunities, to support them to live meaningful lives and participate in their community. The centre is staffed by social support workers, with nursing resources available as required. Each resident has a private single room, and access to shared kitchen, living room and garden spaces. Bathrooms are equipped with features to be accessible to people using mobility equipment. The house has exclusive use of one accessible vehicle.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 28 May 2024	10:00hrs to 16:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to speak during the day with both residents, as well as speak with their support team and review documentary evidence related to their care and support structure. The inspector observed a service in which residents were happy, keeping busy, exploring new opportunities, and excited about their future with this newly registered house.

This designated centre was registered in November 2023 and had been identified for use by two residents who had spent an extended period of time living full-time in another of this provider's centres which was intended for short respite stays. The provider had acknowledged that this had not been ideal or appropriate as a long-term arrangement due to a constantly changing set of peers with whom residents may not always be compatible. The two residents, however, told the inspector they had become good friends with each other during this time, and were happy to find a new home together. Some of the staff team in this house had worked with these residents in their previous setting and had joined them in this new location. At the time of this inspection, the person in charge had interviewed, and was at the offer stage for, a new member of staff to fill a vacant post, and part of the interview process included meeting with the residents to ensure the placement suited them.

Both residents had explored new social and hobby activities in the local community, as well as staying engaged with interests and social outlets from their previous location. One resident had joined a chess club which met every fortnight, and enjoyed going to the cinema and the theatre. One resident was a lifelong rugby fan and enjoyed going to matches or watching them in his room or in the local pub. This resident was working with a rugby club, coaching young people with intellectual disabilities to play the sport. Both residents had recently scheduled interviews to find places with suitable adult education courses, and both residents were actively job-seeking for paid work which was in line with their separate interests, skills, and previous work they had done prior to the Covid-19 pandemic. Residents were also involved in angling clubs, swimming and going to the gym.

As the provider knew in advance who was coming to this house ahead of registration, the house was adapted for use by the two residents, one of whom was a full-time wheelchair user. Accessible features included doorways with no saddles, mobility ramps outside, grab rails to assist a resident to transfer, space to exercise, and kitchen worktops which could be adjusted in height. The inspector had observed evidence during the registration process that residents had visited the house and local area, picked out their furniture and choice of paint, and been consulted on the transition process. Residents' family members had also visited the house, both before the move and regularly since.

The service had exclusive use of a vehicle and the staff team could drive it, which optimised the ability to be flexible and spontaneous when one or both residents wanted to go somewhere. The provider had engaged in positive risk taking

initiatives, to identify for how long residents could be home alone, and opportunities for staff to let the residents have time with their friends in the community rather than being constantly in their presence. Residents had been provided reassurance that staff would still be available or contactable by phone if needed during these times.

Both residents were members of an advocacy group representing service users in this provider group. On the day of this inspection, the residents were reading the planned agenda ahead of that evening's meeting. Among the agenda items included drafting a letter to some local businesses to highlight their lack of accessible facilities. One resident told the inspector how they took photos of cracks and holes in footpaths and ramps to highlight to local councillors and TDs where environments required work to make their community more safe and accessible. Both residents were registered to vote, and were aware of upcoming local elections. One of the residents proudly told the inspector how they had travelled to Finland a few months prior to do a presentation on weight management and healthy eating, following their own personal success on the topic.

Staff described residents and their support needs in personal plans with respect and dignity. Plans were very person-centred, including personal preferences such as food, night activities or their preferred clothes and hairstyles. Both residents were assessed for their capacity to safely manage and take their own medicine, and were provided secure storage in their bedrooms for which they had the key. Residents were also supported to safely use and keep their own debit cards and other valuables and money.

The next two sections of the report present 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 the service being delivered.

## Capacity and capability

This was the first inspection of this designated centre for the purpose of monitoring the provider's regulatory compliance, following the centre's initial registration in November 2023. The service was overall found to suitably resourced with a knowledgeable and encouraging staff team and an appropriate management and supervision structure to oversee day-to-day operation and quality improvement objectives.

The centre was resourced with appropriate arrangements to ensure continuity of support until recruitment was finished for a recently vacated part-time post. The person in charge and their team were suitably trained in the skills required to work in this setting. The inspector observed evidence that the person in charge had commenced their cycle of formal supervision meetings with each of their staff members. The centre had exclusive use of one vehicle, and everybody allocated to

work in this centre could drive it.

The provider had completed an inspection of the quality and safety of the service. The inspector observed that the areas identified for development or action were either in progress or had been completed as of the time of this inspection.

Records and documents relevant to this service were being diligently kept updated by the staff team and were overall complete and accurate on review. This included information which would ensure that the voice of the residents was being captured in how the service operated.

The inspector observed some gaps and discrepancies in the fees and charges described in the contracts signed between the provider and each resident. The inspector observed evidence that indicated that both residents had been charged for expenses for which it was agreed in writing would be paid by the service provider.

### Regulation 14: Persons in charge

The person in charge was a registered intellectual disability nurse, working full-time based in the designated centre. They were suitably qualified and experienced for the role of person in charge, with adequate protected time to carry out the duties of this role.

Judgment: Compliant

### Regulation 15: Staffing

The designated centre was appropriately staffed based on the number and assessed support needs of the residents and in accordance with the statement of purpose. The inspector reviewed a sample of rosters which indicated clearly who worked in the centre and when. The person in charge had completed interviews to fill one part-time vacancy to bring the staffing complement to full capacity. In the meantime, a small number of relief personnel were sufficient to cover absences and shifts to mitigate impact on support continuity.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had completed a training needs analysis to determine what training courses were required for staff in this centre. The inspector reviewed records of

staff training which indicated that staff were up to date on their required training, and where people were approaching due dates for refresher courses, these were booked for upcoming training delivery dates.

The inspector reviewed records which indicated that the person in charge had had at least one formal supervision session with each member of the staff team in 2024, with dates set for later supervision and performance review meetings.

Judgment: Compliant

### Regulation 19: Directory of residents

The provider had collated a directory of the residents' information required under this regulation.

Judgment: Compliant

### Regulation 21: Records

Records related to the centre, the residents and the staff team were maintained and readily available for inspection. Documents were kept secure while being easily retrievable when required.

Judgment: Compliant

### Regulation 22: Insurance

The provider supplied evidence of appropriate insurance in place against risks in the centre, including injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

This designated centre was appropriately resourced for the number and assessed needs of residents. The management oversight and accountability structure was clearly defined and staff indicated that they felt supported by their managers in their respective roles. The person in charge had had formal supervision meetings with



their individual team members, and the team met to discuss meaningful topics related to the centre and its residents, including upcoming events and life developments, and matters arising from complaints, fire drills, audits and incident trends.

The provider had carried out an inspection two months after opening, assessing adherence to policies, regulations and best practice. Where service deficits or areas for improvement were identified, a specific and measurable action plan was developed. The person in charge had also carried out single issue audits such as on medication practices.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Each resident had a written contract which they had signed in agreement with the registered provider, outlining the terms and conditions related to their residency in this designated centre. However, some clarification was required on where charges were paid by the resident or by the service provider, and instances were observed where the resident paid charges in conflict to the terms of their contract.

For example, while many clinical service charges were covered by the provider, one resident was using their own money to pay for chiropody, which was not made clear in the clause of their contract related to that particular service.

The contracts agreed and signed between the service provider and both of the residents stated that the provider would pay for any prescribed medicines which were not covered by the residents' medical cards, as well as pharmacy charges. Despite this agreement, the inspector observed evidence that these payments were being paid using the residents' personal money. Following this inspection, the provider confirmed in writing that residents had been reimbursed.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had composed their statement of purpose which included all information required in Schedule 1 of the regulations.

Judgment: Compliant

## Regulation 34: Complaints procedure

The inspector observed that staff had supported residents to log a complaint with the provider when they were dissatisfied with the service. The records of complaints from residents and other parties indicated actions which had been taken in response, and made note of whether the solution was to the satisfaction of the complainant.

Judgment: Compliant

## Quality and safety

The inspector observed evidence to indicate that this was a service which was safe and suitable for the residents, in which their choices, preferences, skills and wishes for further opportunities led the delivery of care and support. Needs had been fully reassessed following the change in the residents' home and environment, and staff were provided person-centred and detailed guidance to meet support needs with respect to residents' autonomy.

The house was suitable in size and layout, including accessible features for use of the house by a wheelchair user, and the house was suitably equipped to controls risk related to fire safety and infection control.

Positive risk taking was carried out to enhance residents' capacity and confidence to take ownership of elements of their own daily needs, to be alone in the house or when out with friends. The inspector observed evidence to indicate how residents were being supported to get involved in new and returning opportunities for social engagement, employment, education, advocacy work and recreational hobbies such as fishing, chess, rugby and cooking.

## Regulation 11: Visits

The inspector observed evidence to indicate that visitors were encouraged to visit their loved ones' home, and that residents' family members had come to the house and were made feel welcome, such as being offered to join residents for dinner.

Judgment: Compliant

## Regulation 12: Personal possessions

Both residents were supported to hold onto their money, cards and other valuables in their own rooms how they preferred, with the option of lockable storage for which residents had easy access. Bedrooms had sufficient space for clothing and personal items, and residents were supported to decorate and furnish their bedroom how they preferred. No resident's property was being kept in a location other than their personal private space. Residents had bank accounts in their name, with statements available in the residents' home for review where necessary.

Judgment: Compliant

## Regulation 13: General welfare and development

The residents led active lives at home and in the community. The house had exclusive use of an accessible vehicle to support community access. Residents were members of clubs in the community such as fishing, chess, rugby, cookery and swimming. Residents were supported to attend the gym, local cafés and pubs and other social outlets. The residents wanted to work and to be involved in college courses, and had recently attended interviews and explored options meaningful to their interests.

Judgment: Compliant

## Regulation 17: Premises

The premises was safe and suitable for the number and assessed needs of its residents. Accessible features such as ramps, grab rails, adjustable-height worktops and level door thresholds facilitated resident navigation of their home.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents had sufficient meals, drinks and snacks available in the house. Both residents were on healthy eating programmes for which staff guidance was available. Residents could plan their meals in advance while also being afforded choice in the moment if they changed their mind.

Judgment: Compliant

### Regulation 20: Information for residents

Residents were provided information on the services offered as part of living here through a resident guide on the service. Other matters such as care plan discussion and meeting agendas were explained in a format with which residents could engage and agree.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had maintained a risk register which clearly outlined the potential hazards, control measures and how these measures affected the associated risk rating applied. The provider had processes and procedures in place related to emergency situations such as evacuation or adverse incidents.

Judgment: Compliant

### Regulation 27: Protection against infection

The premises was clean and well-maintained to facilitate effective cleaning. A flat mop system was used in this house and the inspector observed cleaning tools to be themselves clean and dry for their next use. Suitable dispensers and paper towels were in use at hand-washing locations. The provider had clear records of residents' vaccinations against illnesses including seasonal flu and Covid-19. Household and clinical risk waste was disposed of in a safe and appropriate manner.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider was assured that a safe and prompt evacuation could take place in this designated centre in the event of a fire. The premises had multiple fire exit routes which were not obstructed nor required keys to use. Internal doors along evacuation routes were equipped to self-close and were fire rated with smoke seals. Where doors were required to be held open to facilitate navigation or preference, they were

held using device which would release on the trigger of an alarm. Staff were suitably trained in fire evacuation procedure, and all equipment was up to date in its service and certification records.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Both residents had been assessed to determine their level of capacity to manage their medicine. Based on this assessment, the provider was responsible for ordering and disposing of medicine, and the residents took day-to-day ownership of taking their medicines unless required to be administered by a nurse. Residents kept medicines in lockable storage which they could access in their rooms. For medicines administered on a PRN (only as required) basis, clear administration records of these were kept.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider had completed a comprehensive assessment of the social, personal and health care needs for the resident following their move to the new designated centre. This had ensured that the information in support plans was based on current information and circumstances. This assessment clearly identified which support plans were, and were not, relevant to the needs of the residents, and for all identified needs, a support plan had been created. Support plans were person-centred and detailed, with appropriate input from associated clinicians. The communication profile of the residents in this house did not require pictorial or simple language version of plans, and evidence was observed to indicate that plans were discussed and signed off with residents.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to a doctor, nursing support, and allied health professionals relative to their assessed healthcare needs.

Judgment: Compliant

## Regulation 8: Protection

Staff were trained in safeguarding of people at risk of abuse, and were familiar with how to identify and report concerns related to suspected or witnessed instances of abuse. Systems were in effect to ensure that the provider had sight of residents' bank activity. Where residents required some assistance with personal or intimate care, staff were provided appropriate guidance to ensure this was done in a manner which respected each person's dignity and independence.

Judgment: Compliant

## Regulation 9: Residents' rights

Both residents were members of a provider advocacy group, which discussed issues related to the rights of people living in this provider's services, issues in the community such as damaged pathways, and correspondence being drafted to local events and businesses related to lack of accessibility.

The inspector observed life in this centre to be led by the choices of the residents, with residents and staff indicating that the activities and outings of the day, and when they happened, were based on their preferences. Residents were provided with good opportunities to optimise their autonomy and independence. The provider had assessed and determined aspects of positive risk taking which were appropriate for each person, including independent management of medicines and finances, and opportunities to be alone at home or in the community. Residents lived in a restraint-free house with full access to their home and personal property.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Johnstown Gardens OSV-0008646

Inspection ID: MON-0041989

Date of inspection: 28/05/2024

## 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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>All contracts of care will be reviewed and updated to ensure that they account for all charges and fees payable by the residents.</p> <p>All residents have been reimbursed for payments made for prescribed medication.</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 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	26/07/2024