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:	Killiney DC
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	12 January 2023
Centre ID:	OSV-0008245
Fieldwork ID:	MON-0038393

About the designated centre

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

Killiney DC is a designated centre located in South Dublin and is registered for 8 beds. The designated centre is comprised of two houses which are located in neighbouring towns. Killiney DC intends to meet the specific care and support needs of adults with an intellectual disability. The residents in this centre require low to medium support which is determined and supported via their personal plans. The residents in this DC are supported by staff to reach their maximum potential in all areas of their life including health, social and leisure pursuits, independent living skills and independence in their community. The centre is staffed by social care workers and there is a social care leader who provides support to the person in charge. Residents in Killiney DC have their own bedrooms and have access to shared kitchens, sitting rooms and large back gardens which have facilities for relaxation.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7

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
Thursday 12 January 2023	10:10hrs to 17:30hrs	Jennifer Deasy	Lead
Thursday 12 January 2023	10:10hrs to 17:30hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

Killiney designated centre is a newly registered centre which was registered in June 2022. This inspection was an unannounced inspection scheduled to monitor ongoing regulatory compliance in the designated centre. The inspectors wore face masks and maintained social distancing as much as possible during the course of the inspection.

The inspectors visited both of the houses which made up the designated centre. They saw that the houses were clean and well-presented both internally and externally. Inspectors saw that there was a wheelchair accessible ramps and handrail to the front door of one house. The other house was on a steep incline which was accessed by means of steps. Handrails were available to residents to support them in accessing the house. One of the houses had recently been refurbished to a very high standard. The other house was seen to be an older house, however this too was found to be clean and generally well-maintained.

The inspectors were greeted by staff on arrival who were wearing face masks in line with the most recent public health guidance. The inspectors were asked to sanitise their hands and their temperatures were taken. The inspectors saw that there was ready availability of face masks, hand sanitiser and signage pertaining to COVID-19 in the hallway of both houses.

Most of the residents in the first house had already left for day services or community activities when the inspectors arrived. The inspectors met one resident who had recently moved to this designated centre. They informed the inspectors that they were getting ready to attend a drama class in the community. The resident said that they liked the house and, in particular, their bedroom. The inspectors saw that the resident appeared comfortable and relaxed in their home.

The inspectors had the opportunity to meet most of the residents who lived in the other house. Some of these residents showed the inspectors around their home and spoke to them about their experiences of living in Killiney DC. Residents told the inspectors that there was no longer a shared bedroom in their home as one resident had moved to the other house in the centre. Residents said that they were happy that they had their own bedrooms and that they were supported to maintain contact with their former housemate.

Residents told the inspectors that they were involved in the decision making regarding their home. They said that weekly house meetings were held where they discussed the meals and activities for the week. Some residents enjoyed making their own lunches or doing the shopping for the designated centre.

The inspectors saw photographs of residents engaging in community activities and going on holidays.

Overall, residents appeared to be well supported, comfortable in their home and familiar in their interactions with staff and each other.

Both of the houses had large back gardens which provided comfortable areas for relaxation and socialising. One of the houses had recently received a wooden lodge which was used as an exercise and music room by the residents.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impacted on the quality and safety of care.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations subsequent to the recent registration of the designated centre. The inspectors found that this designated centre met the requirements of the regulations in many areas of service provision. However, staff resourcing issues were found to be impacting on staffs' ability to fully implement all of the residents' care plans. The staffing arrangements therefore required review by the provider.

There were effective management arrangements in place that ensured that the safety and quality of the service was consistently monitored. There were a series of audits in place which identified presenting risks. Actions plans were derived from these audits. The inspectors saw that actions were progressed in a timely manner.

There was also a clearly defined reporting structure in place which identified lines of authority and accountability. The provider had nominated a person in charge who was suitably qualified and experienced. They were available on the day of inspection and informed the inspector of the arrangements in place to support them in having oversight of the designated centre.

The person in charge was also responsible for two other designated centres. Each house under the person in charge's remit had an allocated supervisor who supported the person in charge in fulfilling their regulatory responsibilities. The supervisor role for Killiney DC was vacant at the time of inspection. However, inspectors were informed that a supervisor had been recently recruited and was due to commence employment in the coming weeks.

The person in charge was found to have an in-depth knowledge of the designated centre and of the needs and preferences of the residents. The person in charge was supported in their role by a programme manager, who, in turn reported to a regional director. Regular meetings were held between the person in charge and the programme manager.

There was a planned and actual roster maintained for the designated centre. The centre was operating with three whole time equivalent vacancies at the time of

inspection. These vacancies were filled by a panel of regular relief and agency staff. A review of the rosters found that staffing levels on a day-to-day basis were generally in line with the statement of purpose. However, the inspectors were informed that the staffing vacancies were impacting on staffs' ability to fully implement some of the residents' care plans. For example, it was difficult for staff to implement all of the proactive strategies in residents' positive behaviour support plans without a consistent and full staff team.

Staff training records showed that staff were in receipt of mandatory and additional training as per the residents' assessed needs. For example, all staff had received training in fire safety and safeguarding. Additionally all staff had completed a communication training course as some of the residents had assessed needs in this area.

The centre was up-to-date with records in relation to each resident as specified in schedule 3 which were maintained and were made available for inspectors to view such as the resident's assessment of need and their personal plan.

Overall, the inspectors found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and actioned in a timely manner. However, staff vacancies were impacting on some aspects of the quality of care being delivered.

Regulation 14: Persons in charge

The person in charge was full-time and had the required qualifications, skills, and experience to manage the centre. They were responsible for three designated centres. The provider had the structures and pathways in place to support the person in charge in fulfilling their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster in place for the designated centre. A review of the roster demonstrated that there were generally sufficient staff to meet the needs of the residents as set out in the statement of purpose.

The centre was operating with three whole time equivalent vacancies at the time of inspection. These positions were filled by a panel of regular relief and agency staff which somewhat supported continuity of care for residents.

However, these vacancies were found to be impacting on the quality of care being delivered as staff reported that they were unable to fully implement some of the residents' care plans, including behaviour support plans, due to the lack of a full consistent staff team.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was generally a high standard of training maintained in the designated centre. Staff were in receipt of both mandatory training and additional training as determined by the residents' assessed needs. For example, some residents had assessed needs in the areas of communication, dysphagia and epilepsy. The inspectors saw that staff had received additional training in these areas.

Staff were also in receipt of regular quality supervision and were informed of the Health Act and associated regulations.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that up-to-date records in relation to each resident as specified in Schedule 3 of the regulations were maintained and were made available for inspectors to view.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well managed with clear oversight arrangements in place. There were clear lines of authority and accountability.

The provider had in place a series of audits which comprehensively identified risks in the centre. These audits informed a quality enhancement plan. The inspectors saw that actions on the quality enhancement plan were addressed in a timely manner.

An annual review had not yet been completed as the centre had only been registered six months prior to the inspection. The provider had however completed a six monthly unannounced audit of the centre. This audit was completed in consultation with residents, their representatives and staff and reflected their

feedback on the quality of care in the centre.

The inspectors saw that staff were supported, developed and performance managed. Staff were in receipt of regular supervision. Regular staff meetings were held.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations. The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the inspectors found that the day-to-day practice within this centre supported the delivery of safe and good quality care. Some enhancements were required to the infection prevention and control (IPC) arrangements and to the provision of care in the area of positive behaviour support.

The inspectors completed a walk through of both of the houses within the designated centre and were accompanied on this walk-through by staff and residents. The inspectors saw that the houses were large and well-maintained. Efforts had been made to make the communal areas homely, for example, nice photos and pictures were displayed, and there was comfortable and well maintained furniture. Residents had access to large gardens and had sufficient space for socialising and relaxing. There was a games room in one house and an outdoor heated shed in the other. Residents had easy access to both of these areas to enjoy meaningful activities. Each of the residents had their own bedroom which was decorated in line with their individual preferences. Previous shared bedroom arrangements in one of the houses were no longer in place in this designated centre. Residents told the inspectors that they were happy with their homes.

The inspectors saw that the designated centre was clean and that staff were

wearing appropriate personal protective equipment (PPE). There were sufficient hand washing and sanitising facilities. However, the arrangements for the management of soiled laundry required review. Alginate bags were unavailable in the centre and staff were unfamiliar with the provider's policy guidance on the management of soiled linen. The provider ensured that alginate bags were in place before the end of the inspection and provided verbal assurances that training would be provided to staff in their use and in line with the policy.

There was a clear COVID-19 outbreak management plan in place and staff were aware of the steps to be followed in the event of a suspected or confirmed case of COVID-19. However, there was no guidance in place for the management of other transmissible infections in the designated centre.

The centre was seen to be equipped with appropriate fire detection, containment and extinguishing measures. Automatic door closers were fitted to doors. Fire extinguishers were available throughout the centre. Staff had been in receipt of appropriate fire safety training and regular fire drills were held with the residents. These drills demonstrated that all residents could be evacuated in a safe time frame. However, a risk was identified whereby the final exit in one house required a key to open it and was not a thumb lock exit.

The inspectors reviewed several of the residents' files. It was found that residents had an up-to-date and comprehensive assessment of need on file. Care plans were derived from these assessments of need. Care plans were comprehensive and were written in person-centred language. The inspectors saw that residents had access to health care in line with their assessed needs. Residents accessed a range of healthcare professionals from both within the provider's multi-disciplinary team and in the community.

Some of the residents required support in managing their behaviour. The inspectors saw that there were comprehensive behaviour support plans on file in this regard and that residents had access to multi-disciplinary professionals to support their mental health and behaviour. However, the inspectors were informed that staff found it difficult to fully implement the residents' behaviour support plans due to the lack of a full and consistent staff team. Additionally, several staff required training in the area of managing behaviour that was challenging.

The inspector found that there were suitable arrangements in place with regard to the ordering, receipt and storage of medicines. Prescribed medicines were dispensed by a local pharmacy, and found to be appropriately and securely stored.

Overall, the inspectors found that there were many good practices in place in the designated centre which supported the delivery of safe and good quality care. However, further education and training was required in order for staff to fully implement the IPC policy and behaviour support plans.

Regulation 10: Communication

The inspectors saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. Some residents' had communication care plans in place which detailed that they required additional support to communicate. The inspectors saw that staff had received training in communication and were familiar with residents' communication needs and care plans.

The inspectors saw that visual supports required by residents were readily available in the designated centre. Folders of visuals to support residents to understand and make decisions in areas such as menu planning were available. The provider had also worked with residents' representatives to compile a folder of residents' individualised communication systems such as their unique versions of Lámh signs.

Residents also had access to technology including phones and televisions.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two houses. Each house was well maintained providing a good space for the residents to live with adequate private and communal facilities. The houses were accessible and were designed and laid out in a manner that met the needs of the residents.

Both houses were decorated and furnished in a homely manner.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had effected a risk management policy which met the requirements of the Regulations.

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre. Control measures to mitigate against these risks were proportionate to the level of risk presented.

Judgment: Compliant

Regulation 27: Protection against infection

The inspectors saw that the provider had effected measures which were generally in line with the national standards for infection prevention and control in community services. The houses which comprised the designated centre were clean and well-maintained. One of the houses had been recently refurbished and was maintained to a very high standard.

Staff were seen to be wearing appropriate personal protective equipment (PPE) in line with current public health guidance.

There were sufficient hand washing and hand sanitising facilities available.

However, there were some areas which required review in order to ensure full compliance with the National Standards. These included:

- Alginate bags were not available in the designated centre for the management of soiled linen. Staff were unfamiliar with the provider's policy details in relation to the management of soiled linen. The provider responded on the day of inspection by ensuring that alginate bags were made available in the designated centre.
- While the centre has a COVID-19 outbreak management plan, there was no outbreak management plan to guide staff on the management of an outbreak of infectious disease aside from COVID-19.
- Some of the furnishings in one of the designated centre required repair to ensure that they could be effectively sanitised and cleaned. These included a side table in the hall and in the sitting room.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire. They had ensured that there was appropriate equipment for detecting, containing and extinguishing fires. This equipment was serviced regularly.

Regular fire drills were completed and staff had been in receipt of training in fire safety. A comprehensive induction was completed with new or relief staff which ensured that they were familiar with the fire evacuation procedures in the centre. There were up-to-date personal evacuation plans available for all residents detailing the supports that they required in order to safely evacuate.

However, a risk was identified in one of the houses whereby the final exit was not a thumb lock. This had been identified by the provider in their own audits and the inspectors saw that request for a replacement lock had been recently logged with

their maintenance team.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that there were safe and suitable practices in place for the ordering, storing, prescribing, administration, and disposal of medicines in the centre and the inspector reviewed these procedures with a staff member on duty. Medicines were securely stored in a locked press. An up-to-date record of all medications prescribed to and taken by residents was maintained as well as stock records of all medicines received into the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Several residents' files were reviewed by the inspectors on the day of inspection. The inspectors saw that there were comprehensive assessments of need available on files. These were informed by relevant multidisciplinary professionals.

Care plans were derived from these assessments of need which were person-centred and comprehensively described how staff should best support residents.

It was evident that residents' rights were considered and that residents were supported to maintain autonomy in their activities of daily living. For example, one resident had identified that they would like to use an ATM independently. The inspectors saw that this goal was progressed and that there were plans on the resident's fie to support them with this.

Judgment: Compliant

Regulation 6: Health care

Residents in the designated centre had access to appropriate health care in line with their assessed needs. Residents accessed a range of allied health care professionals both within the service and externally in the community. These professionals included dieticians, chiropodists, general practitioners and speech and language therapists.

Residents were in receipt of accessible information pertaining to their health care

needs. For example, an accessible fitness plan had been developed to support one resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some of the residents in the designated centre required support to manage their behaviour. The inspectors saw that positive behaviour support plans were available and detailed proactive and reactive strategies for staff to support residents in managing their behaviour.

There were no restrictive practices in place in the designated centre.

However, there was a training need identified for staff in relation to positive behaviour support. The inspectors saw that 50% of staff required behaviour support training.

Additionally, the inspectors saw that the staffing vacancies were impacting in staffs' ability to fully and effectively implement behaviour support plans and to respond positively to behaviour that was challenging.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Killiney DC OSV-0008245

Inspection ID: MON-0038393

Date of inspection: 12/01/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: A new supervisor for the DC commences on February 20th 2023. A new social care worker has been identified and undergoing recruitment process at present. Recruitment for the final Social Care Worker vacancy remains on the agenda at workforce planning meetings.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: All staff have been re-inducted into the laundry protocol and the appropriate use of Alginate bags. Existing covid 19 outbreak management plan will be amended to an Outbreak Management plan incorporating Covid 19, Norovirus, Influenza, and other respiratory infections. The side table in the sitting room will be replaced and one of the residents will be supported by staff to undertake a project to sand, varnish and paint the side table in the hall ensuring it can be effectively sanitised and cleaned.	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The thumb turn lock was fitted to the new front door on January 20th 2023	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: Staff members who require refresher training in behaviour support have been nominated to attend upcoming training sessions which will ensure they have suitable up-to-date knowledge and skills in how to respond positively to behaviours that challenge.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/08/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	30/04/2023

	infections published by the Authority.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	20/01/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/08/2023
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.	Substantially Compliant	Yellow	31/08/2023