



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

Name of designated centre:	Kilpedder D.C
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	03 October 2018
Centre ID:	OSV-0002883
Fieldwork ID:	MON-0023214

About the designated centre

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

This is a centre providing residential care and support to 6 adults with disabilities. It is based in a peaceful, rural setting in Co. Wicklow and transport is provided so as residents can access local nearby towns/villages and frequent amenities such as parks, shops, restaurants, cafes and beaches. The centre comprises of a large detached two storey house with each resident having their own bedroom, which are decorated to their individual style and choice. Communal facilities include a large kitchen cum dining room, a large sitting room, a small activities/relaxation area and there are ample, spacious well equipped bathrooms on each floor. The centre also provides a separate well equipped utility room and large private, very well maintained garden areas for residents to avail of when they so wish. Garden areas provide ample garden furniture for residents to use and a large poly tunnel for residents with a keen interest in gardening/growing plants and vegetables. The centre is staffed on a 24/7 basis. The staff team consists of a person in charge, a supervisor and a team of qualified social care workers and staff nurses. Health care needs are comprehensively provided and residents have as required access to a range of allied healthcare professionals which includes General Practitioner (GP) services. Therapeutic services are also provided for and residents are supported to engage in activities that they enjoy and are stimulating.

The following information outlines some additional data on this centre.

Current registration end date:	07/02/2019
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
03 October 2018	10:00hrs to 06:00hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector met and spoke with four of the residents who live in the centre. Residents communicated through a range of mediums to include facial expression, body language and utilising objects of references such as pictures. Residents appeared very content in the centre, were smiling when engaging with the inspector and appeared very relaxed and comfortable in the presence of staff. A sample of feedback from relatives of the residents informed that they were very happy with the service provided, felt their relative was very well cared for and the staff team were wonderful.

Staff were also knowledgeable and respectful of the communication preference/style of each resident and the inspector observed that this knowledge enabled staff to understand their needs and respond accordingly. This also ensured that residents views and preferences were respected and acted upon. For example, menu options were made available in an accessible format and this ensured that meals and snacks provided in the centre were of the residents choosing. In order to support the social care needs of the residents, pictures were provided of local amenities (to include shops, beaches, cafes) and from those pictures residents could communicate to staff what activities they wished to engage in each day.

Overall, the inspector observed that residents appeared very happy and content in this centre, they were comfortable in the presence of staff members, staff understood and respected their communication preferences and a sample of feedback from a relative viewed by the inspector was very positive about the care and support provided and the staff team.

Capacity and capability

Residents appeared well supported, happy and content in this centre and for the most part, the provider had put appropriate supports and resources in place so as to meet their assessed needs. This was reflected in the high levels of compliance found across the majority of regulations assessed.

The centre had a management structure in place which was responsive and appropriate to meeting the needs of the residents. There was a clearly defined and effective management structure in place, which included a Programme Manager, Person in Charge, a Supervisor and a team of qualified social care workers and staff nurses.

The person in charge was a qualified clinical nurse manager III and provided good

leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the Regulations. She also kept in regular contact with the Supervisor (who was a clinical nurse manager I) so as to ensure any issues arising in the centre were discussed, recorded and addressed.

The person in charge also ensured her staff team were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the residents.

Of the staff spoken with the inspector was assured they had the skills, experience and knowledge to support the residents in a safe, caring, dignified and effective way. Many held third level qualifications and all had undertaken a suite of in-service training courses to include safeguarding, fire training and manual handling. This meant they had the skills and knowledge necessary to respond to the needs of the residents in a consistent, capable and safe way.

The Programme Manager provided oversight and regular support to the governance and management of the centre. This oversight ensures that the centre was being monitored and audited as required by the Regulations. There was an annual review of the quality and safety of care available made available to the inspector along with a number of comprehensive six-monthly auditing reports. These audits were bringing about positive changes to the day-to-day operational management of the centre in turn ensuring it remained responsive to the needs of the residents.

For example, an audit on the centre identified that some personal plans required review, the recording system for daily fire safety checks required review and more work was required with making information more accessible to the residents. These issues had been addressed (or were in the process of being addressed) by the time of this inspection in turn ensuring effective and responsive oversight and governance of the centre.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. Resident had communication passports in place and staff understood (and respected) the communication style and preference of each resident. At the time of this inspection, the person in charge and supervisor were further exploring ways in which to enhance the process of communicating with the residents. Staff had undertaken additional training in this area and residents individual plans/communication passports were in the process of being updated to reflect this.

Where required, residents were also supported to make a complaint. Where a complaint was made, it was logged and acted upon in a timely manner. However, there were few complaints about the service and feedback from a family member was very positive overall about the care and support provided to their relative.

Overall, from engaging with residents, management and staff during the course of this inspection, (and from viewing a small sample of feedback from a family member) the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective

manner. Residents appeared happy and content in the centre and were comfortable and relaxed in the presence management and staff.

Regulation 14: Persons in charge

There was a full time person in charge in the centre, who was a qualified clinical nurse manager III with significant experience of working in and managing residential services for people with disabilities.

She was also aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and it was found that she was responsive to the inspection process.

She provided good supervision and support to the house supervisor and her staff team and knew the needs of each individual resident very well.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that there were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Staff were also supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practices.

They were found to be responsive to the needs of the residents and the care provided was respectful to those needs.

An issue pertaining to a staff vacancy was identified on this inspection, however this was impacting on the meeting some of the social care activities of the residents and was discussed and dealt with under Regulation 5: Individual Assessment and Personal Plans.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication and Manual Handling.

From speaking with the supervisor and one staff member over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs.

It was observed that some refresher training for the administration of rescue medication was overdue however, the person in charge was aware of this and had a plan of action in place to address it.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of safe, quality care services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

An issue arose with regard to one area of risk assessment that required review however, this was discussed and dealt with under Regulation 26: Risk Management Procedures.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

It accurately described the service that will be provided in the centre and the person

in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. From speaking with the person in charge and supervisor, the inspector was assured that complaints were being responded to appropriately in the centre.

However, it was also observed that there were very few complaints made about the service and a sample of feedback from a family member was very positive overall.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful lives in line with their preferences and assessed needs. The quality and safety of care provided to the residents was being monitored, it was to a good standard and residents' health, emotional and social care needs were being supported and comprehensively provided for.

During the inspection an issue was identified with regard to one staff vacancy, because of this gap in staffing some social care activities had to be cancelled or postponed and a more serious issue was identified with the way in which one element of risk was being managed in the centre. However, within 24 hours of this inspection the person in charge had satisfactorily addressed the risk related issue.

The individual social care needs of residents were being supported and encouraged. From viewing a sample of files, the inspector saw that the residents were being supported to use their community, engaged in activities that were of interest to them and to maintain links with their families. For example, residents were being supported to engage in sensory activities such as massage and water therapy. Social activities were also provided for, such as trips to seaside, sensory gardens, swimming, shopping trips and meals out.

Residents were supported with their health care needs and regular (or as required) access to a range of allied health care professionals formed part of the service provided. The inspector saw that residents had regular access to a GP, dentist, occupational therapy, physio-therapy and optician. Each resident also had an annual review of their healthcare needs. Hospital appointments were facilitated as required

and comprehensive care plans were in place to support residents with conditions such as diabetes or epilepsy. These plans helped to ensure staff provided consistent care in line with the recommendations and advice of the health care professionals.

Staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they would have no issue about approaching management and raising a concern about any aspect of the service if they had one. However, there were currently no safeguarding concerns in the centre.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk in the community, 1:1 staffing support was provided. This ensured that the resident remained connected to their community and could engage in regular social activities in a safe and dignified manner.

However, one risk assessment required urgent review as the intervention identified to address the hazard was not in place. When this was brought to the attention of the senior management team, the person in charge provided written assurances to the inspector (within 24 hours of the inspection), that the issue has been addressed and the risk had been significantly reduced.

There were systems in place to ensure all fire fighting equipment was serviced annually. A sample of documentation informed the inspector that staff undertook daily, weekly and monthly checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were also facilitated and each resident had a personal emergency evacuation plan in place detailing the supports they required, during an evacuation.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines. p.r.n. (as required) medicine, where in use was kept under review and there were strict protocols in place for its administration. There were also systems in place to address a medicines error should one occur. It was observed that one drug error had recently occurred and staff were able to talk the inspector through the various steps in managing this issue and how they ensures it would not happen again.

Overall residents appeared happy and content with the service, they were adequately supported and safeguarded and their health care needs were being comprehensively provided for. An issue was identified with regard to a staff vacancy and with how one aspect of risk was being managed. However, senior managed were found to be very responsive to the concerns as raised by the inspector and within 24 hours of this inspection had provided written assurances that the issue pertaining to the risk has been addressed.

Regulation 10: Communication

There were systems in place so as to ensure the residents communication style and preferences were respected. Staff were observed to communicate with residents in line with their assessed needs and in a dignified manner.

The person in charge and supervisor (at the time of this inspection) were exploring ways to further enhance communication processes and information so as they would be more accessible to the residents in a meaningful way. This was a work in progress at the time of this inspection.

Judgment: Compliant

Regulation 26: Risk management procedures

It was observed that management had put together a risk matrix containing environmental and individual risks and identified the mitigating factors in addressing such risks. However, one area of risk assessment required review as the mitigating factor in addressing the risk was not in place

When this was brought to the attention of the programme manager, she provided written assurances to the inspector (within 24 hours of the inspection) that the issue had been addressed.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blankets and emergency lighting.

Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication management policies and procedures were satisfactory and safe.

The medication policy which was a comprehensive document and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage medication errors should one occur. Staff were able to talk the inspector through the process for managing a drug error.

All medicines were securely stored in a secured unit in the centre and any staff member who administered medication was trained to do so.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were policies and procedures in place on the individualised planning process. Residents were being supported to use their local community and engage in therapeutic activities of their choosing. It was observed that there was both family and multi-disciplinary input into resident's person plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing such as music sessions, sensory gardens, days out, shopping trips and meals out.

However, it was observed that due to a staff vacancy, some social activities and/or family visits had to be cancelled or postponed.

Judgment: Not compliant

Regulation 6: Health care

The inspector was satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular to GP services, their medication requirements were being regularly reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure residents were safe in the centre. All staff had undergone safeguarding training and from speaking with one staff member, the inspector was assured that if they had any concern about any aspect of the service they would report it accordingly.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Kilpedder D.C OSV-0002883

Inspection ID: MON-0023214

Date of inspection: 03/10/2018

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>There is a schedule in place for those staff in need of refresher epilepsy training. All staff will be trained by 31/12/2018</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The staff vacancy will be filled by 31/1/2019</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2018
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/1/2019