

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	St. John of God Kildare Services - DC 2
Centre ID:	OSV-0002934
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Philomena Gray
Lead inspector:	Conor Brady
Support inspector(s):	
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
26 May 2017 09:30	26 May 2017 15:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11: Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This unannounced inspection was carried out to monitor compliance with specific outcomes and follow up on assurance reports provided to the Chief Inspector as a result of regulatory non compliance since commencement. A notice of proposal to cancel and refuse the registration of this centre (and other centres on this campus) was issued to this provider in 2015. This designated centre has not been registered by HIQA to date. This was the fifth inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013. The last inspection of this centre was completed in June 2016. This inspection was focused specifically but not exclusively on assurances made by this provider to the Chief Inspector in 2017 that were to be implemented to improve the service provision and quality of life of residents living in this centre.

How we gathered our evidence:

As part of the inspection, the inspector met with residents who were present on the days of inspection. The inspector spoke with and observed the practice of staff members who were on duty. The inspector observed practices and reviewed documentation such as personal support plans, medical/healthcare records, a risk register and risk assessments, rosters, complaints, notifications, incidents/accidents, safeguarding reports, staff files, audits, training records and policies and procedures.

Description of the service:

The provider had a statement of purpose in place that explained the service they provided. There were three locations within this designated centre that provided care for 12 residents at the time of inspection. Seven residents resided in one dwelling, four residents resided in another dwelling and one resident lived in an apartment that were all located on the campus. The resident profile had changed since the previous inspection with one new admission and some residents assessed healthcare needs had also changed.

Overall judgment of our findings:

Overall, the inspectors found that the centre was found to be non compliant in five of the six outcomes inspected against. This provider had identified many of these areas of non compliance within their own assurance reports and quality enhancement planning. While it was found that the person in charge had implemented various changes and some improvements were apparent in certain areas, compliance levels had worsened since the last inspection. For example, the staffing and management gaps at local and campus levels remained a significant concern from a governance perspective. The area of safeguarding of residents, changing healthcare needs, social care provision, complaints management, staffing issues, supervision and performance management required further improvement.

All findings regarding compliance and non compliance are discussed in further detail within the inspection report and accompanying action plan.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that while there had been good improvements with the standard of residents personal planning in this designated centre, further improvements were required regarding the implementation of meaningful social care provision for some residents in this designated centre.

While the inspector found some good examples of increased instances whereby residents were being facilitated to leave the campus for social activities this was not happening frequently enough with all residents. For example, in reviewing a number of residents social care plans, activity logs and interviewing staff, it was evident that while some residents had left the campus on eight occasions in a one month period others only left on one or two occasions and another resident did not leave at all.

There were patterns seen in some resident's personal plans whereby residents with higher physical and healthcare needs had less access and opportunity to pursue social, recreational and community based activities.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that risk management in the centre had improved and was now under consistent review. A risk management policy and risk register were in place and there were individual risk assessments in place regarding specific risks such as epilepsy, falls, modified diets and behavioural risk.

Staff were knowledgeable to the main areas of risk in the centre.

A new resident was residing in this centre since the previous inspection in an adjoining apartment. This resident was supported on a 1:1 basis and this arrangement was working out well according to staff. Staff were observed going on an outing with this resident of the date of inspection.

A fire safety inspection and report commissioned by the provider had been conducted on the 4th April 2017 and recommendations from same had been implemented.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):**Findings:**

There was evidence of safeguarding review and monitoring of incidents by a designated liaison person in support of the person in charge. The inspector reviewed a number of safeguarding matters and found evidence of appropriate follow up in a number of instances. However in an instance whereby seven allegations of abuse were made and

notified to HIQA in 2016 an investigation team report (which took the provider over one year to complete) resulted in largely inconclusive findings.

While there were safeguarding policies and procedures and staff training in place the outcome of this safeguarding investigation report indicated a number of areas of concern. For example, staff understanding of safeguarding practices, recording and reporting practices, how residents are treated and spoken too, staff briefings, induction and staff handover protocols, safe use of equipment and premises issues.

The inspector found that this safeguarding investigation, in terms of its content, duration and consequences has had an impact on service provision in this centre and the service provided to residents.

The inspector reviewed the centres complaints log and found correlating information pertaining to safeguarding that was also provided to HIQA by a resident's family member. The inspector found that residents in one house were allegedly left unsupervised with a resident's family member who witnessed behaviours of concern between residents, while one staff was performing duties elsewhere and another staff member was on a break. This incident had not been appropriately investigated or reviewed despite a complaint being made by the family member.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

Findings:

Resident's basic healthcare needs were found to be provided for in this centre. However some healthcare planning required updating and review. In addition, the deteriorating healthcare needs of one resident was quite considerable with multidisciplinary review highlighting significant concern regarding the suitability of this residents placement in this centre due to their changing needs.

Residents had access and referrals for assessment and appointments for healthcare support needs. There was on-going relevant clinical and multidisciplinary input in place for residents. Appropriate healthcare planning was in place for many residents however some healthcare assessments and residents care plans were found not to have been reviewed and updated within the required timeframes. The inspector was informed this

was under review of an Acting Clinical Nurse Manager at the time of the inspection.

The inspector observed a resident with a diagnosis of agoraphobia and dementia who displayed behaviours that had deteriorated in terms of their presentation and clearly had increased support needs since the centres previous inspection. While the provider had very recently (2 weeks prior to inspection) secured some additional staffing hours for this resident (during the day) the observed presentation on inspection coupled with a review of the residents clinical and multidisciplinary reviews, meeting minutes and care progress notes indicated further assessment and support was required to meet this residents changing healthcare needs.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

Findings:

While a number of actions had been completed at local level by the person in charge the inspector had some concerns regarding higher level governance and management in the centre. For example, there was a vacant Programme Manager position (six months) and Clinical Nurse Manager positions (one year) and a number of nursing vacancies in the centre. This was concerning given this centre has previously been issued with a notice of proposal to cancel its registration the reasons for which included an absence of appropriate governance, leadership and oversight.

While the person in charge has implemented a number of changes and actions, the inspector found that bigger issues such as recruiting key personnel, filling management positions, managing trade union issues that impacted on care provision, assessment and development of resident transitioning and de-congregation, complaints management and health and social care development all required further improvement based on this inspection.

In addition, while many of the areas of non compliance and service deficits were identified in the providers own assurance reports and quality enhancement plans, they

remained unaddressed.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

Findings:

The centres staffing quota was not at full compliment for some time and while there was evidence of efforts made and recruitment campaigns, there was not a sufficient or consistent staff number found in this centre. Unsolicited information submitted to HIQA from family members of residents in this centre expressed concern around supervision arrangements in this centre.

On the morning of inspection the inspector found that there were an appropriate number of staff found on duty with additional support hours sanctioned for one resident in the two weeks before inspection. Staff spoken to on this inspection were found to be caring and reasonably knowledgeable in their roles. Many residents were observed leaving to go to their day services on the morning of inspection.

There had been an on-going safeguarding investigation in this centre pertaining to staff practice towards residents. A report of same was submitted to HIQA on the day of inspection and in speaking with a number of staff this matter clearly had an impact on the running of this centre.

A number of staff had left the centre since the previous inspection and considerable agency staff were still in use albeit in a lesser and more structured manner than when the centre was previously inspected.

The inspector found that one part of the designated centre was home to seven residents and staff numbers dropped to one staff after 9pm. The assessed needs of residents had changed in this part of the centre and there was evidence whereby residents were being disturbed by other resident's behaviours at night time. This staffing arrangement required further review.

The inspector found that staff issues in this centre were directly impacting on resident's ability to pursue interests, activities and goals. For example, the inspector was informed that residents requiring certain medication could only be accompanied by staff trained to administer such medication if they wanted to leave the campus. This was not being provided for a number of these residents. The inspector found that this on-going resource dispute was having a direct and negative impact on the quality of life provided to these residents.

In addition, there was not appropriate supervision and performance management reviews completed for a number of staff in this centre.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0002934
Date of Inspection:	26 May 2017
Date of response:	29 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Resident's social care needs and community activities were not being appropriately met.

1. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

assessed needs of each resident.

Please state the actions you have taken or are planning to take:

1. Additional resources have been allocated to the DC.
2. Additional support is now available to one resident that is not attending the day programmes.
3. The application has been sent to the HSE to secure additional funding for the resident diagnosed with Dementia.
4. The PIC will allocate additional resources to increase the number of social outings for the residents with higher physical and healthcare needs.

Proposed Timescale:

1. Completed on 19/6/2017
2. Completed on 19/6/2017
3. Completed on 19/6/2017
4. 31/7/2017

Proposed Timescale: 31/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

While staff had received training there were deficits in terms of implementing safeguarding procedures in terms of allegations of abuse made in this centre. In addition, investigation report recommendations indicate further development is required in a number of key safeguarding areas in this designated centre.

2. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:

1. PIC ensured that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.
2. PIC reviewed the training records and ensured that all staff training in relation to safeguarding vulnerable persons is up to date.
3. Regulation 8: Protection was discussed on staff meeting on 20th June 2017 – Person in Charge was reassured by the responses of staff that they have good understanding and knowledge of safeguarding principles.
4. The investigation report recommendations will be implemented.

<p>Proposed Timescale:</p> <ol style="list-style-type: none"> 1. Completed before 26/5/2017 2. Completed on 20/6/2017 3. Completed on 20/6/2017 4. 31/8/2017
<p>Proposed Timescale: 31/08/2017</p> <p>Theme: Safe Services</p> <p>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect: An alleged safeguarding incident that took the form of a family complaint was not comprehensively investigated.</p> <p>3. Action Required: Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.</p> <p>Please state the actions you have taken or are planning to take:</p> <ol style="list-style-type: none"> 1.The alleged safeguarding incident was reported to the Designated Officer on 19th June 2017. 2.The alleged safeguarding incident will be screened as per National Policy on Safeguarding Vulnerable Persons. 3.Two notifications (NF06) related to the alleged incident were submitted to HIQA on 20th June 2017. 4.All actions that arise from the screening will be implemented in the DC. <p>Proposed Timescale:</p> <ol style="list-style-type: none"> 1.Completed on 19/6/2017 2.31/7/2017 3.Completed on 20/6/2017 4.31/8/2017
<p>Proposed Timescale: 31/08/2017</p>

<p>Outcome 11. Healthcare Needs</p> <p>Theme: Health and Development</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: A resident with deteriorating health needs recently diagnosed with dementia was not in</p>
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receipt of suitable services.

4. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

1. Additional resources have been allocated to the DC to support the person with diagnosed dementia.
2. Additional Day Programmes supports are now available to the person diagnosed with Dementia.
3. Dementia Awareness training sessions were completed in the Designated Centre.
4. The application has been sent to the HSE to secure additional funding for the resident diagnosed with Dementia.

Proposed Timescale:

1. Completed on 19/6/2017
2. Completed on 19/6/2017
3. Completed on 7/6/2017
4. Completed on 19/6/2017

Proposed Timescale: 19/06/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A number of aspects and appointments affecting the governance and management of this centre need to be addressed.

5. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

1. The Programme Manager post has been filled.
2. The CNM1 and CNM2 posts will be filled.

Proposed Timescale:

1. Completed on 19th June 2017
2. 07/08/2017

Proposed Timescale: 07/08/2017

Outcome 17: Workforce
Theme: Responsive Workforce
The Registered Provider is failing to comply with a regulatory requirement in the following respect: The centre was not staffed appropriately in terms of numbers due to vacancies/unfilled positions.
6. Action Required: Under Regulation 15 (1) you are required to: 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.
Please state the actions you have taken or are planning to take: 1. Additional resources have been allocated to the DC to support the person with diagnosed Dementia. 2. Additional Day Programmes supports are now available to the person diagnosed with Dementia. 3. The application has been sent to the HSE to secure additional funding for the resident diagnosed with Dementia. 4. Following a successful recruitment process one nursing vacancy will be filled on 24th July 2017.
Proposed Timescale: 1. Completed on 19/6/2017 2. Completed on 19/6/2017 3. Completed on 19/6/2017 4. 24/7/2017
Proposed Timescale: 24/07/2017
Theme: Responsive Workforce
The Registered Provider is failing to comply with a regulatory requirement in the following respect: There was not an appropriate skill mix of trained staff to meet residents assessed needs.
7. Action Required: Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the

1. Additional resources have been allocated to the DC to support the person with diagnosed Dementia.
2. Additional Day Programmes supports are now available to the person diagnosed with Dementia.
3. The application has been sent to the HSE to secure additional funding for the resident diagnosed with Dementia.
4. Following a successful recruitment process one nursing vacancy will be filled on 24th July 2017.

1. Completed on 19/6/2017
2. Completed on 19/6/2017
3. Completed on 19/6/2017
4. 24/7/2017

statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

1. Additional resources have been allocated to the DC to support the person with diagnosed Dementia.
2. Additional Day Programmes supports are now available to the person diagnosed with Dementia.
3. The application has been sent to the HSE to secure additional funding for the resident diagnosed with Dementia.
- 4 .Following a successful recruitment process one nursing vacancy will be filled on 24th July 2017.

Proposed Timescale:

1. Completed on 19/6/2017
2. Completed on 19/6/2017
3. Completed on 19/6/2017
4. 24/7/2017

Proposed Timescale: 24/07/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Supervision arrangements of staff were not adequate.

8. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:

- 1.Following the CNM1/CNM2 posts being filled the PIC will review the supervision and PDR completion for all staff and will develop and implement a schedule to address the deficits.

Proposed Timescale: 31/08/2017

