

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. John of God Kildare Services - DC 4
<b>Centre ID:</b>	OSV-0002936
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Company Limited By Guarantee
<b>Provider Nominee:</b>	Philomena Gray
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	Anna Doyle
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	21
<b>Number of vacancies on the date of inspection:</b>	2

## **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 inform a registration decision. This monitoring inspection was unannounced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 05 October 2017 10:30 To: 05 October 2017 16:00

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
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 actions issued on the previous inspection. This was the fifth inspection of this designated centre.

The previous inspection of this designated centre took place in June 2016 where good practice had been identified in many of the outcomes that were inspected and there was increased evidence of improved quality of care for residents.

Prior to the last inspection the centre had been subject to a regulatory escalation plan. In addition, due to ongoing governance and management issues in a number of other centres under the care of SJOJ centres, this centre continued to be part of assurance plans being submitted to HIQA.

The purpose of this inspection was to follow up on actions from the previous inspection, to review the decongration plans submitted to HIQA and to inform a registration decision.

How we gathered our evidence;

As part of the inspection, the inspectors met with some of the residents who were

present on the days of inspection. Inspectors respected the wishes of some residents who staff felt may not be comfortable meeting inspectors in line with their assessed needs. Residents presented as well cared for over the course of this inspection. One resident was away from the centre on the day of the inspection.

The inspectors spoke with and observed the practice of staff members who were on duty. Documentation such as personal support plans, medication records, a risk register and risk assessments, rosters, notifications, incidents/accidents, staff files, audits and training records were reviewed. One staff was interviewed by inspectors. The person in charge and clinical nurse manager were met as part of this inspection. The residential programme manager and other members of the provider's management team attended preliminary feedback following this inspection.

#### Description of the service

The provider had a statement of purpose in place that explained the service they provided. In the areas inspected, the inspector found that the service was provided as it was described in this document. There were four internal locations/units within this designated centre that provided care for 21 residents at the time of inspection. The majority of residents were attending day programmes and involved in activities on the inspection day.

#### Overall judgment of our findings

Overall, the inspectors found that the actions from the last inspection had been followed up. Good practices were identified and observed in most of the outcomes that were inspected. Inspectors found the levels of improvement in the centre had continued and many of the action plans and undertakings of the provider had been successfully implemented. Good local governance and management was a strong feature found on this inspection.

Transitional planning remained a key feature of plans submitted to HIQA in this centre to ensure residents were moving off campus to smaller community based settings. Inspectors found one resident who had a planned transition had not moved out of the designated centre. A further eight residents are planned to move from this centre according to provider plans submitted to HIQA.

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 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

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

**Findings:**

Inspectors found from a sample viewed, that residents now had a contract of care in place which had been signed by their representative where appropriate. No other aspects of this outcome were inspected.

**Judgment:**

Compliant

**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):**

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

**Findings:**

Each resident had opportunities to participate in meaningful activities that are appropriate to their interests and preferences.

From a sample of plans viewed, inspectors found that residents were involved in a wide range of activities both on the campus and in the wider community. On the day of the inspection most of the residents had already left the centre to pursue their chosen activities.

The plans in place demonstrated that residents had goals set, which had been broken down in to smaller steps with clear timeframes for completion or review. This had been an action from the last inspection. Some goals included teaching independent living skills and others included a resident getting used to travelling on a aeroplane.

A number of residents had been proposed to transition from the centre. While residents had not yet been informed of this, their representative had been. There was evidence of good practices in this area. Which included skills teaching and residents accessing facilities in the proposed area they were moving to. For example, residents were using the hairdresser and bank in this area in order to familiarise themselves with the proposed new community.

**Judgment:**  
Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**  
Effective Services

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

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

**Findings:**

The location design and layout of the centre were suitable for the stated purpose and met the residents' collective needs in a homely and comfortable way.

Inspectors found that the centre was very clean and well maintained on the day of the inspection.

Since the last inspection the person in charge had implemented measures to reduce the practice of locked doors in the centre. This had been an action from the last inspection.

**Judgment:**  
Compliant

--

<b>Outcome 07: Health and Safety and Risk Management</b> <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
--

<b>Theme:</b> Effective Services
-------------------------------------

<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> Overall the inspectors found that the person in charge and the provider had systems in place in order to protect the health and safety of visitors, residents and staff in the centre.  There were adequate means of escape and exits were unobstructed. Adequate fire fighting systems had been installed, including a fire alarm, emergency lighting, fire extinguishers and fire blankets. There were records in place to indicate that the equipment had been serviced appropriately.  Appropriate fire procedures were displayed in the centre and each resident had a personal emergency evacuation plan in place. Staff were aware of evacuation procedures and evidenced knowledge of evacuations and ability to evacuate residents.  There was a policy in place on risk management in the centre along with a health and safety statement. The person in charge had effective arrangements in place for managing risk in the centre. For example, all incidents were reviewed by the person in charge and referred to other allied health professionals where appropriate. All incidents that occurred in the centre were also discussed at staff meetings and during staff handovers when shifts were changing.  A risk register was maintained in the centre by the person in charge and each house within the centre was found to have identified, risk rated and put control measures in place for all prevalent and potential risks. For example, environmental risks, behavioral risks and health and safety risks pertaining to residents based on individual needs. A clear review system was in place that evidenced a reduction in incidents which was consistently reviewed and monitored by the management team.

<b>Judgment:</b> Compliant
-------------------------------

<b>Outcome 08: Safeguarding and Safety</b> <i>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,</i>
--

*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):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found there were measures in place to protect residents being harmed or suffering abuse and appropriate action whereby allegations, disclosures or suspected abuse occurs. Inspectors found that due to planned and completed transitions and the changing of resident mix in some parts of the designated centre improvements were very evident in this area.

The inspectors found that the provider was operating from Safeguarding Vulnerable Persons at Risk of Abuse - National Policy and Procedures (2014). The person in charge was supported by a designated liaison person in the preliminary and full investigation of allegations, disclosures or suspected abuse. There had been a marked reduction in incidents of reported peer/peer abusive interactions and a much increased focus on resident safety in this centre.

The person in charge and staff demonstrated good knowledge of the process and reporting of concerns. Staff were trained in the area of safeguarding vulnerable adults and were all found knowledgeable regarding the types of abuse and how to report same.

Multi-element behavioural support plans were in place for residents determined as requiring same and staff were found to be knowledgeable regarding resident's specific behavioural support needs. The premise was no longer highly restrictive and significant effort and work had gone into the safe management of residents and promoting a restraint free environment.

One resident who had a transitional plan (was due to transition out of the centre due to impact of behavior on other residents) had not moved from the designated centre. This remained a requirement based on the resident's presenting needs and was reviewed as part of this inspection. While interim measures were put in place, this resident's transition was not implemented as planned.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for*

*medication management.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspectors found that there were appropriate measures in place for the safe administration of medication in the centre.

There was a policy in place for the safe administration of medication in the centre. A staff member spoken with was clear about the medication practices in the centre and was knowledgeable around residents' prescribed medications.

Medications were stored in a locked cupboard and there was a locked fridge available for medication where required.

Staff were clear on the procedure in place for the administration, storage and disposal of medications in the centre and showed inspectors the records in place demonstrating this.

A sample of medication prescription sheets and medication administration sheets were viewed by inspectors which were found to contain the appropriate details. This included when medications should be crushed.

All medication delivered to and stored in the centre were audited to ensure accuracy. There were systems in place to record, report, and follow up on medication errors in the centre. A sample of medication error forms viewed showed that the audit systems in place were positively contributing to the identification of some potential errors that may have reached the resident were it not for this practice.

There were no controlled drugs prescribed in the centre on the day of the inspection.

**Judgment:**

Compliant

**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.*

<p><b>Theme:</b> Leadership, Governance and Management</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.</p> <p><b>Findings:</b> Inspectors found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis.</p> <p>The person in charge was present throughout the inspection. They were supported in their role by a clinic nurse manager and social care leaders. The person in charge demonstrated a very good knowledge of the residents in the centre.</p> <p>Regular staff meetings were held in the centre.</p> <p>Auditing practices were in place in the centre to ensure and enhance the quality of care being provided in the centre.</p> <p>An unannounced quality and safety review had been completed along with an annual review.</p> <p>The person in charge had facilitated a family day in the centre in July 2017. Inspectors found that this had included a review of practices in the centre such as restraint.</p> <p>Overall the provider had implemented the majority of actions outlined in assurance reports submitted to HIQA. Transitional planning pending required implemented in line with plans submitted.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 17: Workforce</b> <i>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.</i></p>
<p><b>Theme:</b> Responsive Workforce</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p>

**Findings:**

Inspectors found that there were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents in the centre.

There was a planned and actual rota in the centre. From a review of a sample of these, inspectors found that there was a regular consistent team available in the centre and the dependency on relief and agency staff was at a minimum in the centre. Where agency were employed there was an induction sheet completed and regular personnel were employed to cover shifts as much as possible.

Additional staffing had recently been employed in the centre in order to support one resident. The person in charge informed inspectors that this was due for review the following week.

Staff spoken to felt supported in their role and a yearly performance appraisal was completed with staff in the centre. This provided staff the opportunity to raise concerns and highlight the need for further training requirements as required.

Training records viewed demonstrated that staff had completed mandatory training and had also attended other training to inform their practice such as training in dementia.

Personnel files were not reviewed as part of this inspection.

There were no volunteers employed in the centre.

**Judgment:**

Compliant

**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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
<b>Centre ID:</b>	OSV-0002936
<b>Date of Inspection:</b>	05 October 2017
<b>Date of response:</b>	08 November 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 08: Safeguarding and Safety

**Theme:** Safe Services

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

One resident's behaviour has negatively impacted on the rest of residents in the centre and a planned transition for this resident (based on their assessed needs) never took place as planned.

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

**1. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- 1.The Registered Provider/ representative will carry out a review of some of the existing accommodating within the Designated Centre with the view of re-configuration
- 2.Once reconfiguration agreed – structural work will commence within the Designated Centre
- 3.Sensory Integration supports will be implemented to support the identified resident
- 4.Suitable community based living environments to be sourced in line with the Organisation’s Decongregation Plan of the campus.

**Proposed Timescale:**

- 1.31/12/2017
- 2.31/3/2018
- 3.31/3/2018
- 4.31/12/2019

**Proposed Timescale:** 31/12/2019