### Health Information and Quality Authority Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Ltd</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003576</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Kathleen.fitzpatrick@sjog.ie">Kathleen.fitzpatrick@sjog.ie</a></td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Bernadette Shevlin</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Eva Boyle</td>
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<tr>
<td>Support inspector(s):</td>
<td>Ann Delany;</td>
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<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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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 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 compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 23 April 2014 10:00 To: 23 April 2014 20:30

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 12: Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection
This was an announced monitoring inspection which took place over one day. As part of the monitoring inspection inspectors met with children, members of staff and the management team. Inspectors observed practices and reviewed documentation such as care plans, policies and procedures.

St. John of God Community services provided respite breaks for children aged six to 18 years with a moderate, severe or profound intellectual disability. Overnight respite breaks were provided at weekends and during summer holidays. On the day of the inspection, five children attended for after school day respite.

Inspectors found a number of risks that required immediate action and took the unusual step of issuing an immediate action plan on the day after the inspection. These risks related to not all windows having appropriate restrictors fitted and latex gloves being readily available in the children's bathrooms. The provider confirmed on the 25th of April that windows restrictors had been fitted and latex gloves were removed from all children's bathrooms.

Children and parents told inspectors that they were happy with the staff and level of care that was provided at the centre. The centre had written person centred plans in place for children. However, these plans required more multi-disciplinary input including the children and their families. There was insufficient planning in place for children who were aged 17 years or for those who had reached adulthood. Inspectors found that there were no identified adult services in place for 18 year
olds, who at the time of the inspection were due to move from the centre at the end of the school year. Staff identified that young people aged 18 required gradual transitions to future services. However, there were no specific plans in place for these young people.

There was an effective management team in place in the centre and a number of systems and structures were being developed including risk management, health and safety and fire systems to support staff to provide appropriate care. The management team had completed a self assessment against the standards and regulations and had developed an action plan to respond to the identified deficits. There were sufficient staff to meet the needs of children on the day of the inspection and inspectors observed them interacting with children in a confident, sensitive and respectful way.

There were no formal systems in place to supervise staff to ensure that staff have formal confidential supports by the manager and an opportunity for the manager to formally identify positive practice or development needs or areas of improvement or concern to staff.
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 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):**

No actions were required from the previous inspection.

**Findings:**

Children's needs were not clearly assessed and documented within the person centred plans. There was limited child, parental or multi-disciplinary involvement in the formulation of person-centred plans. Key goals were not identified for children who attended respite in the centre. Children who were approaching adulthood did not have identified plans in place to transition to adult services.

Children's needs were not comprehensively assessed and there had been limited consultation with children, parents and their multi-disciplinary team in formulating children's person centred plans. There were a range of documents within the children's person centred plans. However, the needs of young people were not fully assessed and were not documented in person centred plans. The plans consisted of a personal profile, all about me, health records (recording sleep, epilepsy, bowel movements, eating and drinking assessments) and intimate care plans, finance plans and risk management plans in relation to manual handling. The plans also kept a record of personal items/children's belongings that they brought into the centre for the period of their respite. Emergency contact details and evacuation plans were on each child's personal plan. Inspectors sampled a number of these files, and did not find any comprehensive record of children or their families contributing to their personal plans. There had been some limited correspondence with families seeking the completion of paperwork in respect of the children's 'all about me' and medical information. Communication passports were not completed in all personal plans. Those that were completed were found to provide good guidance to staff on the supports that the child required in order to communicate, such as the use of pictures. While many of the personal plans had some information from individual members of the multi disciplinary team, for example the occupational therapist and individual educational plans, there was no record of a comprehensive multi disciplinary input in formulating these plans. Key goals for residents were not identified in personal plans, so therefore it was not clear
how the service was going to measure the outcomes for children or how families and staff provided a continuum of care to ensure children met their full potential. The personal plans that were reviewed by inspectors were completed in September 2013.

Future planning including transitions to adult services was not taking place in a timely manner in order to support residents in these transitions. Inspectors found that plans did not focus on the immediate future needs of older children, as no liaison with children, parents or adult services was found, for children who were approaching or were 18 years of age. This level of planning is required to ensure continuity of care and for young people to have positive transitions between services. The co-ordinator told inspectors that many of the young people attending the service who were approaching adulthood required a transition period between services, and acknowledged that there were difficulties in securing a respite placement in adult services in a timely way. Parents told inspectors that they were anxious about where and when a placement would be secured for their children. There were no definite plans in place, as to what adult service that the young people would transition to. The co-ordinator and service director accepted that this was the case and the co-ordinator spoke of their residents requiring transition plans over a prolonged period in order to ensure seamless transitions.

Older children were not supported in their preparation for adulthood. Inspectors found in person centred plans that there were no specific goals in place to support young people in preparing them for adulthood, such as working on life-skills.

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):
No actions were required from the previous inspection.

Findings:
The centre had some systems in place to promote the health and safety of children and staff. There was a health and safety statement in place and adequate precautions to monitor fire safety. However the risk management policy was not compliant with the regulations. Not all risks within the centre had been identified, assessed and mitigated against and inspectors identified a number of serious risks which required an immediate action plan to be issued. The organisation had commenced using a risk register on a trial basis.

The service had a health and safety statement which was completed in June 2013.
There was a designated local safety representative in place. The overall service held a health and safety committee meeting which was held every two months and the centre was represented on the committee. The terms of reference of this committee was to be proactive rather than reactive in terms of health and safety, to promote all aspects of health and safety in the workplace, to identify, evaluating and advising on particular safety issues which may pose as a risk within the service. They also had the remit to review the health and safety management system annually or as a need arose.

There were deficits in risk management. Not all risks within the centre had been identified or risk assessed. Inspectors identified a number of risks during the course of the inspection, which were unassessed. For example, not all windows had appropriate restrictors fitted and latex gloves were available in the children's bathrooms. The authority took the unusual step of issuing an immediate action plan to safeguard the wellbeing and protection of children with identified timelines. The person in charge reported to the authority on 25 April 2014, that windows restrictors had been fitted and latex gloves had been removed from the bathrooms. A risk assessment had also been completed. The draft risk management policy outlined comprehensively the risk matrix that was in use in the centre, and how to identify and assess risk. Inspectors observed the use of this risk matrix in the manual handling risk assessment that were on children's files. However, the policy did not meet the requirements of Regulation 26 (1)(c) as it did not include the measures and actions in place to control the risk of unexpected absence of any of the children, accidental injury to residents, visitors or staff, aggression and violence or self harm. There was a new risk register being trialled in the centre and this was being populated on a monthly basis. It identified that each service area required a risk assessment and that staff required specific first aid training.

Infection prevention and control measures were not at an optimum. Personal protective equipment was available to staff, for example disposable gloves and aprons and written guidance on hand washing for both children and staff was displayed within the centre. However, inspectors also observed freshly laundered communal cloth towels and face cloths and shared toiletries in bathrooms, hand gels at wash hand basins and hand operated rather than pedal operated waste bins.

The centre had adequate internal systems to monitor fire safety on a regular basis. The centre had appropriate fire equipment in place such as fire extinguishers and fire blanket. The equipment had been serviced bi-annually. The fire warning system was tested twice between January and April 2014. The centre's policy was that fire drills were held every three months. There had been 6 night fire drills and 6 day fire drills between September 2013 and April 2014. The centre had recorded if a child was not cooperative with the fire drills. Staff completed weekly fire inspection schedules and this was reviewed at the staff meetings each Tuesday. The fire alarm was serviced quarterly and services were recorded in March, June, September 2013 and January 2014. Inspectors found that under the daily duties of staff was the review of the fire attendance sheet. Inspectors reviewed the emergency plan for the service and it was comprehensive. There was a plan in place should the centre need to be evacuated. Inspectors reviewed a sample of files, and all residents had a personal evacuation plan. An alternative building which was located nearby was identified as the location where residents and staff would be evacuated to. However, not all staff had completed fire training in July 2013.
Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
There were systems in place to safeguard children and protect them from the risk of abuse. The organisation had its own draft policy which was in-line with Children First: National Guidance for the Protection and Welfare of Children (2011), Children First (2011). Staff had a good awareness around the signs of abuse, but not all staff knew the procedures to follow should they have a concern regarding a child's welfare. A positive behaviour support policy was in place. However, not all staff had been trained in this process. The management team had not identified all restrictive practices that it employed.

The centre had a draft policy and procedure for safeguarding vulnerable people dated October 2013. This policy referenced Children First (2011), and described the types and impact of abuse. Procedures were outlined for staff should child abuse be suspected, and these procedures were in-line with Children First (2011). The co-ordinator of residential care and respite told inspectors and records confirmed that not all staff had received training in Children First or safeguarding. Inspectors found through meeting staff that they had good awareness around the signs of abuse and were aware of the designated liaison person. The programme manager was the designated liaison person. The co-ordinator of residential care and respite was the deputy liaison person, and inspectors found that she had a good knowledge of the procedures to follow should a concern arise about a child's welfare. However, not all staff were aware of all appropriate steps to take if they had concerns in relation to a child's welfare, so a child could be at risk due to this.

The centre had no record of any incidents, allegations, suspicions of abuse that required reporting to the Child and Family Agency. The centre had some good safeguarding practices in place for children such as how children's money was documented and managed, and the arrangements for this were documented in each child's person
The centre had a policy for positive behaviour support (2009). The policy outlined the specific model of positive behaviour support that the organisation promoted. The policy outlined that it was mandatory for staff to complete training in the model, that behaviour support plans were formulated by staff with a background in psychology and that the plans were to be regularly reviewed. The co-ordinator of residential care and respite informed staff that psychologists provided guidance in managing children’s behaviours. Inspectors reviewed a number of children's files, and found in one file, that there were specific behaviours identified. However, there was no specific step by step guide set out to manage the behaviours. This meant that not all staff may have been aware of how to manage this child's behaviour. Staff told inspectors that they employed distraction techniques, reactive strategies and one to one supervision with children whose behaviour challenged. Inspectors found that not all staff had completed training in positive behaviour support.

The service had a Human Rights Committee who monitored restrictive practices to ensure that the practice was appropriate. Some restrictive practices were appropriately identified, risk assessed and were monitored by the human rights committee. In these situations, these restrictive practices had been reviewed and documented in children's files. Inspectors reviewed paperwork where parents had been involved in and were aware of the restrictive practices. However, not all restrictive practices had been identified and documented in the centre such as the use of bedrails on beds. There was no evidence that the staff had considered other less restrictive practices.

Judgment:
Non Compliant - Moderate

<table>
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<tr>
<th><strong>Outcome 12. Medication Management</strong></th>
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<td><em>Each resident is protected by the designated centres policies and procedures for medication management.</em></td>
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| **Theme:** |
| Health and Development |

| **Outstanding requirement(s) from previous inspection(s):** |
| No actions were required from the previous inspection. |

| **Findings:** |
| Overall, medication was well managed. A policy was in place which guided practice. Registered nurses administered all medication. |

The centre had a comprehensive policy in relation to medication management (2013). It gave very comprehensive guidance in relation to prescribing, ordering, administration, storage, crushing and disposal of medications. A copy of this policy was observed to be readily available to staff. Nursing staff told inspectors that they had been requested to
complete an on-line medication management competency assessment.

The centre had appropriate medication storage facilities. No medication was stored in the centre on the day of inspection as there were no children on residential respite. However, inspector viewed the locked medication storage cabinet. Medication prescriptions and administration records were included in children's files. Inspectors found that the residents' photos, date of birth, general practitioner details, medication dosage, and administration route were recorded. This ensured that all staff were aware that they administered the correct medication to the appropriate child. However, there was no area on the administration record to record the reason medication had not been administered and there was no signature record of staff who administered medication.

The co-ordinator told inspectors that there were no identified medication errors in the last 12 months. However, inspectors found one error in the sample of children's files they reviewed on the day of inspection. A medication had not been administered at the appropriate time.

Judgment:
Non Compliant - Minor

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspectors found that the statement of purpose did not meet all of the requirements of the Regulations. The statement of purpose and function presented was in draft. Inspectors found that the specific nature of the service provided was well described as well as the age range, gender of children and ethos/mission statement of the service. Work practices on the day of inspection reflected that statement.

However, the statement of purpose did not adequately describe the building's dimensions, policies and procedures of the centre. It also did not describe in detail the process of formulating care plans and it stated that it was the responsibility of family members to facilitate a child attending religious services, their supervision and transportation. There was insufficient detail in relation to the fire safety and emergency procedures and the specific evacuation arrangements for the service.

It was unclear if all children and families had been provided with a copy of the draft.
**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):

No actions were required from the previous inspection.

### Findings:

There were some good management structures in place to support the provision of safe services to children but further measures were required to improve the effectiveness of the service. A number of policies were in draft and required to be formalised. The centre had completed a self assessment of the regulations prior to the inspection and had specific timescales in place to work on areas of improvement. Other systems for monitoring the outcomes for children required development in order to reduce risks and ensure that resources were used to maximum effect.

The centre had a clearly defined management structure, which identified the lines of authority and accountability in the centre. St. John of God Carmona Services were the registered provider. The person in charge, held the position of co-ordinator of residential care and respite and she managed the supervisor of the centre. The co-ordinator of residential care and respite reported directly to the programme manager for residential services, who in turn reported to the service director. The service director reported to the chief executive officer. Staff told inspectors that they were aware of the management structure and were clear about who they reported directly to. Inspectors found that the co-ordinator was suitably qualified and experienced. She had worked for nine years within the service and had substantial experience in the area of learning disability and management.

The co-ordinator was present in the centre on a weekly basis, and was also the person in charge of another residential centre. She was supported in the management of the centre by the centre supervisor who was on leave at the time of the inspection. The co-ordinator informed inspectors that she met with the supervisor on a weekly basis. Inspectors found that the co-ordinator had a very good knowledge of the individual children who used respite services. There was a twenty four hour on call system in place, so when the co-ordinator was not on call, there was a member of the
management team available to staff. The co-ordinator said that she would on occasions call in, unannounced, at a weekend, when the service provided full time respite, to have oversight of the service. The co-ordinator was not fully briefed on the extent of her statutory obligations of the role such as the person in charge being responsible for ensuring that comprehensive assessments by an appropriate healthcare professional is completed prior to admission.

The designated centre had a number of written operational policies as required by Schedule 5 of the Regulations. However, a number of these policies were in draft and additional work was required to ensure they were sufficient to inform practice. There was a protected disclosure policy in place to support staff to raise concerns about the quality and safety of care and support provided in the centre. However, not all staff spoken with were aware of the correct escalation procedure.

There were some systems in place to analyse data and the quality of the service. The centre had completed a self assessment of the regulations in March 2014. This audit identified areas in quality and safety that required improvement. A copy of this report was made available to inspectors during the course of the inspection and identified actions, persons responsible and defined timeframes to achieve specific actions. Inspectors found that there was management oversight of records in the centre such as reviewing adverse incident reports and reviewing specific incidents. There was good organisational oversight which took place outside of the centre, such as the human rights committee, which reviewed and made recommendations in relation to any restrictive practices that were occurring within the centre. However, there was limited monitoring of the quality of care provided to the children attending the service, their outcomes and a system of regular audits was not in place for issues such as quality of care plans, behaviour management plans and medication management.

There were no formal supervision arrangements within the centre staff, where staff were held to account for their personal and professional responsibility. There was a system of appraisal in place for new staff, and one member of staff who was new to the service outlined that they were met on a three monthly basis to review their professional development and progress. Inspectors observed the recording of these meetings. It was unclear to inspectors how staff performance was managed in order to ensure that the service was continually improving.

Inspectors reviewed a copy of the organisational service level agreement with the Health Service Executive for 2013, as the service level agreement for 2014 was not in place. The agreement contained arrangements for the review of the provision of services and these arrangements were broken down into monthly, quarterly, bi-annually and annual requirements. For example, the service was required to provide monthly data on admissions, discharges and relocations, while an annual financial report was required.

Following the inspection information of concern came to the attention of the Authority. The Authority subsequently met with the provider nominee, person in charge and director of services in relation to the information and the actions that the provider had taken as a result of past events. Assurances were provided that related learnings had been taken very seriously by the St. John of God’s Organisation and that professional fitness issues had been forwarded to the relevant professional regulator. The director of
services also identified that an action plan had been developed by the organisation in relation to a number of recommendations and a copy of this was provided to the Authority.

**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):**
No actions were required from the previous inspection.

**Findings:**
In general, there was evidence of safe staff recruitment practices and inspectors were satisfied that there were an adequate number of staff to meet the needs of the children and to deliver a safe service on the day of inspection. Recruitment practices were generally good. However, there were a number of areas where improvements were required such as ensuring that there was full compliance in relation to An Garda Síochána vetting and employment histories in staff files. Staff were aware of but had not an in-depth knowledge of the disability regulations and standards. There were no formal systems of staff supervision in place, in order to review staff’s work and development needs.

Recruitment practices in the centre were generally effective and were managed by the human resource department who reported to the service director. Five staff files were examined, and found that in four out of five files, there was appropriate An Garda Síochána vetting, two staff references, evidence of relevant qualifications and full employment history. All staff files had evidence of the staff member’s identity, personal details, the dates that they commenced employment and working hours. Evidence of professional registration was present on staff files.

Staffing levels were sufficient to provide care for the children attending respite on the day of inspection. Staff had appropriate skills, qualifications and experience to meet the needs of the children attending respite services. There were eight staff members, six nursing staff and two care assistants employed in the centre. A supervisor, who reported to the co-ordinator of residential care and respite, was responsible for the day to day management of the centre. At the time of the inspection, the supervisor was on leave. On the day of the inspection, there was one registered nurse, two care assistants and a
student nurse on duty. During weekend and five night respites, the rosters indicated that there was generally two nurses and one care assistant rostered to work. One member of staff worked permanent nights and did not rotate onto the day shift to facilitate the person in charge to supervise them and observe them engaging in care practices. Inspectors observed staff providing appropriate assistance and care in a respectful, timely and safe manner on the day of the inspection. The inspectors confirmed that up-to-date registration was in place for the nursing staff.

Copies of planned and actual rosters were reviewed. Inspectors found that the roster was not always updated to reflect when there were staff changes, such as sick leave. Therefore, historical records of the roster were not always accurate. A registered nurse was always on duty. Not all staff members nor their full names were included on the roster.

New staff underwent an induction and probation process on taking up their posts. The service had an induction check list which included new staff being familiarised with all policies and procedures within the centre. One member of staff who had been recruited in the last 12 months told inspectors that three monthly meetings were held with the supervisor, where they discussed his/her goals, strengths and training needs.

There was no formal needs analysis completed to inform a specific training programme for 2014. The co-ordinator of respite told inspectors that in determining the training needs of staff, that she looked at the profile of children that were attending the service and the training given to staff needed to reflect the needs of the children. She gave an example of arrangements that had been in place with the Health Service Executive for staff to complete training in Children First (2011). However, not all staff had attended mandatory training. Inspectors reviewed a sample of staff files, and found that not all staff had up to date first aid, managing behaviours, manual handling or Children's First (2011) training. Therefore, not all staff may have been fully aware of how to safely complete all tasks within the centre. Inspectors found that staff had a good awareness of internal policies and procedures within the centre.

Staff told inspectors that they had attended team meetings where the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities were discussed. However, inspectors found that staff had not an in-depth knowledge of the disability regulations and standards. Copies of the standards and regulations were available in the centre.

Staff were not receiving formal supervision. There was no supervision policy in place in the centre. The co-ordinator of respite outlined that she met with the centre supervisor on a weekly basis. However, there were no written records of these meetings. Staff spoke of being able, informally, to seek guidance from their supervisor and the co-ordinator of respite, as they required it. The absence of formal supervision meant that staff did not have formal confidential support by the manager or an opportunity for the manager to formally identify positive practice or development needs or areas of improvement or concern to staff.

The centre was not using volunteers. However, there was a comprehensive policy in place in the service for the use of volunteers, which included the volunteer having to
undergo An Garda Síochána vetting and providing three references. The service also has a volunteer committee which developed, monitored and implemented the volunteer development/ recruitment strategy of the service in accordance with the needs of the service and those who use the service.

**Judgment:**
Non Compliant - Moderate

### 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:**

Eva Boyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report\(^1\)

<table>
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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Ltd</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003576</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>23 April 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>27 June 2014</td>
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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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Children's needs had not been sufficiently assessed in the centre

**Action Required:**
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
1. The personal plans for the children/young people shall each be reviewed in full. This review shall ensure that any gaps identified are addressed immediately, and that all

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\(^1\) The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
assessed needs, including clinical needs, have been identified and incorporated into the children/young people’s personal plans.
2. Education and training on the management of personal care plans, to include assessment and identification of needs, shall be undertaken by staff.
3. A local policy and procedure shall be developed to guide staff regarding assessment, identification of needs, and care planning that is specific to the children /young people attending the service.
4. Key goals shall be identified for each child /young person to ensure that the staff, as well as the families, have measurable outcomes.
5. Personal Plans shall be audited to ensure that they are up to date and reflect current needs of the children/young people.

Monthly Staff team meetings will be held, at which updates on care planning will be an agenda item (to include assessment and identification of needs).

Proposed Timescale: 30/08/2014
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Children were not involved and there was limited consultation with parents in the drawing up of person centred plans.

Action Required:
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident’s wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
1. Key workers shall ensure that residents are involved in their personal care plan development. The supervisor is working directly with staff to support them to involve the child/young person and his/her family in the review of their personal care plans.
2. The process for involving the children/young people and their families in personal planning shall be reviewed with staff and documented clearly in a local policy and procedure for all staff to reference.
3. Education and training on the management of personal care plans shall be carried out for staff as part of the 2 week training plan in July.

Proposed Timescale: 30/08/2014
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no identified planning process in place in order to ensure that there were timely transitions for children to adult disability services.
**Action Required:**
Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

**Please state the actions you have taken or are planning to take:**
1. The process for linking with the ADT Committee (Admission, Discharge and /Transfer committee) regarding the timely transition/ discharge of a child/young person from children’s services to Adult Disability Services will be documented. The process shall include ensuring that consultation occurs with each child who is approaching 18, their families/representatives and adult services via the ADT committee.
2. Discharge planning has commenced via the school and day services for the young people who turn eighteen this year (currently awaiting financing for transition to adult day services).
3. The process shall be documented in a local policy and procedure, and staff shall be made aware of the process, with a record kept of staffing receiving and signing off on the policy. The process shall also include supporting young people in preparing for adulthood, including promoting life skills.
4. The process shall be audited to ensure discharge planning is being undertaken.

**Proposed Timescale:** 30/08/2014

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**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all windows had appropriate window restrictors in place. Latex gloves were observed in children’s bathrooms and there had been no risk assessment undertaken in relation to this practice.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
1. All windows in the centre were reviewed and restrictors put in place, to ensure the safety of all children.
2. All latex gloves have been removed from all areas accessed by children and moved to a secure location. The following additional measures have also been put in place:
   - Risk assessment carried out in relation to the storage of Latex gloves
   - Additional control measures include the installation of locked presses in bathroom and communal areas so as to ensure access when necessary by staff to protective clothing, while still maintaining the safety of children in the location. These presses will be in place by 9th May 2014.
**Proposed Timescale:** 09/05/2014  
**Theme:** Effective Services  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Adequate precautions and controls to prevent the spread of healthcare associated infections were not in place

**Action Required:**  
Under Regulation 27 you are required to: 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 infections published by the Authority.

**Please state the actions you have taken or are planning to take:**  
1. All hand operated bins shall be replaced with foot operated bins.  
2. Education on hand hygiene and infection control shall be provided to staff  
3. The use of communal towels, facecloths and toiletries shall be discontinued and families informed. Specific towels, facecloths and toiletries are allocated to each child.  
4. Regular infection control audits shall be scheduled and resultant findings shall be actioned.

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**Proposed Timescale:** 31/07/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Not all staff had attended fire training

**Action Required:**  
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.
Please state the actions you have taken or are planning to take:
1. All staff to receive suitable training in Fire Prevention
2. Staff to receive training on Emergency Procedures
3. Detailed plans of building layout and escape routes to be displayed
4. A schedule of planned fire drills and evacuation of residents shall be maintained
5. The fire exits are checked daily by the staff appointed as daily Fire Warden
6. Ongoing audits on equipment and fire escapes shall be carried out monthly

Proposed Timescale: 30/07/2014

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:
Inspectors found that not all staff had training in positive behaviour support.

Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
1. A training needs analysis was undertaken by the HR manager and the PIC on 4th June 2014 to identify gaps and staff training needs in the area of Positive Behaviour Support / Multi Elemental Behaviour Support (MEBs) and Crisis Prevention Intervention (CPI).
2. Education and Training shall be undertaken by the staff who have not received training to date.

Proposed Timescale: 31/08/2014
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all restrictive practices that were in use, had been identified by the centre and appropriately reviewed.

Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
1. A full review of the process for the management of restrictive procedures shall be undertaken. This shall include identification and documentation of restrictive procedures and processes for the management of restraint including observation and release from restraint.
2. Education and Training shall be undertaken by staff regarding the management of restrictive practices.
3. A local restraint register shall be kept to record all use of restraint.
4. Regular audits shall be undertaken to ensure the process is adhered to and all resultant actions shall be implemented.

**Proposed Timescale:** 31/07/2014

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centres safeguarding vulnerable people policy was in draft

**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 policy on safeguarding vulnerable people has been approved by the Director of Services

**Proposed Timescale:** 31/05/2014

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had received training in Children First (2011).

**Action Required:**
Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

**Please state the actions you have taken or are planning to take:**
1. All staff will be trained in the organisation’s Safeguarding Policy which includes Children’s First. Training has been scheduled.

**Proposed Timescale:** 31/07/2014

**Outcome 12. Medication Management**
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication was not always administered as prescribed

Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
1. All nursing staff who are administering medication shall complete the HSE medication e-learning module, and shall produce a certificate for their staff file.
2. A full review of the process of medication management practices shall be carried out.
3. The Kardex shall be reviewed and the template shall be updated to promote clarity and information to staff.
4. A record of all staff signatures shall be maintained.
5. All policies and procedures pertaining to medication management shall be updated
6. A schedule of regular audit focusing on medication management shall be introduced and all resultant actions shall be implemented
7. The Person in Charge will oversee the management and follow up of all medication errors. This shall be reflected in a local protocol for medication management

Proposed Timescale: 31/08/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain all of the information as set out in Schedule 1.

Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
1. The statement of purpose shall be updated to include all of the information as set out in Schedule 1.
2. The statement of purpose shall be provided to each of the children/families attending availing of services
Proposed Timescale: 31/07/2014

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:**
There was limited monitoring of the quality of care provided to the children accessing respite

**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. All aspects of the care and services provided by the centre are being reviewed over a seven month period to identify opportunities for improvement and implement these actions.
2. A schedule of audits shall be undertaken whereby all elements of the service provided shall be audited. This includes Personal Care Plans, Children’s Rights, Medication Management, Restraint practices etc.
3. A full internal audit against the Regulations was undertaken by the Quality Department in February 2014. All findings have been compiled in an Actions List, prioritised and are being implemented (incorporated as part of No.1)
4. Resident & Family Surveys shall be undertaken with results compiled and acted on.
5. Details regarding incidents, complaints, restraint, etc. are communicated to the Quality and Safety Committee at the monthly committee meeting. The centre’s Programme Manager and Person in Charge attend these meetings.

Proposed Timescale: 30/12/2014

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff were not formally supported and performance managed

**Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Please state the actions you have taken or are planning to take:**
1. Performance development reviews shall be carried out with all staff at the centre.
These will provide opportunities for the manager to formally identify positive practice and development needs, and to provide formal confidential support. These reviews shall be carried out annually thereafter.
2. The process for supporting staff, and managing their performance shall be reviewed and opportunities for improvement highlighted and implemented. This shall be documented in a policy and procedure and communicated to all relevant staff.
3. Staff team meetings shall be held on a monthly basis, where issues pertinent to monitoring the quality of care for children in the centre shall be discussed.
4. Job descriptions have been updated to ensure that staff are aware of their personal and professional responsibility for quality and safety.
5. The Registered Provider will be provided with an update of the outcome of the reviews by the PIC.

Proposed Timescale: 31/07/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff files had evidence of vetting and full employment histories.

**Action Required:**
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
1. A full review of staff files shall be carried out to ensure compliance with Regulation 15 (5), including employment history and any gaps explained. All outstanding information and documents required shall be obtained.

Proposed Timescale: 31/07/2014

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The roster was not amended to reflect when staff were on sick leave and full names of all staff were not included on the roster.

**Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
1. The roster has been amended to include the full names of staff, and to reflect when
staff are on sick leave.

**Proposed Timescale:** 30/04/2014  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff had completed training in behaviour management, manual handling and Children First (2011).

**Action Required:**
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

**Please state the actions you have taken or are planning to take:**
1. A training needs analysis was carried out on the 4th June by the PIC and HR Manager, which included but was not limited to the areas of Positive Behaviour Support / Multi Elemental Behaviour Support (MEBs), Crisis Prevention Intervention (CPI), manual handling and Children’s First (2011).
2. Identified training required shall be scheduled and carried out.
3. The two staff who have not yet received training shall receive training on the organisation’s internal safeguarding policy which includes Children’s First (scheduled for July 2014).

**Proposed Timescale:** 31/08/2014  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no supervision policy in place. Staff were not receiving formal supervision.

**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. A full programme of supervision of all staff shall be implemented.

2. A local protocol on the supervision of staff shall be developed. A template to record the outcome of One to One meetings held between Supervisor and Staff will be included and will outline:

   • The Role and Function of the Keyworker
- Any practice issues
- Training needs identified and review Training Calendar
- Work related issues i.e. Staff/Environmental issues/grievances

3. Supervision Policy will be rolled out and PIC will develop a Calendar of planned Supervision Dates with staff to end of year.
4. Monthly team meetings with staff teams in the DC will commence to review Quality and Safety needs of residents to ensure required supports for residents or to action plan accordingly. This will commence in July 2014 and monthly calendar dates assigned in advance.
5. A schedule will be put in place for the completion of Performance Development and Review for the staff team.

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff did not have an in-depth knowledge of the disability regulations and standards

**Action Required:**
Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

**Please state the actions you have taken or are planning to take:**
1. Education and training on disability regulations and standards shall be undertaken with the staff to ensure all staff are informed of, and have a good understanding of the Act in compliance with Regulation 16 (1) (c). This has been scheduled for the staff.

| Proposed Timescale: 31/07/2014 |