<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002947</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Kildare</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Sharon Balmaine</td>
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<tr>
<td>Lead inspector:</td>
<td>Conor Brady</td>
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<tr>
<td>Support inspector(s):</td>
<td>Conor Dennehy; Louise Renwick</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>13</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</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, 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 2 day(s).

The inspection took place over the following dates and times
From: 14 April 2015 16:00  To: 14 April 2015 19:00
14 April 2015 09:30 15 April 2015 17:00

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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</tbody>
</table>

Summary of findings from this inspection
The purpose of this inspection was to follow up on issues of high risk identified on the previous inspection that took place on 05/03/2015 (4 weeks previous to this report).

As part of this process, the inspectors met with the person in charge, clinical nurse managers, nursing staff, care assistants and residents. The inspectors met the person nominated on behalf of the provider briefly at the conclusion of this inspection. The inspectors observed practice and reviewed documentation such as personal care plans, health plans, medical/clinical information, accident and incident records, risk assessments, policies, procedures and protocols, governance and management documentation, staff training records and staff files.

Thirteen residents resided in this designated centre which was an old premises located on a campus based setting. The building comprised of two adjoining long narrow bungalow buildings with an attached pre-fab extension. As highlighted in the previous inspection report the premises was not suitable in its design and layout to meet the assessed needs of the residents. Although the provider was making some steps to alter the premises (painting, changing door hinges and removing boxes of documentation from residents leisure/recreation area) the inspectors found continued significant issues with the premises suitability to meet residents needs as highlighted in the recent inspection report.

As highlighted in the previous report, the inspectors were not satisfied that this centre was being governed and managed in compliance with the requirements of the Regulations or Standards. The inspectors were informed that the person in charge was leaving the service and recruitment would be commenced to ensure a person in
charge was in place very soon. Inspectors were not satisfied with governance and management arrangements in place, as highlighted on the previous inspection report. Inspectors found on the previous inspection that 7 outcomes were found to be major non complaint, 1 outcome moderately non compliant and one outcome was found to be substantially compliant. The CNM stated she was compiling an action plan response at the time of this follow up inspection. There was no indication of an incumbent person in charge identified to staff or the inspectors at the time of this inspection.

On this inspection, the inspectors were required to issue an immediate action regarding on-going risk to one resident. This was concerning as the matter identified had been highlighted to the provider on the 05/04/2013 and while some action had been taken by the provider the inspectors were not satisfied that the action taken satisfactorily mitigated the risk in accordance with regulatory requirements. This follow up inspection was based primarily on the basis of further documentary evidence gathering and should be read in conjunction with the previous inspection report.
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:**

Inspectors were not satisfied that appropriate multidisciplinary input was apparent in all required resident personal plans. Inspectors issued immediate action regarding this issue as highlighted in an area of on-going risk relating to a resident (See Outcome 7). As a result of this immediate action, an emergency meeting was convened between psychiatry, physiotherapy, occupational therapy, clinical nurse management, the keyworker and person in charge to address same. This failing directly correlates to Outcome 7: Health and Safety and Risk Management

**Judgment:**

Non Compliant - Major

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Inspectors were not satisfied that the systems in place regarding health, safety and risk management were appropriate.

As highlighted in the previous inspection report, inspectors found that while risk management policies existed and staff had completed risk assessments in certain areas, there were concerns regarding certain risks within the centre. For example, epilepsy management, manual handling practices, review of incidents and accidents, implementing corrective action plans and learning from serious incidents. The inspectors found that the deficits in these areas on this inspection were still apparent. While discussion with the clinical nurse manager (CNM) indicated that action plans were 'in process', there were not robust systems in place regarding governance and management of this centre and the an appropriate system regarding the review of risk.

Inspectors issued immediate action regarding a resident with epilepsy who displayed frequent seizures as the risk management protocols regarding this person were found to be inadequate. This was concerning as this area had been highlighted previously (05/03/15) and while the matter was re-risk assessed, inspectors found that the risk to this resident was not being appropriately managed. This resident was observed on the previous inspection in a state of distress and was inaccessible to staff due to premises issues. As a result of the immediate action issued, the person in charge and management convened a full multi-disciplinary review of this situation at the request of the Authority and subsequent risk assessment and management planning was put in place and assurances were given to the inspector.

As highlighted in the previous inspection report, the inspectors were concerned that unsafe hoisting practices were on-going in this designated centre. This was further evident on this inspection as the inspector observed the CNM and staff simulating there hoisting protocols regarding two residents. The process used in the designated centre was not in line with safe patient handling procedures and inspectors observations and examination of documentation regarding use of hoisting indicated safety concerns for residents in this area.

As highlighted in the previous report considerable and significant failings were evident in this designated centre and inspectors were very concerned with the systems in place to manage risk in this centre. A response to the immediate action plan issued was received on the second day of inspection.

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
Provider’s response to inspection report

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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, 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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Inspectors were not satisfied that appropriate multidisciplinary input was apparent in all required resident personal plans pertaining to identified and assessed risk.

**Action Required:**
Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
1. All Personal Plans will be reviewed to identify any assessed risk.
2. Relevant members of the Multidisciplinary Team will review the risks to ensure input into residents Personal Plans.

Proposed Timescale:
1. 04/06/2015
2. 12/06/2015

Proposed Timescale: 12/06/2015

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:
Systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies were not protecting residents from assessed risks.

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. The Risk Management Policy for the DC will be reviewed in light of concerns relating to Manual Handling and Epilepsy.
2. Risk assessments associated with Epilepsy Management will be reviewed to ensure documented controls meet the safety needs of residents.
3. All Epilepsy Management plans will be reviewed and updated.
4. All Manual Handling assessments will be updated as required.
5. The Person in Charge will review all staff training records to identify staff training needs.
6. All Incidents/Accidents will be reviewed at the staff meeting and corrective Action/Learning will be agreed and communicated to all staff.
7. All data and analysis from Incidents/Accidents will be reviewed by the Person in
Charge and Programme Manager. This will be reviewed by the Quality and Safety Committee also.

8. The Site Specific Emergency Plan will be reviewed and updated.

9. A deep sleep drill will be conducted in the DC.

10. Following the deep sleep drill all Personal Emergency Evacuation Plans will be reviewed and updated.

11. Specific resident

A. A Multidisciplinary team meeting has been convened to review the risk assessment and review living and sleeping arrangements of an individual.

B. A review of an individual’s risk assessment has been completed to ensure documented controls are adequate to meet the safety needs of the resident in the DC.

Proposed Timescale:
1. 31/05/2015
2. 31/05/2015
3. 31/05/2015
4. 14/05/2015
5. 23/06/2015
6. 28/05/2015
7. 30/09/2015
8. 31/07/2015
9. 30/04/2015
10. 31/05/2015
11. (A)15/04/2015
   (B)11/05/2015

**Proposed Timescale:** 30/09/2015