<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-0002932</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>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sharon Balmaine</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Louise Renwick</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Conor Brady; conor Dennehy</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>19</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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</tbody>
</table>
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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>14 April 2015 09:30</td>
<td>14 April 2015 14:30</td>
</tr>
<tr>
<td>15 April 2015 10:00</td>
<td>15 April 2015 11:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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</thead>
<tbody>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
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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 04/03/2015. At the time of this inspection, the Authority was awaiting certain assurances, and an action plan response from the previous inspection 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 observed practice and reviewed documentation such as person centred plans, health care plans, medical/clinical information, accident and incident records, risk assessments, policies, procedures and protocols, governance and management documentation, staff training records and staff files.

Eighteen residents resided permanently in this designated centre with one bedroom allocated to provide respite. The premises were a single storey dwelling located on a campus based setting. As highlighted in the previous inspection report the premises were not fully 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, removing some exposed wires, tidying the garden area) the inspectors found continued issues with the premises in relation to its openness to visitors, the lack of a functioning shower room, and the use of the centre for Dentistry services covering the whole campus. These issues were highlighted in the recent inspection report of this centre and remained an issue at this inspection.

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 within an appropriate time frame. Inspectors continued to be
concerned with the governance and management arrangements in place, as
highlighted on the previous inspection report.

On this inspection, the inspectors determined that the high risk associated with poor
manual handling practices had been somewhat mitigated. However, the layout of the
building did not allow safe manual handling practices at all times, in all parts of the
centre. Inspectors reviewed risk assessments relating to risks not reviewed at the
previous inspection, and determined that risk assessments were not monitored
effectively to ensure all control measures were actively in place for all risks. Likewise,
this inspection highlighted the need for review of the practices in relation to
supporting residents with a risk of poor nutrition, as this was found to be lacking in
appropriate oversight. This will be discussed in the body of the report.

This 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 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 followed up on certain risks identified at the previous inspection, and found that some improvements had been made in relation to poor manual handling practices. Since the previous inspection, practices had changed to ensure if a resident required hoisting, the distances travelled in the hoist were for the shortest time possible. This was observed during inspection, and discussed with staff who were familiar with the new arrangements in place. However, inspectors found that this risk could not be fully reduced due to the layout and design of the building which meant that the space in the bathroom areas was too small to transfer a resident within it. Therefore, moving a resident while positioned in the hoist was still necessary at this time.

Inspectors reviewed all hoists in the building, and reviewed servicing documentation and found that all hoists had been routinely serviced by a relevant professional. Inspectors noted a professional on site on the day of inspection. Inspectors did not have the opportunity to review all slings at this inspection, as they travelled with residents to their day services during the day. Inspectors were informed that the resident who had a near miss incident regarding the sling before Christmas, had a new sling purchased. Documentary evidence of this was provided by the CNM, along with evidence of a reassessment that had been carried out following the incident, which had not been available at the previous inspection. No further incidents in relation to manual handling were evident on review of the accident and incident logs for this centre.

Inspectors did not observe wet floors during this inspection, and therefore the risk of residents slipping while mobilising in their home was not observed or evident at this time. Likewise, inspectors found that some work had been done to remove certain hanging cables around the premises and garden area which had previously posed a risk. There was a pile of collected cables in one end of the garden that had been removed from different areas, these would be moved by maintenance. Inspectors also noted any broken garden furniture had been removed, or fixed. Inspectors found that there was still exposed and accessible cables alongside a residents bed that had not been covered,
and could still pose a risk where wall panelling had not been replaced.

The risk identified at the previous inspection in relation to the openness of the designated centre, was still an issue during this inspection. There remained numerous open access/egress points in the building, which inspectors observed external staff and visitors coming in and out of during the day. On arrival to the centre, inspectors walked in freely and began to look for someone to address. Inspectors had to stop an agency staff member walking by, to request that they find someone in charge and alert them to our arrival. Inspectors also noted the HSE Dentistry Service was in operation from the centre on the day of inspection. Inspectors observed residents and staff coming in and out of the centre, and waiting on their appointments throughout the morning. Again, this was not ensuring the centre was treated as residents' home, or ensured their property or possessions were protected as residents' rooms were open and exposed to anyone entering the building. This issue was previously raised at the last inspection.

Inspectors determined that there were still ineffective systems in practice to identify, assess and managed all risks within the centre as inspectors reviewed some risk assessments, and found that control measures were not in place. For example, a resident at risk of ingesting latex gloves and toiletries had a risk assessment which outline all gloves must be locked away at all times to reduce the risk of harm. Inspectors found accessible gloves and toiletries located in numerous bathrooms in the centre. Inspectors discussed this with the CNM during inspection, and request the risk assessment be updated, and all controls measures were immediately implemented. The updated risk assessment was provided to inspectors, and maintenance department had been alerted to supply lockable storage for all gloves and toiletries as outlined in the risk assessment. Due to the lack of lockable storage available in the bathroom, inspectors were concerned that the control measures as outlined in the risk assessment of 2013 had never been implemented as planned. Inspectors were also concerned that the lack of appropriate governance and supervision in the centre, was failing to ensure control measures for risks were implemented on a consistent basis.

As inspectors were following up on the high risks during this inspection, not all actions under this outcome were followed up during this inspection, therefore actions pertaining to the previous inspection report are still outstanding and in need of address by the Provider.

**Judgment:**
Non Compliant - Major

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
This inspection was to follow up on the high risks identified in the previous inspection report. However, during this inspection, inspectors also identified concerns regarding the management of the risk of poor nutrition in the centre. Inspectors reviewed information for three residents who were identified as a high risk of poor nutrition, as per the assessment tool used by the provider. Inspectors discussed this with the CNM along with staff nurses, and found that residents who were at high risk were not consistently monitored in line with the centre’s own policy. For example, one resident at high had not been weighed in over a year. While inspectors saw evidence of referral and appointment with a dietician, the person in charge and staff could not determine if interventions were working for this resident, or if the risk of poor nutrition had been increased or decreased over the year. Likewise, records were not maintained of food and fluid intake for residents at risk of poor nutrition, as is outlined in the policy. The inspector attempted to determine what a resident at high risk had eaten over the previous week, however this task proved difficult as no records were maintained. Inspectors could somewhat determine what food choice had been picked for the resident, but again no record of actual intake was recorded. For example, inspectors were told by staff that the resident had eaten one thing for dinner, which was a different meal to what had been ordered. Failings in relation to the maintenance of such documentation will be addressed under outcome 18 records and documentation.

Inspectors found that the lack of effective supervision and governance in the centre was resulting in the policies not being fully implemented, or clinical risks for residents not effectively monitored to ensure positive outcomes.

Not all actions under this outcome were followed up during this inspection, therefore actions pertaining to the previous inspection report are still outstanding and in need of address by the Provider.

Judgment:
Non Compliant - Major

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
While inspectors did not look at all aspects of this outcome during this inspection, there were concerns regarding the documentation as required under Schedule 3 of the Regulations in relation to the monitoring of nutritional intake, as previously discussed under outcome 11 Health care. Likewise inspectors were not satisfied that the policy which guided staff on food and nutrition and the management of same was implemented in practice in this centre, as previously evidenced.

**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:**
Louise Renwick  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
**Provider’s response to inspection report**

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<tr>
<td>Date of Inspection:</td>
<td>14 &amp; 15 April 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04 June 2015</td>
</tr>
</tbody>
</table>

**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 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:**

There was a lack of appropriate oversight in ensuring all risks were identified, assessed, managed and reviewed in the centre.

**Action Required:**

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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. An audit of manual handling practices was carried out on the 03/06/2015. Following this all manual handling assessments will be reviewed and updated for all residents in the designated centre.

2. A random sample of manual handling assessments will be audited by the PIC and Clinical Nurse Manager.

3. All staff will complete risk assessment training.

4. Daily checks will take place to ensure all gloves and toiletries are safely stored.
   1. 21/06/2015
   2. 24/06/2015
   3. 31/07/2015
   4. 11/06/2015

**Proposed Timescale:**

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The management of nutrition was not provided in line with the centre's own policies.

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

**Please state the actions you have taken or are planning to take:**
1. All staff will be re-inducted into the Food and Nutrition Policy.

2. A baseline Malnutrition Universal Screening Tool (MUST) assessment for each resident will be completed.

3. Following the outcome of the MUST assessments nutritional needs will be identified, implemented, monitored and recorded.

4. Appropriate referrals will be made to relevant healthcare professionals and a record maintained.

**Proposed Timescale:**
1. 30/06/2015
2. 09/06/2015
3. 15/06/2015
4. 29/06/2015

**Proposed Timescale:**

### Outcome 18: Records and documentation

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Implementation of the policy on food and nutrition was not evident in practice.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:**
All staff will be re-inducted into the Food and Nutrition Policy.

**Proposed Timescale:** 30/06/2015

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Records as set out in Schedule 3 of the Regulations were not maintained in relation to residents’ food intake.

**Action Required:**
Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
1. Records will be maintained where required.

**Proposed Timescale:** 15/06/2015