

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	DC5 St. John of God Kildare Services
Centre ID:	OSV-0003642
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Philomena Gray
Lead inspector:	Conor Brady
Support inspector(s):	Conan O'Hara; Emma Cooke
Type of inspection	Unannounced
Number of residents on the date of inspection:	14
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times

From: 23 August 2016 10:30 To: 23 August 2016 19:30

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

Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection

This was the fourth inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013. Previous inspections of this centre highlighted major non-compliance in a number of core outcomes inspected. The previous inspections of this centre took place on 23 March 2015, 1 October 2015 and 12 and 19 July 2016.

This was an unannounced inspection carried out to specifically inspect the areas of risk and safeguarding following serious concerns identified on the previous inspection conducted on 12 and 19 of July 2016 whereby immediate action was issued by HIQA in respect of resident safety.

Following the previous inspection HIQA issued a notice of proposal to refuse and cancel the registration of this designated centre on 9 August 2016 based on the levels of concern found on the previous inspection of this centre.

This inspection was conducted to measure this centres compliance with regulations and standards regarding the risks prevalent in the centre and the safeguarding measures taken by the provider to protect residents in this centre since that previous inspection.

How we gathered our evidence

As part of this inspection, the inspectors met, spoke to and observed a number of residents who lived in this centre. Some residents spoke to inspectors and some residents communicated on their own terms. Some residents had commenced attending day services outside the designated centre since the previous inspection and others were on holidays at the time of this inspection. Inspectors were informed of a serious incident that occurred in this centre on the night prior to this inspection and observed the broken windows on arrival to this centre. This will be discussed further in the main body of this report.

The inspectors spoke with the provider nominee, person in charge, the programme manager, a day services coordinator, the safeguarding designated liaison person, staff nurses, social care professionals and a number of health care staff members. The inspectors reviewed documentation such as risk assessments, a risk register, safeguarding referrals, safeguarding follow up, incidents/accidents, behavioural incidents, behavioural support plans, personal plans, care plans, resident food and fluid intake records, resident medication records and supporting documentation and organisational policies and procedures.

Inspectors met the programme manager and provider who outlined existing and planned provider actions regarding changes occurring in this centre since the previous inspection. The HSE (Health Service Executive) had also been involved in this process. Two residents had transitioned out of this centre since the previous inspection. Inspectors were informed of plans for a further 10 proposed planned transitions of residents to alternative residential services (based on their assessed needs) before December 2016. Another transition meeting with the HSE was held on the evening of this inspection regarding the serious incident that had occurred in the centre the evening prior.

Description of the service

The provider had a statement of purpose in place that outlined the service that they provided.

This designated centre was located on a campus based setting within walking distance of a large town. It is part of a congregated setting, with all of the buildings and housing located on the campus. The main part of this centre was a large, single storey, purpose-built residential setting divided into four units. The centre was described as 'high support'. There was also an apartment located close by which was associated with the main centre. Both male and female residents over the age of eighteen years were accommodated in this designated centre.

This centre provided services to adults whose primary disability was intellectual disability. According to the centres statement of purpose, the resident profile in the centre was 'mild to moderate to severe intellectual disability and may have additional needs due to physical disability, sensory impairment, medical conditions and behaviours that challenge'. A number of residents in this centre were described as having 'a mental health diagnosis and may present with behaviours that challenge'.

Inspectors found that while the service fit this description on the date of inspection there were concerns as to how such complex behavioural needs were being met and managed in this centre. This has been discussed in previous inspection reports. Inspectors visited and inspected all parts of this designated centre on this inspection including an apartment whereby a resident had transitioned since the previous inspection.

Overall judgment of our findings

Overall, the inspectors found that this centre remained in breach of the regulations and standards. However action taken in the two weeks since the previous inspection indicated a substantive change in provider direction regarding the operation and provision of services within this designated centre. This was predominantly reflected in the transitions and planned transitions of residents out of this centre.

Inspectors remained concerned regarding the areas inspected pertaining to risks in the centre and resident safety. The inappropriate resident mix and control measures regarding some risks remained a concern. However it was noted that the expedited transition of residents since the previous inspection had resulted in a substantive decrease in safeguarding referrals in this centre.

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

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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:

As highlighted in the previous inspection report there were a number of risk areas identified in this designated centre. Many of these risks were related to the complex needs of the residents and the behaviours that were prevalent in this centre. While identification of hazards and risk was evident in this centre the existing control measures to manage risks were not adequate.

Following the previous inspection some progress was noted in residents bathrooms (new tiling and maintenance repairs were completed), the laundry room had been deep cleaned and re organised to ensure appropriate segregation of clothing and steel toilets had been removed from a resident's bathrooms and replaced with conventional toilets. Inspectors reviewed action plans from infection control audits performed on 8 July 2016 and could see they were in the process of being implemented.

In examining an up-to-date risk register the inspectors found the highest risks identified related to residents displaying inappropriate sexual behaviour to other vulnerable residents, failure to protect vulnerable residents from peer to peer physical and emotional abuse, the risk of resident and staff safety due to behaviours of concern and the risk of resident safety due to a maximum dose prescribed of psychotropic medication. All of these areas remained a concern in this centre.

As highlighted on the previous inspections of this centre the inspectors found the levels of risk in this centre to be unacceptable. In examining behavioural incidents and incident records in addition to resident's individual progress notes, this issue remained a concern. For example, instances of peer aggression, violence and property destruction remained in this centre.

The risk rating matrix adopted by the centre was discussed with the person in charge and programme manager in terms of the ratings being applied to incidents/accidents in this centre. For example, the inconsistent rating of incidents as negligible and minor that

required a higher level of response. This was discussed with the person in charge and programme manager in terms of the existing policy and implementation of same in addition to the volume and frequency of incidents.

Updated action plans submitted to HIQA prior and during this inspection highlighted a proposed substantive reduction in residents living in this centre. The provider had engaged with the HSE in terms of the transfer of a number residents with acute and very individual and complex support needs to more individualised services.

Inspectors found that should these proposed changes be implemented, a substantive number of identified risks in this designated centre would significantly reduce.

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):

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

Findings:

This inspection predominantly focussed on the area of safeguarding following the risks and safeguarding concerns that presented on the previous inspection.

There had been eight safeguarding referrals since the last inspection according to the designated liaison person (DLP). Two of these were not deemed to be safeguarding issues when reviewed by the DLP. The six safeguarding referrals requiring assessment had all been followed up and primarily related to peer to peer behavioural incidents within the designated centre. These were reviewed as part of this inspection.

Inspectors also reviewed a number of behavioural incident reports involving residents and found that issues pertaining to the resident mix were still of a concern. For example, incidents whereby residents were physically and emotionally targeted by other residents remained. Residents also continued to experience or witness aggressive outbursts, residents hitting one another and property damage. However there had been a 55% decrease in safeguarding incidents since the implementation of transition plans

since the last inspection.

Inspectors found that a serious incident had occurred in the centre on the evening prior to this unannounced inspection. This involved highly aggressive and inappropriate behaviours which occurred inside and outside the centre. The incident required the intervention of the Garda and caused a lot of distress in the centre. It was acknowledged that the provider did take steps to ensure all other residents were safe during this incident. However from a safeguarding perspective it remained a concern that another serious incident had occurred in this centre in such a short space of time. The provider was completing a review of the incident at the time of the inspection and an emergency meeting took place on the date of inspection to form an updated plan in respect of this particular resident. The inspectors requested this information be submitted to HIQA the day after this inspection.

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:

Inspectors acknowledged that some of the action plans in response to the healthcare findings on previous inspection had been implemented. However inspectors remained concerned regarding the management of resident's healthcare needs and staff members adherence to clinical direction in respect of the administration of psychotropic medication. Further improvement was also required in the area of the monitoring of residents food and fluid intake and food safety.

Inspectors were concerned to find that a residents' health need was not being met whereby recommended medical instructions were not being facilitated over a significant period of time. Inspectors were prompted to review resident's personal plans and practices around the use of psychotropic medications based on quarterly notifications submitted to HIQA.

Medical recommendations clearly instructed staff to closely monitor vital signs of a resident receiving 'PRN' (as necessary) psychotropic medication. The medication risk assessment carried out by the centre rated this resident as 'very high risk' due to the possible neurological, cardiac and respiratory risk factors associated with needing this medication frequently. The risk had been reviewed on the day of inspection by a

consultant psychiatrist and person in charge and was documented that the risk remains red rated ('very high risk') due to the associated physical morbidity and medication requirements of this resident. However control measures implemented on the medication risk assessment did not reflect documented clinical instructions.

Inspectors reviewed vital sign records over a three month period of the resident receiving PRN psychotropic medication. Inspectors noted significant inconsistencies in documentation. For example, daily progress notes stated that vital signs were checked but there was no evidence of these recordings on the clinical observation sheet or any other record sheet.

Inspectors found that the centre did not follow their own internal guidance that were in place to monitor residents that required 'PRN' psychotropic medication. For example, the psychotropic medication record sheet instructed the following 'observation for every 15 minutes for an hour after administration'. Inspectors found no evidence of this on any of the resident's records.

A staff member indicated that this was not implemented as the resident would often refuse or would not engage. The psychotropic medication record also instructed the following 'if unable to carry out vital within the 1st hour, please do so as soon as it is safe to do so.' Records showed consistent failure to record vital signs post administration of 'PRN' drugs and records showed no attempt to go back and check vital signs when the resident would engage more.

Individual 'PRN' psychotropic protocols did not provide staff with clear guidance or a defined pathway for the administration of PRN psychotropic drugs. This inconsistency around the reason for administration posed a significant risk to the resident and their physical health due to the side effects associated with this medication. From discussing this risk with the person in charge on the day of inspection, the person in charge acknowledged that there is a plan in place to review all PRN psychotropic protocols so that a more defined pathway to administration is implemented and evidenced.

Similar to the findings from the previous inspection, inspectors still found gaps in the recordings of resident's nutritional intake. Some improvement of recording nutritional intake of a resident that stayed in bed for long periods of time was noted.

Inspectors interviewed two staff members about basic food hygiene. Both staff members were asked to source and reference guidelines that would provide advice around the re heating and chilling of residents food. Staff were unaware of any existing policy or guidance document that would support them and provide assurance that each resident was receiving food that is properly and safely prepared. Inspectors did acknowledge instructions for staff on checking food temperatures on a notice board in the kitchen but staff were unaware that this was available and did not reference this when prompted. Some staff were awaiting food safety training as part of the action plan submitted to HIQA in response to the last inspection.

Judgment:
Non Compliant - Major

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):

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

Findings:

Governance and management structures in the centre were in place but required further stability and support to ensure clear and on-going operational governance through this centres current change process.

The person in charge and programme manager demonstrated good levels of commitment and professional management of the centre since the previous inspection (12 and 19 July). The involvement of the HSE was also apparent since the previous inspection in terms of resource provision and support/facilitation of alternative placement arrangements for residents assessed as requiring same.

The management of a serious incident on the evening prior to this inspection evidenced good management on the part of the programme manager.

However inspectors remained concerned in terms of the effective governance, operational management and administration of the centre as outlined in the notice of proposals to cancel and refuse the registration of this designated centre issued by HIQA on 9 August 2016.

The inspectors found a number of social care leader /clinical nurse management posts were absent and/or vacant at the time of this inspection. According to management the reason for same was due to increased sick leave and vacant/unfilled positions within the centre.

Due to the levels of risk, volatility, safeguarding and practice issues found on the inspections of this centre to date the importance of appropriate operational management in this centre at all times was crucially important to ensure the service is safe , appropriate to residents needs, consistent and effectively monitored.

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:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	DC5 St. John of God Kildare Services
Centre ID:	OSV-0003642
Date of Inspection:	23 August 2016
Date of response:	16 September 2016

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:

Levels of risk in the centre remained unacceptable.

1. 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

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

for responding to emergencies.

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

1. Risks have been mitigated by the transition of three residents to alternative locations. 29-08-2016

2. The RP and PIC will ensure a review of all existing control measures and implement additional control measures as required to ensure that controls protect residents from harm. 30-08-2016

3. There has been a 67% reduction in incidents as a result of the transition of three residents. 15-08-2106

4. To support a review of the risk rating in relation to psychotropic medication in the DC, as identified in the report, the RP arranged a meeting with the Consultant Psychiatrist and the Person in Charge .This resulted in an amendment to the scope of the assessment and subsequent reduction in the level of risk. 02-09-2016

5. The PIC will continue to report and highlight all areas of risk in the DC to RP through the Coordinating support team meeting. 09-09-2016

Proposed Timescale: 09/09/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Residents were not protected due to the inappropriate the resident mix which remained in the centre.

2. 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 resident, as identified in the report as being involved in an incident on the evening prior to the unannounced inspection on 23 August, was transitioned to another area. This has promoted a safer and less stressful environment for the individual residents and the remaining residents the designated centre. 29-09-2016

2. Eleven safeguarding plans are in place. 31-08-2016

3. The PIC has developed a schedule to ensure a full review of Multi-element Behaviour Support Plans support. 15-09-2016

4. All behavioural support plans will be reviewed and updated to reflect the individualised support needs of each resident. 30-10-2016

5. There will be no further admissions to the DC. 15-07-2016
6. The Residential Day Programme has being established, Social Care assessments have being completed, review are in place for each resident. 16-08-2016
7. The Risk Register and risk assessments have been reviewed and will be kept under review to identify additional control measures to protect residents from harm as appropriate. 30-10-2016
8. Two properties are in the process of being purchased and two properties are in the process of being upgraded to accommodate the residents to transition from the Centre. Commenced February 2016 - 31.12.2016
9. Two residents have been referred to external services with support of the HSE. The residents were assessed by the respective services. The residents needs were not considered to be compatible with the services to which they were referred. The Registered Provider has made further contact with the HSE requesting support with the identification of suitable services. The two residents are currently being supported in the DC. Both have personal plans reflective of their needs. They are receiving MDT supports and will continue to be supported until alternative provision can be arranged. 09-09-2016

Proposed Timescale: 30/10/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some residents healthcare needs were not facilitated or provided in accordance with clinical direction and their assessed needs.

3. 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. With regard to the resident identified in the report the Person In Charge has reviewed the clinical observation monitoring sheet for the post administration of PRN medication. 24-08-2016
2. The PRN Clinical observation sheet has being amended to clearly reflect clinical instructions and provide staff with clear guidance on supporting the resident when he refuses or will not engage in having his vital signs monitored. 24-08-2016
3. The Person in Charge will ensure that all protocols for PRN psychotropic medication will clearly demonstrate proactive strategies to be implemented prior to the

administration of PRN. 30-09-2016

4. The Person in Charge will ensure that all staff will record nutritional intake as per recommendations. 16-09-2016

5. Basic food hygiene guidelines are available and easily accessible in the Designated Centre. 26-08-2016

6. Staff complete Food Safety training as scheduled and all staff will implement the guidelines and protocols in line with best practice. 30-09-2016

Proposed Timescale: 30/09/2016

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 were not clearly defined management structures in the designated centre that identified the lines of authority and accountability, specified roles, and details responsibilities for all areas of service provision. The Service Programme Manager and Person in Charge were managing this centre. There was an absence of supporting operational clinical/managerial grades in place.

4. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

- The Person In Charge will remain exclusive to the Designated Centre. 15-09-2016
- The registered provider has reviewed the governance of the Designated Centre. A Clinical Nurse Manager 2 will commence in the Designated Centre. 22-09-2016
- Two full time Social Care Leaders have been recruited and will commence in the Designated Centre. 26-09-2016

Proposed Timescale: 26/09/2016