

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. John of God Kildare Services - DC 2
<b>Centre ID:</b>	OSV-0002934
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Company Limited By Guarantee
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	12
<b>Number of vacancies on the date of inspection:</b>	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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

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

From: 22 March 2018 15:00 To: 22 March 2018 20:00

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 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This announced inspection was carried out to inform a registration decision and follow up on assurance reports provided to the Chief Inspector as a result of regulatory non compliance in this centre since commencement. A notice of proposal to cancel and refuse the registration of this centre (and other centres on this campus) was issued to this provider in 2015. This designated centre has not been registered by HIQA to date. This was the sixth inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013. The last inspection of this centre was completed in May 2017.

How we gathered our evidence:

As part of the inspection, the inspector met with and observed the residents who were present on the day of inspection. The inspector spoke with and observed the practice of staff members who were on duty. The inspector observed practices and reviewed documentation such as personal support plans, medical/healthcare records, a risk register and risk assessments, rosters, complaints, notifications, incidents/accidents, safeguarding reports, staff files, audits, training records and policies and procedures. The inspector met with the person in charge and members of the senior management team at the commencement and conclusion of this inspection.

Description of the service:

The provider had a statement of purpose in place that explained the service that they provided. There were three locations within this designated centre that provided care for 12 residents at the time of inspection. Seven residents resided in one dwelling, four residents resided in another dwelling and one resident lived in an apartment that were all located on the provider's Kildare campus.

Overall judgment of our findings:

Overall, the inspector found that regulatory improvement was evident in this centre. While there were some limitations with the physical premise, the provider had improved the standard of resident's accommodation, personalized resident's bedrooms and made the centre more homely since the previous inspection. Better governance and oversight was found in terms of monitoring the standard and quality of care delivered. Staff spoken with over the course of this inspection were found to be knowledgeable, hardworking and passionate about their work.

The centre was found to have improved since the issuing of the notice of proposed cancellation and over the six inspections. This provider had identified many of the areas of non compliance within their own assurance reports and quality enhancement planning and management outlined planned actions. Areas that required further improvement related to resident's placement, healthcare, social care, staffing and training. The provider was requested to immediately submit a full and up to date application to register this centre at preliminary feedback.

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

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

**Outcome 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:**

The inspector found that there had been good improvements with the standard of residents personal planning in this designated centre, however further improvements were required regarding the implementation of improved social care provision for some residents in this designated centre.

The inspector found some good examples of increased instances whereby residents were being facilitated to go out on social activities, however this was inconsistent for some residents.

This area had definitely improved since the last inspection and activation was now being logged and recorded which was an improvement. However social activation remained very low for some residents. In reviewing a number of residents social care plans, activity logs and interviewing staff, it was evident that while some residents had good opportunities others were very limited. The person in charge maintained and reviewed activation logs on this matter and highlighted it as an area he was very much focused on improving.

**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:**

There were risk management policies and procedures in place. The provider and person in charge had appropriate systems of risk oversight whereby incidents were responded to, recorded and risk assessed. Control measures were reviewed and regularly checked by the person in charge.

There was good evidence of risk oversight and accident/incident follow up in this centre. The quality enhancement plan and governance auditing reflected risk management, health and safety, fire safety and infection control. The inspector found appropriate measures in place regarding health, safety and risk management.

**Judgment:**

Compliant

**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):**

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

**Findings:**

Overall residents were found to be protected from the oversight and safeguarding systems in place. Safeguarding policies, procedures and training were in place. Improvement was required to ensure residents in all parts of the centre were afforded appropriate protection from the behaviour of their peers.

The actions from the previous inspection had been addressed and followed up. The inspector reviewed 14 notifications of alleged or confirmed safeguarding concerns that had occurred in the 2017 - 2018 period. There was evidence of follow up in terms of

residents safeguarding and incidents were recorded and reported through the designated liaison officer. However there remained some peer to peer incidents happening in this centre. This primarily culminated in incidents of peer to peer hitting and kicking out due to frustration with other residents and was primarily in the location whereby the seven residents lived.

Behaviours such as continued shouting, swearing, and invading the personal space of others were evident. This was observed as having a negative emotional impact on residents. The provider had made increased efforts to manage this by putting locks on some bedroom doors to prevent unwanted entry. However the provider highlighted that they were aware of the unsuitable mix and that they were actively addressing compatibility issues within the centre.

**Judgment:**

Substantially Compliant

**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:**

Resident's healthcare needs were found to be provided for in this centre in general. Some residents had complex needs and nursing support was provided where required. However as highlighted in the previous inspection report the deteriorating healthcare needs of one resident in particular were quite considerable.

Nursing and care staff demonstrated good knowledge of residents needs and how care and support was provided in the centre.

Residents were found to have appropriate access and referrals for assessment and appointments for healthcare support needs. There was on-going relevant clinical and multidisciplinary input in place for residents where required. Two residents had a diagnosis of dementia and one of these residents was in receipt of palliative care at the time of inspection. The inspector found that the centre was not equipped to provide dementia specific care.

**Judgment:**

Non Compliant - Moderate

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

**Findings:**  
The inspector found that governance and oversight in this centre had improved since the previous inspection. The person in charge was met as part of this inspection and found to be suitably qualified, knowledgeable and skilled.

The person in charge highlighted auditing, evidence of oversight, quality enhancement planning and good risk management oversight of the centre. The person in charge was very aware of the centre's previous issues and regulatory history.

A new Programme Manager was in place and improved Clinical Nurse Manager (seconded) oversight in the centre was found to demonstrate effective management.

The provider had followed up on a number of area's since the previous inspection.

**Judgment:**  
Compliant

**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):**  
Some action(s) required from the previous inspection were not satisfactorily

implemented.

**Findings:**

The centres staffing quota was not at full complement but had improved since the last inspection. Staffing arrangements observed on this inspection were found to be meeting the needs of some residents but required improvement in certain areas.

Staff on duty were observed to be professionally competent and caring towards the residents they were supporting.

One location whereby seven residents lived was found to be a very busy environment whereby staff were visibly stretched in terms of their ability to support residents. The complexity of some resident behaviours contributed to this (as discussed throughout this report).

On the evening of inspection the inspector found that staff spoken with were found to be very caring and knowledgeable in their roles. Residents were observed coming back to the centre from day programmes and relaxing however this time proved very difficult for a resident who stayed in the house all day. In observing this process, reviewing documentation and speaking with staff this was consistently a difficult time for this resident.

The inspector found that staff/union issues (outlined in the previous inspection report) in this centre were directly impacting on resident's ability to pursue interests, activities and goals. For example, the inspector was informed that residents requiring certain medication could only be accompanied by staff trained to administer such medication, if they wanted to leave the campus. The inspector found that while the provider was attempting to resolve the matter, this on-going resource dispute was having a direct and negative impact on the quality of care provided to residents. On this inspection a planned activity could not occur for a resident as another resident was ill and the nurse on duty could not leave the centre. Another staff member could not facilitate this visit as they were not trained in the administration of medicines due to this ongoing dispute. In addition, there was not staff training in dementia care undertaken by all staff working in this centre.

**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 report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
<b>Centre ID:</b>	OSV-0002934
<b>Date of Inspection:</b>	22 March 2018
<b>Date of response:</b>	04 May 2018

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

There was not a consistent provision of social care provided.

**1. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

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

assessed needs of each resident.

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

- A risk assessment has been undertaken and controls put in place to support the provision of social opportunities to residents by a range of staff (01 May 2018- Completed)
- Options are being explored within day and residential services to agree individualised opportunities for specific residents at times that suit them (31 May 2018)
- Additional staffing hours were provided and social activities for the specific residents affected will be increased and will be in line with their personal plan goals. (30 September 2018)

**Proposed Timescale:** 30/09/2018

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

While safeguarding management and responsiveness had clearly improved since the previous inspection further action was required to ensure all residents were continually protected from all forms of abuse.

**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:**

- Ongoing interventions such as dedicated staffing hours and support plans and training have been put in place to support the needs of the affected resident (30 April 2018).
- Additional strategies to provide more private space for the resident affected have been put in place (01 April 2018)
- Safeguarding incidents are reviewed and safeguarding plans put in place and monitored by the PIC and DO for each incident. (Ongoing)
- Alternative accommodation has been identified and is currently being considered by the funding body. (31 October 2018)

**Proposed Timescale:** 31/10/2018

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

This centre was not found to be equipped to appropriately support a resident with specific support 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:**

- Alternative accommodation is being explored for the resident affected and is currently being considered by the funding body. (31 October 2018)
- Significant guidance, support and direction has been provided by the MDT members to the affected resident and staff team to support meeting their needs (02 May 2018 and ongoing)
- Additional team mentoring and research in the specific area of need has been shared and delivered to 3 key staff in the DC (02 May 2018 and ongoing)
- Ongoing interventions such as dedicated staffing hours, training and support plans have been put in place to meet the affected resident's needs (30 April 2018)

**Proposed Timescale:** 31/10/2018

## **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Staffing numbers, training and skill mix required review.

### **4. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- A risk assessment has been undertaken and controls put in place to support the provision of social opportunities to residents by a range of staff that is not restrictive (01 May 2018- Completed)
- Dedicated staff hours are in place to support the affected resident (Completed)
- Mentoring in the specific area of need from the MDT has been delivered to 10 staff via individual sessions and team meetings staff. (Completed 31 Dec 2017)
- Strategies in managing support needs in a specific area have been delivered to enhance staff skill set in that area (completed)
- Three nursing staff have attended full training in the area of the specific need and learning will be implemented and shared with all staff (02 May 2018 and ongoing).
- Additional staff training will be accessed where required to support the affected resident (31 Oct 2018)

**Proposed Timescale:** 31/10/2018

