<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. John of God Kildare Services - DC 9</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003575</td>
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<tr>
<td>Centre county:</td>
<td>Kildare</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Company Limited By Guarantee</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>None</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</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.
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: 18 January 2018 10:00  
To: 18 January 2018 18:00

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

<table>
<thead>
<tr>
<th>Outcome 04: Admissions and Contract for the Provision of Services</th>
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<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Safeguarding and Safety</td>
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<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**

Background to the inspection

This unannounced inspection was carried out to monitor on-going regulatory compliance with the regulations and standards. This centre had previously been inspected and registered by HIQA as a respite service that provided short term care breaks to adults and children (separately). This designated centre consisted of one large premises which was fully inspected as part of this inspection.

How we gathered our evidence

As part of the inspection, the inspector met with the respite users, staff on duty and a member of the providers management team. There were four respite users in this centre at the time of inspection. Policies, procedures, personal planning, risk management protocols, safeguarding procedures and relevant documentation were reviewed as part of this inspection. The area of staff provision was assessed through reviewing rosters, staff meeting minutes and speaking with staff and respite users. Observation of the respite users experiences and care was a key focus on this inspection.

Description of the service

The provider had a statement of purpose in place that clearly explained the respite service that they provided. This service consisted of a very large residential dwelling
whereby adults and children were accommodated for short term respite breaks on alternative weeks.

In the areas inspected, the inspector found that the service provided was as it was described in the statement of purpose. At the time of inspection, four residents with were observed using the respite service.

Overall judgment of our findings
Overall, the inspector found that this centre demonstrated a good level of care and support to the respite users observed using the service. Respite users were well cared for and presented as comfortable and happy. The respite service was providing a service to 31 adults and 14 children and this inspection found many positive findings for those using the service and their families.

There were areas inspected that demonstrated good compliance levels however there were also areas found that required improvement. For example, governance and management arrangements were insufficient in some areas and there were issues regarding staffing also found. In addition, a regulatory failing identified in 2015 regarding contracts for the provision of services had not been addressed and minor improvements were required in some areas of risk management.

All inspection findings regarding compliance and non compliance are discussed in further detail within the 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 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
The issue around contracts for provision of services that was highlighted at the previous inspection in 2015 remained unaddressed. There were not signed and agreed written contracts in place for respite users. The inspector found only 13 out of 45 contacts were in place at the time of inspection.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector found that this respite service provided appropriately comprehensive assessment and personal planning for respite users.

A number of adults and children's assessments and personal plans were inspected and were found to be up to date, professionally developed and appropriately reviewed to guide staff practice.

All respite users attending the service were met on this inspection and presented as happy, comfortable and well cared for. Respite users were observed listening to music, relaxing, going to the cinema and going to the shops with support staff and informed the inspector they liked coming to the designated centre and were happy with their service.

Staff on duty were found to be professionally knowledgeable about respite users care needs and were observed delivering practice in a manner that was caring, professional and respectful.

**Judgment:**
Compliant

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

**Findings:**
The inspector found that there were systems in place to ensure the health and safety of respite users, visitors and staff were well promoted and protected. However some improvements were required to ensure all risk assessments and control measure guidance was up to date regarding specific individual risks to respite users.

Risk management policies and procedures were found to be in place and the reviewed documents met the requirements of the regulations. A risk register was reviewed which contained a detailed list and categorization of risks prevalent in the centre. This included environmental risks, behavioral risks, risk of fire, falls and epilepsy.

A fire register was in place and staff spoken with were knowledgeable on evacuation routes and procedures. Measures in place regarding the detection, prevention and management of fire were present and a fire installation person was observed in the centre on the date of inspection servicing fire fighting equipment.

The inspector reviewed a number of respite users individual risk assessments, risk
management plans and staff guidance. Some assessments required review and updating to ensure appropriate accuracy, follow up and re-assessment. For example, the risk of respite users at risk of falls.

**Judgment:**
Substantially 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:**
The inspector found that there were measures in place to protect respite users being harmed or suffering abuse.

Policies and procedures were in place that guided practice and staff were aware of the various forms of abuse and the reporting procedures in place. A designated liaison person was in place and the inspector found appropriate evidence of follow up, preliminary screening and safeguarding assessment.

All staff had been provided with or were scheduled (in the case of new staff/refresher) for training in the protection and safeguarding of vulnerable adults and Children First training (as this respite service provided care and support to both).

Two notifications submitted to HIQA pertaining to safeguarding were reviewed and appropriate follow up action was found to have taken place.

While this centre was not an overly restrictive environment the inspector reviewed three respite users who had restrictive practices in place that were completed in consultation with a clinical support team and the respite users families. These respite users were not in the centre at the time of inspection.

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

**Findings:**
Respite users were found to be well supported to enjoy best possible health and were well cared for in terms of nursing support and care for their respite stays.

The inspector found that respite user's primary carers were responsible for their ongoing health needs and access to allied health professionals.

Respite users healthcare needs were well documented in personal plans whereby clear guidance was available to staff to support adults and children with physical, behavioural, emotional and nutritional support needs.

Staff that were spoken to were very experienced and demonstrated good knowledge of respite users healthcare and support needs as well as clear knowledge of how individuals/their guardians wanted them to be supported in line with their assessed needs.

**Judgment:**
Compliant

### Outcome 12. Medication Management
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**
Health and Development

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

**Findings:**
The inspector found that respite users were protected by the designated centre's policies and procedures for medicines management.

As this was a respite service there was a clear system for receiving and discharging
medication that respite users required in line with their prescribed and medically assessed needs.

Written operational policies and procedures were in place that related to the ordering, prescribing, storing and administration of medicines to residents.

The processes in place for the handling and storing of medicines were found to be safe and in accordance with current guidelines and legislation.

The inspector found some minor improvements were required in one medication administration documentation however the nurse on duty addressed this matter prior to the completion of this inspection.

**Judgment:**
Compliant

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

**Findings:**
The inspector was informed on arrival that the person in charge had vacated their post the previous month and there was not a person in charge in post at the time of inspection. HIQA had not been notified of this prior to this unannounced inspection.

In addition, there was not an allocated frontline manager based in the centre due to long term leave. The inspector was therefore not satisfied that there were clear and accountable governance and management arrangements in place.

The inspector met the programme manager who was based in a neighbouring county and had recently assumed managerial responsibility for this respite service. While the managerial hierarchy was explained, two layers of this structure were vacant at the time of inspection - the person in charge and the centre social care leader/clinical nurse manager.

Despite of the above concerns the inspector found that a good respite service was
provided in this centre. Staff observed and spoken with presented as professional and respite users presented as happy, comfortable and well cared for in this centre.

Some auditing was reviewed and eight unannounced provider audits had taken place since commencement that were focused on various outcomes such as risk management, safeguarding and staffing/workforce. Some staff performance management, supervision records and training records were reviewed.

Staff meetings were reviewed also and discussions with staff regarding on-going issues in the designated centre were recorded in minutes. While overall a good service was found on inspection increased and consistent managerial oversight and monitoring was required in this centre.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The inspector found that the staff on duty who were observed and spoken with as part of this inspection were very experienced and professional in the performance of their duties.

However in reviewing the statement of purpose and designated centres roster and speaking with staff and management it was evident the centre was operating at a 2.5 staff deficit in terms of whole time equivalency (WTE) in addition to the gaps already highlighted in governance and management.

This did have an impact on the consistency of staff providing care to respite users. In reviewing family complaints and compliments the area of staff consistency was a continuous feature of importance. The inspector was informed by management that recruitment was underway to attempt to fill vacancies and improve this area.

Judgment:
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

| Centre name: | A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee |
| Centre ID: | OSV-0003575 |
| Date of Inspection: | 18 January 2018 |
| Date of response: | 14 February 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were not written and agreed contracts for provision of services in place for all respite users as was highlighted to the provider in 2015.

1. 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 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
The contract of care for respite is currently under review at the service wide respite implementation committee. Once finalised and launched, families will be met with to discuss and explain the new contract and families will be asked to sign same.

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

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

**Theme:** Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some risk assessment, management plans and the ongoing review of risk regarding respite users required review and updating to ensure they accurately reflected practice.

2. **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:**
All relevant risk assessments and management plans will be reviewed to ensure they accurately reflect the support needs of the respite users and reflect current practice.

**Proposed Timescale:** 31/05/2018

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**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was not an appointed person in charge appointed at the time of inspection.

3. **Action Required:**
Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

**Please state the actions you have taken or are planning to take:**
The Programme Manager is the current Person in Charge and all relevant application forms have been submitted to the Authority.
The new Clinical Nurse Manager II has been appointed and will commence duty on 5th
March. She will assume the role of the person in charge following adequate induction and settling in.

**Proposed Timescale:** 30/04/2018  
**Theme:** Leadership, Governance and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**  
There were not clear lines of accountability in place from a management perspective.

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:**  
There is an Acting Social Care Leader in post who reports to the Respite Co-ordinator. The Respite Co-ordinator reports to the Programme Manager. The Programme Manager is currently the Person in Charge.

**Proposed Timescale:** 30/01/2018

### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**  
Ensure consistent provision of staffing for continuity of care to respite users.

5. **Action Required:**  
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Please state the actions you have taken or are planning to take:**  
Plans to recruit specifically for respite are in place to address the current vacancies.

**Proposed Timescale:** 30/05/2018