



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	St John of God Kildare Services – DC8
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	13 June 2018
Centre ID:	OSV-0003788
Fieldwork ID:	MON-0024345

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St John of God Kildare Services DC 8 is a large single story building that has been renovated to provide care for up to 14 residents. It provides 24 hour nursing care and is described as meeting resident's residential care and support needs in line with their individual assessments and support plans.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	13
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How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
13 June 2018	10:00hrs to 16:30hrs	Conor Brady	Lead

Views of people who use the service

This was a follow up inspection to a representation made by the provider following HIQA issuing this centre a notice of proposed closure for non-compliance with the Regulations and Standards. At the time of this unannounced inspection, all but one of the residents were on outings.

One resident was unwell and was observed in bed at the time of the inspection. The nurse on duty was caring for this resident in line with their assessed needs.

This inspection focused on specific actions and undertakings made by the provider in their formal representation to HIQA. The provider had contacted HIQA prior to this inspection highlighting some required actions were not completed in line with their representation.

Capacity and capability

The provider had implemented some of the components of the representation they made to HIQA following the issuing of the notice of proposal to cancel this centres registration.

Three residents had moved out of the centre in line with their assessed needs. However another three residents who were also due to move out of the centre in line with their assessed needs had not yet done so.

The provider was also due to submit an application to register for this centre based on the purpose and function and number/capacity they were applying for in this centre, as an application had not been received at the time of this inspection.

The inspector was informed by the provider that the remaining planned resident transitions (as outlined in the provider's representation) would take place in July 2018 and while one resident transition was delayed it was still in progress with the resident's family to ensure this resident was provided a service in line with their assessed needs and the requirements of the regulations.

The inspector found that three residents had moved out of the centre in line with their transition plans and that the staffing whole time equivalency had not been reduced. This was positive in terms of staffing availability to support the remaining residents in this centre. Staffing was discussed with the person in charge and all staff were up to date in their mandatory training and supervision.

There were no further complaints recorded in the complaints log since the previous inspection.

The person in charge was found to meet the requirements of the regulations and

has been interviewed on a number of occasions by HIQA.
Regulation 14: Persons in charge
The person in charge was full time, qualified and experienced and met the requirements of the regulations.
Judgment: Compliant
Regulation 15: Staffing
The whole time equivalency and rosters were sufficient to meet the needs of residents.
Judgment: Compliant
Regulation 23: Governance and management
The provider had not implemented all of the commitments outlined in their representation.
Judgment: Not compliant
Regulation 34: Complaints procedure
There were no new complaints in the complaints log since the previous inspection.
Judgment: Compliant
Registration Regulation 5: Application for registration or renewal of registration
No up to date application had been received at the time of the inspection.
Judgment: Not compliant

Quality and safety

The quality and safety of residents was reviewed in terms of the actions taken by the provider since the previous inspection.

In terms of the premises, various decoration and renovation works had been completed since the previous inspection. The exterior gardens had been decorated to a very high standard. New bedrooms and recently vacated rooms were found to have been repaired where required and freshly painted. The inspector found there was appropriate communal space and rooms available for most residents as this was a very large building with lots of rooms unoccupied.

As outlined in the previous reports one part of the designated centre that provided care for one resident was not found to meet the requirements of the regulations. The provider outlined plans were in place to transition this resident in line with their assessed needs. There was a strong odour of kerosene/fuel coming from this part of the centre on the date of inspection. The person in charge stated this would be immediately followed up. The resident (who lived in this part of the centre) was not in the centre at the time of inspection and the inspector instructed that no resident should return to this area until the cause and source of the odour was addressed and rectified.

The inspector reviewed the centres incidents and accidents records and all safeguarding reports and documentation. There had been no new issues identified or reported since the previous inspection according to the person in charge and records reviewed. The issues highlighted in the previous inspection report regarding this centres inappropriate mix of residents (3 different profiles of residents) was still not fully addressed, albeit plans were again reiterated by the provider in this regard.

Regulation 17: Premises

One part of the designated centre did not meet the requirements of the regulations.

Judgment: Not compliant

Regulation 26: Risk management procedures

Risks were assessed and staff were alert to risks and control measures in the interim of residents transitions being implemented. potential risk still existed due to mixed profile of residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Some residents were provided with good care in line with their assessed needs but others were not as their transitional plans had not been implemented in line with their needs, wishes and preferences.

Judgment: Not compliant

Regulation 8: Protection

Notwithstanding the issues highlighted in the previous inspection associated to the inappropriate mix of residents, there were no safeguarding reports since the previous inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant

Compliance Plan for St John of God Kildare Services – DC8 OSV-0003788

Inspection ID: MON-0024345

Date of inspection: 13/06/2018

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider was delayed in meeting some commitments outlined in the representation due to a need to meet the full support needs of residents and wishes of families when they transitioned to a new residence.</p> <p>From a governance perspective a detailed plan was reconfigured and followed with weekly review internally by senior managers to ensure all barriers were overcome and this worked effectively.</p> <p>All future planned commitments will be laid out in detailed plans and monitored regularly to ensure the commitment is achieved.</p>	
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>Registration was dependent upon the successful implementation of the submission and this was only partly achieved at the time of the inspection. The application for renewal was submitted and began to be processed on 18 June 2018. The centre is now registered.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The source of the odour was investigated by maintenance/contractor personnel immediately and actions were taken to address the source and eradicate the odour on the day of the inspection. The PIC updated the inspector that the issue had been successfully addressed and no further occurrence has been identified.</p>	

The area is currently not in use since the previous occupant moved.	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The profile mix of residents was reduced due to transitions to other residences. The current profiles of residents are suitable and appropriate and are in line with the centre's Statement of Purpose and Function.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The identified residents have either successfully transitioned to other centres or another provider in line with the long term plans for these residents. This was achieved in line with their transition plans.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Yellow	18/06/2018
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Yellow	30/06/2018
Regulation	The registered	Not Compliant	Orange	31/10/2018

23(1)(c)	provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	29/10/2018
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	29/10/2018