Health Information and Quality Authority
Regulation Directorate

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

Centre name:	St. John of God Kildare Service DC 12
Centre ID:	OSV-0002963
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Philomena Gray
Lead inspector:	Conor Brady
Support inspector(s):	Thomas Hogan
Type of inspection	Unannounced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	1

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
13 July 2017 10:00	13 July 2017 15:00

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

Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection
This unannounced single issue inspection was carried out following receipt of unsolicited information and a notification of concern received by HIQA. This was a focused inspection that examined the content of the information submitted to HIQA and the actions taken by the provider from a safeguarding, safety and governance and management perspective.

How we gathered our evidence
Over the course of this inspection, inspectors reviewed the management and response to an alleged safeguarding incident. Inspectors spoke with the programme manager, persons participating in management and the designated liaison person regarding the management of this incident. The inspectors reviewed all available documentation pertaining to the incident and all actions taken by the provider in terms of reporting, recording, investigating and responding to the incident.

Description of the Service
According to the centre's statement of purpose, the service has capacity to support 12 residents with intellectual disabilities. However only 11 residents were present on the date of inspection due to the discharge of two residents since the last inspection. The provider highlighted this occurred to facilitate a short term admission. Both male and female residents can be accommodated in this centre with the statement of purpose highlighting that some residents had complex support requirements.

Overall judgment of our findings
As this was a single issue inspection the findings relate to two outcomes inspected. Overall while the provider had taken some action to ensure the safeguarding of the

resident, further follow up was required in the areas of safeguarding and safety, staff training and supervision and the management and oversight in this designated centre.

The issues identified on this inspection are outlined in the 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 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:
Inspectors found that further improvement was required in the area of safeguarding and safety.

Inspectors reviewed the provider's response to a case of alleged physical abuse in this designated centre. While preliminary screenings had occurred inspectors found that this matter had not been fully investigated at the time of this inspection, which was five months after the alleged incident had occurred.

While some immediate action was taken to protect residents, further improvement was required. Given this incident alleged misconduct and physical abuse on the part of a staff member, inspectors noted inadequate follow up post incident. For example, staff were not subject to refresher training, support and development to ensure the safeguarding and safety of vulnerable residents in their care. Safeguarding considerations had not being fully incorporated into residents personal plan post incident. In addition, an outdated behavioural support plan was found in the personal plan which did not incorporate all of the required care guidance to support the resident's needs.

Judgment:
Non Compliant - Moderate

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:
Inspectors found that the governance and management arrangements in place were not clear or functional and did not ensure regulatory accountability.

The inspector found that interim management arrangements had been put in place in this centre whereby neither the programme manager nor the person in charge had appropriate governance of part of this designated centre. While another person participating in management was responsible for this unit, inspectors found that the governance arrangements in place were not functional nor did they ensure appropriate and clear lines of accountability. For example, on arrival to this inspection, inspectors were informed that the person in charge had no oversight over part of this designated centre and the programme manager, to whom the person in charge reported to, highlighted her dissatisfaction with this governance arrangement. In essence part of the centre was being managed separately to the governance and management structure of the designated centre. Therefore the persons with regulatory responsibility for the centre were not involved in the effective governance, operational management and administration of part of the designated centre concerned.

Inspectors found two residents had been transitioned out of one unit in an unplanned manner to facilitate a short term admission. This arrangement has continued to date despite it not being in line with the resident's family's wishes or the resident's personal and transitional plan.

The local governance arrangements found were not sufficient in this unit with an over reliance on a person in charge from another designated centre and a social care leader post that was vacant due to leave. This arrangement did not ensure effective governance, supervision and performance management of staff in this unit. While inspectors were informed of many positives that were occurring for the resident in question, this inspection found the governance and management decision making and implementation of planning and oversight was inadequate and not in line with regulatory requirements.

Judgment:
Non Compliant - Major

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[1]

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0002963
Date of Inspection:	13 July 2017
Date of response:	14 August 2017

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 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Personal planning regarding therapeutic intervention was not appropriately reviewed and updated to guide practice.

1. Action Required:

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

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
a. The resident's personal plan was reviewed by PIC, Programme Manager and PPIM
b. The resident's behaviour support plan was reviewed and updated by the staff team and PPIM.
c. The resident's behaviour support plan will be reviewed quarterly or sooner if required following transition to his new home.
d. Training in positive behaviour support is scheduled for the staff team.

Provider's Timescale:

a. 24.7.17
b. 23.7.17
c. By 31.10.17 and quarterly thereafter
d. 22.8.17

Proposed Timescale: 31/10/2017

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure all staff are trained and re-trained where necessary to ensure the safeguarding needs of residents and the prevention, detection and response to abuse is understood and adhered to.

2. Action Required:
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Please state the actions you have taken or are planning to take:
a. Safeguarding policy and procedures to be reviewed with the staff team at staff team meeting.
b. Two staff to attend full safeguarding training again with the designated officer.

Provider's Timescale:

a. By 31.8.17
b. By 31.10.17

Proposed Timescale: 31/10/2017

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:
While a person in charge was appointed they did not have oversight over one part of the designated centre.

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:
a. PIC to have full oversight of all areas of the designated centre.
b. Meetings held between PIC, PPIM and Programme Manager to ensure oversight.
c. Monthly house review meetings scheduled until resident transitions to his new home. Set agenda for monthly meetings to ensure oversight.
d. Onsite visit to this part of the designated centre by PIC.

Provider's Timescale:

a. From 17.7.17
b. 17.7.17, 24.7.17, 8.8.17
c. 5.9.17
d. 26.7.17

Proposed Timescale: 05/09/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Accountability was not clear or effective in terms of part of this designated centre.

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:
a. Management structure reviewed. Clearly defined management structure put in place.
b. Social Care Leader appointed to this area of the designated centre.
c. Social Care Leader will chair monthly staff meetings. Set agenda in place including incident review, risk management and the changing needs of residents.
d. Reporting structure in place. Staff report to the Social Care Leader or the PPIM in her absence. The SCL reports to the PPIM and the PPIM reports to the PIC until the resident transitions to his new home.

e. Monthly house review meetings to occur between the PIC, PPIM, Programme Manager and Social Care Leader until the resident transitions to his new home. Set agenda includes quality enhancement planning, incident review, risk management and the changing needs of residents.
f. All incident reports to be forwarded for the PICs attention, to include safeguarding and complaints until the resident transitions to his new home.

Provider's Timescale:

a. 17.7.17
b. 17.7.17
c. By 31.8.17 and monthly thereafter
d. From 17.7.17
e. From 5.9.17
f. From 17.7.17

Proposed Timescale: 05/09/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management and oversight arrangments in part of this centre did not fully ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

5. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
a. Social Care Leader appointed to this area of the designated centre.
b. Social Care Leader will chair monthly staff meetings. Set agenda in place including incident review, risk management and the changing needs of residents.
c. Reporting structure in place. Staff report to the Social Care Leader or the PPIM in her absence.
d. Monthly house review meetings to occur between the PIC, PPIM and Social Care Leader until resident transitions to his new home. Set agenda includes incident review, risk management and the changing needs of residents.
e. All incident reports to be forwarded for the PICs attention, to include safeguarding and complaints until the resident transitions to his new home.

Provider's Timescale:

a. 17.7.17
b. By 31.8.17
c. From 17.7.17

d. From 5.9.17
e. From 17.7.17

Proposed Timescale: 05/09/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an absence of effective supervision and effective performance management in this unit.

6. Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
a. Social Care Leader appointed to this area of the designated centre.
b. Social Care Leader will chair monthly staff meetings.
c. Reporting structure in place. Staff report to the Social Care Leader or the PPIM in her absence.
d. Support meetings have been held on two occasions with a staff member.
e. Performance development reviews to be completed with two identified staff.

Provider's Timescale:

a. 17.7.17
b. By 31.8.17 and monthly thereafter.
c. 17.7.17
d. 23.7.17 & 31.7.17
e. By 31.8.17

Proposed Timescale: 31/08/2017