



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

Name of designated centre:	DC 6 - St. John of God Kildare Services
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	05 September 2018
Centre ID:	OSV-0002940
Fieldwork ID:	MON-0021736

About the designated centre

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

Designated Centre 6 supports 14 individuals living in three separate homes in the town of Celbridge, Co. Kildare. Residential services are provided in a person centred approach to service provision according to the centres statement of purpose. The staff ratio required at each location is based on the needs and abilities of individuals; ranging from sleepover staff support to waking night support. Designated Centre 6 supports residents at three locations seven nights per week, all year round. The provider incorporates a holistic approach to care and support, identifying each service user as an individual while ensuring a safe, warm, home like environment. This service is a registered designated centre and was inspected on three previous occasions by HIQA. This inspection highlighted substantive improvement in this designated centre.

The following information outlines some additional data on this centre.

Current registration end date:	29/02/2020
Number of residents on the date of inspection:	12

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
06 September 2018	09:00hrs to 17:00hrs	Conor Brady	Lead

Views of people who use the service

There were 12 residents in this centre at the time of inspection. There was one vacancy and one of the residents was in hospital. All residents were attending day programmes, vocational programmes or employment. The inspector met a number of residents who gave some insight into what it was like to live in the centre. One resident showed the inspector around his home and discussed an upcoming foreign holiday he had planned. The resident told the inspector he was very happy with where he lived and the staff who supported him. Another resident spoke briefly to the inspector but chose not to show the inspector around his home which was respected.

Overall the views of the residents surmised over the course of this inspection were very positive about the service delivered across the three locations in this designated centre. Residents presented as happy, safe and well cared for. Staff members advocated very well on resident's behalf and supported residents to live meaningful lives.

Capacity and capability

There was an effective management and leadership team in place that was ensuring the safe and quality delivery of care to residents in this designated centre. The person in charge was skilled, knowledgeable and very professional and had delivered on the actions and quality enhancement plans regarding this service. The plans and actions from the previous inspection had been appropriately addressed.

Residents quality of life had greatly improved in the centre and the inspector found strong evidence of a lot positive work happening in the centre. This was resulting in good outcomes for residents in terms of their quality of life.

Staff knowledge was found to be professional and staff clearly evidenced a very good understanding of residents assessed needs. Staff were appropriately supervised, trained, supported and performance managed.

The provider had clear lines of accountability in place in the centre and auditing reviewed demonstrated very good monitoring and oversight of care delivery at both provider and person in charge level.

Regulation 14: Persons in charge

A full time, qualified and very professionally competent person in charge was in place.

Judgment: Compliant

Regulation 15: Staffing

Staff numbers and skill mix in place was appropriately meeting the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training and performance management records were reviewed for all staff.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management arrangements in place were clear, effective and ensuring the safe and quality care delivery to residents in this centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions to the centre were monitored and managed. Residents had contracts in place that included fees charged.

Judgment: Compliant

Regulation 3: Statement of purpose

An accurate and up to date statement of purpose was in place.
Judgment: Compliant
Regulation 31: Notification of incidents
All notifications were appropriately reported to HIOA and followed up by the provider
Judgment: Compliant
Regulation 4: Written policies and procedures
Policies and procedures were in place and met the requirements of the regulations.
Judgment: Compliant
Quality and safety
<p>Residents quality of life and standard of living was found to be very good in this service. In speaking with residents, staff and reviewing personal plans, the inspector found that residents led meaningful lives in line with their assessed needs, wishes and preferences. The standard of care delivery and improvements in this service since commencement were found to be excellent.</p> <p>Residents enjoyed high levels of social activation in this centre and were continuously going on outings, social events, holidays and activities. Skills teaching programmes and daily living supports were facilitated and reflected in residents personal plans.</p> <p>Health assessments were up to date for each residents with good access to allied health professionals and best possible health promoted.</p> <p>A homely atmosphere was provided across the three locations inspected and the standard of premises were found to meet residents needs.</p> <p>Residents with specific therapeutic support needs were found to be very well supported by a provided with same. Staff clearly knew and understood residents behavioural support needs and support plans in place contained clear guidance and</p>

proactive and reactive strategies developed to support residents.

Regulation 10: Communication

Caring and respectful communication was observed throughout this inspection. Communication aids were used where required and clear guidance was available in resident's personal plans to guide staff on resident's communication preferences.

Judgment: Compliant

Regulation 13: General welfare and development

Residents welfare and development needs were appropriately met in this centre with very meaningful lives evident on this inspection.

Judgment: Compliant

Regulation 17: Premises

The three premises inspected were found to appropriately meet the residents needs.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management policies, practices and systems were found to be operationally effective.

Judgment: Compliant

Regulation 27: Protection against infection

Good infection control measures were in place with clear policies and practices found for the management of infectious diseases.

Judgment: Compliant

Regulation 28: Fire precautions

Measures in place regarding fire detection, prevention and control were appropriate. The centre was equipped to respond to emergency situations and could be safely evacuated in the event of a fire.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines management practices observed on inspection and storage arrangements in place were found to be appropriate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were clear, comprehensive, up to date and reviewed.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to enjoy best possible health.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behavioural support plans were in place and therapeutic supports were available to residents.

Judgment: Compliant

Regulation 8: Protection

Measures in place to safeguard residents were operational within the centre.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant