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

Name of designated centre:	St. John of God Kildare Services - DC 9
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	18 July 2018
Centre ID:	OSV-0003575
Fieldwork ID:	MON-0022110

About the designated centre

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

The following information has been submitted by the registered provider and describes the service they provide. St. John of God Kildare Services Designated Centre 9 is a respite service for children aged between seven and eighteen years, and adults with an intellectual disability. The service is provided to both groups on alternate weeks. The individuals who avail of the respite service are supported by a staff team that comprises of a clinical nurse manager, a social care leader, nurses and social care workers. The centre consists of a two storey dwelling that provides services for a maximum capacity of five individuals. The length of stay varies from two to seven nights and depends on the needs of the individual and their family.

The following information outlines some additional data on this centre.

Current registration end date:	22/12/2018
Number of residents on the date of inspection:	4

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
18 July 2018	09:00hrs to 16:50hrs	Erin Clarke	Lead
18 July 2018	09:00hrs to 16:50hrs	Conor Brady	Support

Views of people who use the service

There were four individuals availing of respite at the time of the inspection and inspectors were able to meet with them when they had returned from their day services. It was observed that the residents were comfortable with the support provided by staff and that they were familiar with the person in charge and interacted in a positive manner with them.

Although a number of residents were unable to tell the inspector about their views of the service, the inspector observed a meal time experience where the assessed needs and support requirements of the residents were taken into consideration. One resident was not feeling well when they had returned to the centre and staff supported them in line with their support plan.

Staff spoken with outlined how they felt that each of the residents enjoyed their respite stay and how activities and goals were planned with the resident as part of their stay. Residents were engaged in a wide range of activities in the community which were assessed to meet the individual resident's ability and needs.

Capacity and capability

Overall, the inspectors found that this centre demonstrated a good level of care and support to the respite users observed using the service. The service provided respite support to 26 adults and 13 children. However, the capacity and capability of the provider to deliver a safe quality service was impacted by the current operational management systems in this centre. Inspectors found areas of non compliance identified on previous inspections remained incomplete. These were in relation to; governance and management, staffing and contracts for provision of services. Areas of non compliance in training and staff development, and notification of incidents were further identified during this inspection.

This inspection was a follow up to a previous inspection where it was found that there was no person in charge in place, the Authority had not been notified of their departure. The current person in charge was in post for three months at the time of this inspection and demonstrated that they had the necessary skills, experience and qualifications to fulfill the role.

The person in charge had identified areas for improvement and implemented a new admissions review form, recording of restrictive practices spreadsheet and medication balance checks. However, inspectors identified that improvements were required in the centres' governance and management systems relating to the lines of authority, accountability and effective monitoring of the centre.

Inspectors found that the person in charge did not have oversight of a provider lead

investigation into a concern raised in relation to communication and interactions between staff and residents, that had been undertaken by the provider or its following actions. Additionally the previous unannounced six monthly audit carried out by the provider was unknown to the person in charge. A copy of the unannounced audit was not made available to residents or to inspectors until the end of the inspection.

A review of complaints and compliments in the centre evidenced a responsive approach to any issues raised or identified. Actions required and satisfaction levels were implemented, reported and recorded. Registration and monitoring notifications of change of management and allegations of abuse were found not to be submitted to the Chief Inspection within the time lines required in the regulations. The provider was requested to submit same following inspection which did not occur.

The inspectors found on review of the rosters and discussion with the person in charge that the workforce arrangements in place relied heavily upon agency staff particularly at night time which effected the morning routine of the service users. Five agency staff members were routinely used to ensure the continuity of care for the residents, however the pool of agency staff used was 15 - 20. The proposed staffing arrangements were subject to recruitment delays and gaps on the rota were supplemented by the person in charge. A recruitment drive had taken place to address the deficit in the nursing staffing levels, however these posts had not yet commenced. This resulted in the centre operating at a 2.5 nursing staff deficit in terms of whole time equivalency (WTE) for the assessed needs of the residents.

Information and documents as specified in Schedule 2 were not available for agency staff such as training records, qualifications and references. Proof of Garda Vetting was sought by the person in charge during the inspection from the agencies that supplied agency staff , some but not all Garda vetting clearances had been obtained by end of inspection. From the training matrix reviewed, several gaps in training had been identified in fire safety, positive behavioural support and managing behaviours that are challenging.

At the time of the inspection, inspectors found that the revised contact for service provision was still in the draft and approval stage, and had not yet been rolled out to the organisation. This had been identified as outstanding at two previous inspections; whilst the proposed timescale for implementation of the contracts had not lapsed since the last inspection, the progress of the numbers of residents with a contract had not increased. The draft version of the contract was not available to inspectors to review and neither residents or their family representatives had the correct up to date information on the services provided to them.

Registration Regulation 5: Application for registration or renewal of registration

As part of the application for registration or renewal of registration Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The following information was not

complete:

- full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participates in the management of the designated centre.

Judgment: Not compliant

Regulation 14: Persons in charge

The inspector found that the person in charge met the requirements of this regulation with regard to her qualifications, background, knowledge and experience.

Judgment: Compliant

Regulation 15: Staffing

There was a failure to ensure adequate nursing care levels for the assessed needs of the residents, as stated in the statement of purpose. Information and documents specified in Schedule 2 where not available for agency staff.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector found evidence that not all staff had received mandatory training in fire safety and managing behaviours that challenge. Additionally there were gaps found in safe administration of medication and positive behavioural support training.

Judgment: Not compliant

Regulation 23: Governance and management

Improvements were required in the governance and management of this centre, in relation to operational oversight, lines of authority and accountability, auditing of the centre and the accessibility of the annual report.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Not all residents have a written agreed contract for service provision in place.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose is in place and includes all information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring was maintained in the designated centre; however, not all of these incidents were reported to the Authority as required within the required time frame.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had in place, an effective complaints procedure with appropriate follow up actions.

Judgment: Compliant

Quality and safety

Overall, the inspectors determined that the quality and safety of the service provided to the residents was promoted. Improvements were required in relation

to residents rights, safeguarding protection and welfare training and fire precautions. The inspector reviewed the quality and safety of the service provided to the residents and found that individual assessment and personal plan, positive behaviour support and the management of residents personal finances was compliant.

Residents were observed being supported in line with their individual needs and wishes. On inspection, some residents were observed having dinner and presented as relaxed and comfortable with the staff supporting them. One resident became agitated and was supported by staff in line with their positive behavioural support plan.

The design and layout of the premises' ground floor twin bedroom was found to be impacting upon the residents' privacy and dignity when more than one resident with mobility difficulties were availing of respite together. This was demonstrated by staff who completed a simulation on how residents were facilitated with personal care which involved the moving around of furniture and the retrieval of bathing equipment from storage through the emergency exit. This practice compromised the dignity and personal space of residents.

The inspectors found that fire drills had occurred prior to every respite admission. There were appropriate systems in place for the detection of fire and suitable fire fighting equipment which were serviced as necessary. However, it was found that improvements were required for the measures in place for the containment of fire. It was unclear if there were adequate fire containment measures in place and scheduled checks of fire safety measures were not completed in line with the organisations fire prevention policy. The provider was requested during the inspection to submit assurances regarding the fire containment measures which were not received by the Authority.

Risk management procedures were in place and the inspectors found appropriate follow up to a number of incidents. For example, resident falls, accidental injury and medication errors were found to be followed up by the person in charge. Risk assessments were in place and control measures were revised post incident. Evidence of learning was logged and staff on duty all presented as aware of the risks prevalent in the centre.

Compatibility assessments were completed prior to respite admissions or following any peer to peer altercations in the centre. Where behaviours of concern were identified these were supported by a plan of care to ensure that consistency of care was provided to the resident. The inspector spoke with two staff members who demonstrated a good understanding and knowledge of residents with behaviours of concern and the appropriate proactive strategies for the management of the behaviour. There was a register of restrictive practices, an appropriate assessment of need and approval from the organisations restrictive practice committee. Some staff had not completed mandatory training in adults' and children's safeguarding protection.

Regulation 26: Risk management procedures

Arrangements are in place for identifying, recording, investigating and learning from incidents.

Judgment: Compliant

Regulation 28: Fire precautions

It was not clear if there were adequate fire safety and containment measures in place.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Personal plans were found to be clear, comprehensive and based on individual assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate measures are in place for residents with behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

Some staff had not undergone appropriate training in the protection of adults and children.

Judgment: Not compliant

Regulation 9: Residents' rights

Practice regarding personal care in the designated centre did not promote the rights and dignity of residents that availed of a shared bedroom.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St. John of God Kildare Services - DC 9 OSV-0003575

Inspection ID: MON-0022110

Date of inspection: 18/07/2018

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: All required documents were sent in on 27.06.18 & 02 07 18	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Recruitment drive ongoing One staff nurse recruited on 20 08 18. One staff nurse due to commence in post in early October 2018. Agency use-There is a limit of ten agency staff in use in this DC to promote continuity and consistency. All schedule 2 documents for agency staff are kept on line in shared folder and copies are also on site	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The Training log for the DC has been reviewed and updated. All staff have Children's First Training. This training will also be scheduled for the new Staff Nurse when they join the team in October. All training is reviewed monthly. Training and refresher training will be scheduled as required by the Person in Charge.	

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Person in Charge is in place in the DC. The PIC will ensure that all unannounced inspection on behalf of the provider will be reviewed at the DC team meetings.
All audits will be reviewed by the Person in Charge and all actions outlined for the DC will be inputted on the Quality Enhancement Plan.

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
A copy of the Contract of Care has been sent to the families of all active users of respite in the Designated Centre.
All families have been requested to return a signed copy of the contract by 31.08.18.
If the date passess and there is outstanding contracts to be returned the PIC will send a second letter, accompanied by a stamped addressed envelope, to be returned to the DC.
On the 06.09.18 there was a 46% return from adults and 35% return from children of Contracts of Care.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

All three day notifications have been submitted and will be submitted within the three day timeframe going forward. The Person in Charge is registered on the HIQA portal. All three day notifications will be discussed at the DCs team meetings.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

An architect is scheduled to visit the Designated Centre on Monday 10th September and furnish us with a certificate of containment for Fire Doors. In addition to this the company who manages security and fire for SJOG has been requested to inspect the doors. Once obtained the certificate of containment will be forwarded directly to HIQA
The Person in Charge has completed Fire Drills and will complete Fire drills monthly. The Fire drill process has been enhanced and includes the use of different exits.
Deep sleep fire drill has been achieved.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

All staff in the Designated Centre have completed Safeguarding and Children's first

training.

All staff are familiar with the Trust in Care Policy.
There is a robust Risk management system in place in the Designated Centre.
All agency staff training records on accessible through a shred file and copies of same on site

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Head of operations and an architect are scheduled to visit the site to explore options for adapting the shared bedroom. In the interim:
Shower trolley to be stored in bathroom for duration of stay when required for a SU
Room sharing to be reviewed at each booking meeting to minimize challenges in respecting privacy and dignity

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(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.	Not Compliant	Orange	02.07.2018
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Orange	31.10.2018
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Not Compliant	Orange	31.08.2018

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31.08.2018
Regulation 23(1)(b)	The registered provider shall ensure that there is 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.	Substantially Compliant	Yellow	31.08.2018
Regulation 23(1)(c)	The registered 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.	Not Compliant	Orange	31.08.2018
Regulation 23(2)(b)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall maintain a copy of the report made under subparagraph (a) and make it available on request to residents and their representatives and the chief inspector.	Not Compliant	Orange	31.08.2018
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	30.10.2018
Regulation	The registered provider shall	Not	Orange	30.10.2018

28(3)(a)	make adequate arrangements for detecting, containing and extinguishing fires.	Compliant		
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	31.08.2018
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Not Compliant	Orange	30.08.2018
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30.11.2018