

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St John of God Kildare Services - Designated Centre 16
<b>Centre ID:</b>	OSV-0005657
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Company Limited By Guarantee
<b>Lead inspector:</b>	Anna Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **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 to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 27 October 2017 10:00 To: 27 October 2017 12:15

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was an announced registration inspection following an application to the Health Information and Quality Authority ( HIQA) by St John of God Kildare Services to register the centre as a new service for adults with an intellectual disability. The centre was not operational at the time of inspection as it is awaiting registration with the Authority. The provider had submitted an application to register the centre for four residents. As part of this application the provider was required to submit relevant documents. One document was still outstanding at the time of the inspection.

**Description of Services:**

The intended property is a four bedroom bungalow with a one bedroom apartment attached to the property. It is situated within walking distance to a town in County Kildare. The centre is owned by St. John of God's housing association.

**How we gathered information:**

Residents were not present on the day of the inspection. The inspector was informed the intended transition had been discussed with the resident's representative but had not been discussed with the residents in line with their own assessed needs. However, once the centre was registered, the person in charge and other relevant

personnel intended to plan the transitions with the residents.

As part of the inspection, the inspector met with the person in charge who showed them around the centre. The inspector discussed the intended governance structures in the centre with the person in charge, reviewed fire safety measures and some documents which included proposed rotas and transition plans.

In addition, the person in charge outlined how they intended to include residents in decisions around how the centre was run. This will include weekly meetings to discuss activities and menu planning and monthly forums to discuss broader service issues and provide education opportunities for residents.

Overall judgment of our findings

Overall the inspector found that the provider and the person in charge were meeting the requirements of the regulations in eight of the nine outcomes inspected against. Outcome 17, workforce was found substantially compliant.

**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 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that from reviewing the documentation and in discussion with the person in charge that there were arrangements in place to meet the residents assessed needs.

The person in charge was aware of their responsibility to ensure that the assessment of need was updated to reflect residents changing needs, 28 days after admission to the centre if required.

The inspector was informed that an annual review will take place for residents, called a circle of support meeting which will be attended by the resident, their representative, appropriate allied health professionals if required and other people that the resident may wish to include at this.

The person in charge outlined how residents' supports would be reviewed to assess their effectiveness. For example, healthcare plans and goals for residents would be reviewed every three months or sooner if required.

While residents were not fully aware of the intended move date and transition plans had not been finalised on this basis, the inspector was informed that as part of the initial transition process, three of the residents had been supported in the "discovery process". This involved a detailed assessment of the residents' wishes for the future and the supports they may need to achieve this. It is based on the social role valorisation model of support and focuses on supporting people to have valued roles in their community.

A plan for one resident was viewed by the inspector. This had been developed into a user friendly format for the resident and included pictures of what the resident had achieved so far. The inspector found examples of where the resident was being supported to have valued roles in the community and their proposed new home. For example, the resident had started to visit local amenities in the area and had begun to learn new skills such as preparing meals.

The person in charge also informed the inspector that part of the transition will involve; residents buying new items for their home and choosing personal items that they would like for their bedrooms. Initially, residents will start visiting the centre and stay overnight, after which the person in charge will review progress and identify any other supports if they are required.

Family representatives were aware of the proposed transition for residents and the person in charge said that they were happy with the proposed move.

Residents will remain attending their current day service placement as this has been identified as being very important to the residents.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found that the layout and design of the centre were suitable for its stated purpose.

The premises were finished to a very high standard and the person in charge intended to personalise bedrooms and other areas of the centre with the residents. All residents will have their own bedrooms. The inspector found that the premises had:

- Adequate private and communal accommodation, including adequate social, recreational, dining and private accommodation
- Rooms of a suitable size and layout
- Adequate space and suitable storage facilities for the personal use of the residents.

- Adequate ventilation, heating and lighting
- A kitchen/ dining area with suitable space for a large dining table.
- Baths, showers and toilets of a sufficient number and standard suitable to meet the needs of the residents. For example hand rails were in place in the bathrooms.
- Adequate facilities for residents to launder their own clothes if they so wished
- Suitable outdoor space

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found that the person in charge and the provider had systems in place in order to protect the health and safety of visitors, residents and staff in the centre.

The inspector found that there was adequate means of escape and exits were unobstructed. Adequate fire systems had been installed, including a fire alarm and emergency lighting. While there was no fire fighting equipment in the centre on the day of the inspection, the person in charge had a plan in place to address this and intended to notify HIQA once complete.

Measures were in place for the containment of fire, as all doors in the centre were fire doors.

The person in charge informed the inspector that residents will have a personal emergency evacuation plan in place and that they had already reviewed the residents' needs in relation to this and were satisfied that the supports required will be appropriate in the centre and would be reviewed regularly. They intended to carry out fire drills on a quarterly basis in order to ensure a safe evacuation of the centre.

Fire checks will be completed on a daily basis to ensure that the equipment in place is maintained, serviced appropriately and that fire exits remained unobstructed.

There was policy in place on risk management in the centre along with a health and safety statement. The inspector was informed that incidents will be recorded on a computer generated from in the centre. The person in charge will review all incidents in the centre as they occur and will generate or review risk assessments based on this

review.

All incidents will be reviewed at staff meetings and reports will be generated to identify potential trends and inform future learning.

A risk register will be maintained in the centre, to include all risks associated with the centre. Individual risk assessments will also be included on residents' personal plans. The person in charge had already reviewed identified risks in the residents' current placements and had assessed these as part of their transition to the centre.

The provider was currently in the process of purchasing a vehicle for the centre.

There were no identified infection control risks in the centre. Hand washing facilities were available and the person in charge was aware of the policy in place around infection control in the centre should residents' needs change.

**Judgment:**

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):**

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that there were systems in place to protect residents suffering abuse or being harmed.

The person in charge was clear about what to do in the event of an allegation of abuse and aware of the procedures to follow. They assured the inspector that all staff will have completed training in safeguarding vulnerable adults. Residents will also receive informal education sessions through the use of videos in the centre on safeguarding matters. Regular key working sessions will be completed with residents where they can also raise concerns.

There was policy in place on behaviour support. There will be access to a psychologist in the centre and a review of one resident's behaviour support plan will be held regularly to



support the resident with the transition process.

The inspector was informed that one resident had currently one restrictive hold prescribed in response to behaviours of concern. The person in charge has reviewed this practice and was assured that there were adequate supports in place to implement this should the need arise. They intended to regularly review this practice once the resident had transitioned to the centre.

All staff will have received training on behaviours of concern prior to the centre opening.

The person in charge informed the inspector about the intimate care supports needs of residents in the centre and this said that this will be outlined in the residents plan in order to guide practice.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was an assessment of need in place for residents that will be updated once they have transitioned to the centre. Health support plans will be developed in order to outline the supports in place and guide staff practice.

Allied health professionals will be available in line with the residents assessed needs. Some of which will be available through the service and some will be available through community facilities. The residents will be facilitated to remain with their current GP or be supported to access a new GP in the area.

An annual medical review will be completed for all residents in the centre.

The person in charge informed the inspector that menus and food will be agreed with the residents on a daily/ weekly basis. The residents will be supported to buy groceries and prepare meals in line with their personal preferences.

**Judgment:**

Compliant

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<b>Outcome 12. Medication Management</b> <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
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<b>Theme:</b> Health and Development
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<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre’s first inspection by the Authority.
<b>Findings:</b> Overall the inspector found that the person in charge intended to have appropriate medication management systems in place in the centre.  There was a medication policy available in the centre. The inspector was informed where medications will be stored in the centre.  The person in charge outlined the intended practices for ordering, prescribing, storing and disposing of medications in the centre which were found to be appropriate.  The inspector was informed that the person in charge intended to audit medication practices in the centre. For example, all medications received into the centre will be checked and verified by staff. An assigned staff member will audit prescription sheets and administration sheets to ensure accuracy. An annual medication audit will be completed in the centre.  Medication errors will be completed on a computer generated form and reported to the senior manager on duty and reviewed by the assistant director of nursing. From this review additional control measures may be required to ensure safe practice.

<b>Judgment:</b> Compliant
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<b>Outcome 13: Statement of Purpose</b> <i>There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.</i>
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<b>Theme:</b> Leadership, Governance and Management
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<b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre’s first inspection by the Authority.
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**Findings:**

The statement of purpose contained most of the information prescribed by Regulation 3 and Schedule 1. Some minor improvements were required to this document. However, the person in charge intended to amend these and submit the final version to HIQA once complete.

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Overall the inspector found that the provider intended to have effective governance and management systems in place to support and promote the safe delivery of care in the centre.

The person in charge is responsible for two other designated centres in this service. It is intended that a manager will be assigned in this centre in order to support the person in charge with the oversight of the provision of services in the centre.

The person in charge will attend staff meetings monthly. They also intend to visit the centre two to three times a week to supervise practice and meet with residents.

In addition, to this they will carry out audits in the centre on practices. For example, residents' personal plans.

The person in charge will report to the programme manager who in turn reports to the provider. Regular meetings will be held with the programme manager and the person in charge. The person in charge will also have contact with the regional manager on a daily basis if the need arises.

The provider has nominated a person to complete two unannounced quality and safety reviews of the centre yearly.

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector was informed that the provider intends to have adequate staff in place to support residents in the centre. However, a proposed staff rota outlining the skill mix and staff compliment was only in place on the day of the inspection. The final version will be submitted to HIQA once agreed and completed.

The inspector was informed that a support intensity scale assessment had been completed for all residents as part of the transition process. The findings of this identified that 7.3 whole time equivalents were required to support residents' needs in the centre. The proposed skill mix will include nurses, social care workers and healthcare assistants. 1.3 of the whole time equivalents will be provided by regular relief staff as a contingency to cover for staff leave.

The staff supports will include one waking night staff, and two staff on duty all day when residents are present in the centre, which will reduce to one staff when residents are attending day services during the day.

Staff will have access to an out of hours on call service in the event that they need assistance or advice.

The person in charge informed the inspector that staffing levels will be reviewed regularly once the transition is complete to ensure that sufficient staff supports are available to meet residents' needs in the centre.

The person in charge informed the inspector that they intended to have a schedule in place in order to ensure staff had supervision on a yearly basis in the form of a performance development review.

One staff member will be assigned as the shift leader each day who will oversee and be

responsible for care practices in the centre.

The person in charge informed the inspector that there may be volunteers employed in the centre. This had yet to be finalised and therefore the requirements under the regulations were not reviewed as part of this inspection.

Staff files were not reviewed as part of this inspection, but will be reviewed at a later date by HIQA.

**Judgment:**

Substantially Compliant

**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:***

Anna Doyle  
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<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
<b>Centre ID:</b>	OSV-0005657
<b>Date of Inspection:</b>	27 October 2017
<b>Date of response:</b>	24 November 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 17: Workforce

**Theme:** Responsive Workforce

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

The staff compliment and skill mix for the centre has yet to be finalised by the provider.

**1. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and

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

skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**

1. The whole time equivalent has been agreed as 7.3. The skill mix will include nurses, social care workers & healthcare workers
2. An expression of interest will be distributed to all staff to fill this above WTE.
3. The roster will be reviewed to ensure it is meeting the needs of the residents.

Proposed Timescale:

1. 23/11/2017 (Completed)
2. 31/12/2017
3. 30/06/2018

**Proposed Timescale: 30/06/2018**