Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. John of God Kildare Services - DC 4
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	30 October 2019
Centre ID:	OSV-0002936
Fieldwork ID:	MON-0025427

About the designated centre

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

St John of Kildare services - DC 4 is located on a campus based setting within walking distance of a large town in Co. Kildare with a number of local amenities. It is a congregated setting with all buildings and housing located on campus. DC 4 is a large, purpose-built unit divided into four units. The current capacity of the centre is 18 in line with the centre's decongregation plan. DC 4 provides services to adults whose primary disability is intellectual disability. Residents may also have additional needs due to physical disability, sensory impairment, medical conditions and behaviours that challenge. Residents are supported on a full time basis by a team of clinical nurse managers, nurses, social care workers and care assistants. Housekeeping staff also support the team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
30 October 2019	09:00hrs to 18:30hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

In response to the needs of residents, the inspector of social services did not engage verbally with all residents. The inspector met and engaged with residents in line with their assessed needs during the inspection and observed elements of their daily lives. The inspector visited all four units that comprise this designated centre. During these visits some of the residents were attending day services or were engaged in activities elsewhere, while others were at home.

The inspector observed caring communication and person centred interactions throughout the course of the day between staff who were clearly very knowledgeable of residents assessed needs and residents who were in turn, at ease and content with their service. It was clear residents were comfortable in the company of staff. Staff were able to interpret resident's needs and preferences.

The inspector observed a mealtime experience and staff supported residents in line with their assessed needs. Mealtimes were not rushed and appropriate staffing levels were in place. Residents appeared happy with the food choices and the support they received.

Capacity and capability

Governance and management arrangements in this designated centre ensured that residents received a good quality of care and support in accordance with their assessed needs. Governance arrangements ensured all practices at the centre were effective and ensured that residents were kept safe from harm and supported by a knowledgeable and suitably qualified staff team. The inspector observed that the service being provided to the resident was in keeping with the centre's statement of purpose.

The provider had submitted an application to remove an additional condition of the centre in relation to the decongregation of the centre. The inspector found that the provider satisfied the terms of this condition and as a result had a positive impact on the residents quality of life.

There was a clear governance structure in place with identified lines of accountability and authority. The inspector had found the person in charge to be very familiar with residents' care and support needs. There were effective cover arrangements in place to ensure that staff were adequately supported in the absence of the person in charge.

The inspector reviewed the provider’s annual review of the quality and safety of the

centre for 2018 and 2017. There was evidence that consultation with residents' representatives had occurred to ensure that they had a say in driving improvement in the centre. The report outlined areas of priority for the centre for the following year, which included rights restoration plans, reduction of restrictive practices and the ongoing transition of residents into the community. The inspector found that the provider had made progress in all these areas and had also self-identified that the continued development of accessible personal plans and the implementation of a reviewed structured supervision process were required as part of the 2019 review.

A schedule of audits were available for the year and included the following areas; dysphagia plans, medicines management, finances, personal plans and rights awareness. The inspector was assured by the quality assurance measures taken by the provider to audit service provision and found the audits were effective in identifying areas of concern or non-compliance with the regulations.

The provider had employed sufficient staff numbers to support the needs of residents. At the time of the inspection there was two staff nurse vacancies and one social care vacancy. Staff had been recruited to fill these posts and were due to start in the following weeks. The inspector was satisfied that continuity of care was provided for with the use of regular relief and agency staff that were known to residents. Residents were supported to attend their local community on a regular basis, and they were also supported to engage in skills buildings programmes in their home which helped to promote their independence and prepare residents for the transition from the campus-based setting. The provider had ensured that staff members had received training in areas such as manual handling, safeguarding, fire safety, and supporting residents with behaviours of concern. A refresher training programme was also available to ensure that staff members were up-to-date with training needs, at all times.

The supervision policy was currently under review by the provider as well as the frequency of supervision meetings. There was evidence that the person in charge held formal and informal supervision sessions with staff.

During a review of the records of incidents that had occurred in the centre, it was identified that adverse events involving residents had been notified to the Chief Inspector. One notification however, was submitted outside of the required time frame.

Registration Regulation 7: Changes to information supplied for registration purposes

The provider did not notify the Chief Inspector of Social Services as required, of a person participating in management who had finished in their role.

Judgment: Substantially compliant

Registration Regulation 8 (1)

The inspector found that the provider had fulfilled the criteria of the additional condition attached to the centre's registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a good understanding of the residents' care needs. The person in charge was also conducting regular audits of the quality and safety of support provided, which ensured that a good level of care was maintained.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that adequate staffing levels were in place to meet the needs of the residents who avail of this service. Residents received continuity of care from staff members who were familiar to them. Staff who spoke with the inspectors had a strong knowledge of residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff were appropriately trained, including refresher training and also training in areas of good practice.

Judgment: Compliant

Regulation 23: Governance and management

Governance and management arrangements ensured that all practices at the centre were subject to regular monitoring to ensure their effectiveness. Management

arrangements further ensured that appropriate resources were available to support residents' assessed needs, protect them from harm and supported to achieve their personal goals.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There had been no new admissions in line with the centre's decongregation plan.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector reviewed the centre's statement of purpose and found that it contained the information as outlined in Schedule 1 of the regulations. It also accurately described the service being delivered in the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the Office of the Chief Inspector of the occurrence of incidents that had occurred that required three day notifications. However, improvements were required to ensure that notifications were submitted in a timely manner in the absence of the person in charge.

Judgment: Substantially compliant

Quality and safety

The inspector found that the reconfiguration of the centre had led to positive outcomes for residents. This was evident in the reduction of behaviours that challenge and safeguarding concerns that were previously notified to the Chief Inspector. The service had shown itself to be responsive to the changing needs of residents and had reviewed the additional living areas created by recent transitions for the benefit and assessed needs of residents. The inspector

found many areas of good practice, reflected by the high level of compliance assessed during this inspection. These included the provision of healthcare, positive behavioural support and communication. Residents' quality of life was also prioritised by the systems in the centre and overall their rights and choices were supported. One aspect of residents' rights was found to require improvement.

The centre composed of four separate units which were linked by a central corridor. Efforts had been made to make the centre homely for residents. Resident bedrooms were personalised according to individual tastes and requirements. Some residents preferred a minimal living environment while others had decorated their rooms with personal possessions. Four accessible, enclosed gardens led off each unit. The person in charge had identified that there remained an ongoing issue with the heating of the centre and temperature of water, as the controls were not contained within the building. There was no time bound plan to address this, and some areas of the centre were uncomfortably warm during the inspection.

Meals were provided by a centralised kitchen on the campus. The inspector observed residents being facilitated to make choices at lunch time and a number of options were available to residents. Additional storage space was also made available for residents to store their personal snacks and food items that could be consumed outside of the meal times.

The inspector noted that there were systems in place and supports available to staff to positively address behaviours of concern in the centre. The behaviour support plan viewed by the inspector was comprehensive and was subject to review. The focus of the positive behaviour support plan was on proactive strategies and was found to be effective. As a result, there was a reduction in behaviours of concern in the centre.

There was an ongoing review of the restrictive practices in use in the centre including a phased implementation of a safe, rights reduction plan. The inspector observed further reductions in the use of restrictive practices since the previous inspection, including the unlocking of internal sectional doors, removal of one environmental restriction and the reduction of physical restraints. All restrictions in place were overseen by the organisation’s rights review committee and positive behavioural support committee.

During the course of the inspection there was evidence that residents' rights were promoted and upheld in the designated centre and residents were supported to exercise choice and control in their daily lives. As an example of good practice, the person in charge had referred several residents to the national advocacy service for an independent voice in relation to some consent issues. One area for improvement noted on the walkabout of the centre was the practice and use of viewing panels on residents bedroom doors. In discussions regarding the use of these panels, it was explained that nightly checks were conducted on all residents. The inspector was not assured that these checks were required in response to the assessed needs of residents as personal plans did not outline a need for this practice.

There were effective systems in place regarding all identified safeguarding concerns

in the centre at the time of inspection. The majority of concerns that had been previously notified to the Chief Inspector had been addressed by the reconfiguration of the centre and by some residents transitioning into community houses. Evidence was seen that where any possible safeguarding concerns arose, the person in charge ensured that all reasonable and proportionate interim measures were taken to ensure residents were protected pending the outcome of relevant investigations.

The inspector reviewed a sample of personal plans and found that there was a comprehensive assessment used to identify the individual health, personal and social care needs of each resident. The outcome of these assessments was used to inform an associated plan of care for the residents, and this was recorded as the residents' personal plan. Plans had key worker responsibilities outlined and described residents' goals. The person in charge spoke of the ongoing work in providing these plans in an accessible format for residents.

Residents' healthcare needs were found to be well managed, and the person in charge provided clear oversight and clinical review. Full time nursing care was required for residents and this was available as indicated in the statement of purpose. Support plans were subject to review on a regular basis with the relevant healthcare professionals. Access to allied healthcare professionals, including psychology and psychiatry, was provided by the service. Staff were observed supporting residents during a mealtime in line with speech and language assessment guidelines.

Where residents presented with specific communication needs, the provider had systems in place to support these residents. Clear communication plans were available to guide staff on the support they were required to give to these residents and staff had developed pictorial references to support residents to express their wishes. Objects of reference, modified sign language and inclusive technology were also utilised. Speaking tiles allowed residents to identify which staff were working that day.

There was a policy in place on risk management in the centre along with a health and safety statement. The person in charge had effective arrangements in place for managing risk in the centre. For example, all risk assessments were based on the trend of accident and incidents that had occurred ensuring that the risk severity and impact levels were reflective of the current situation. This eliminated historical and legacy incidents that were no longer a risk in the centre. All incidents that occurred in the centre were also discussed at staff meetings and during staff handovers when shifts were changing through the introduction of a ‘safety pause’ sheet. There was a shared responsibility approach by all staff to identify and address any safety concerns.

The centre had satisfactory fire management systems in place. The centre had appropriate fire precautions in place and staff were conducting regular checks of emergency lighting, exits, fire doors, fire extinguishers and the fire alarm panel. The provider had ensured that all fire precautions were serviced as required and emergency procedures were on display. Regular fire drills were occurring in the centre, both day night time simulated drills, which indicated that the resident could

be evacuated in a prompt manner. Learning from the fire drills were implemented into personal evacuation plans.

Regulation 10: Communication

The residents were supported and assisted at all times to communicate in accordance with their needs. Residents had individual supports as recommended by an allied health professional outlined in their personal plan.

Judgment: Compliant

Regulation 11: Visits

Visitors to the centre were actively encouraged while residents were also facilitated to make visits away from the centre. Suitable communal facilities and private areas to received visitors were available in the centre.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was clean, comfortably furnished and well decorated. Improvement was required in the regulation of the heating and water systems.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Adequate provision was available for residents to store food. Adequate quantities of food and drink were provided to residents which allowed for choice. Appropriate support was given to residents during mealtimes if required and staff members spoken to were aware of any dietary needs of residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge had sufficient oversight of the identified risks in the centre to ensure that the safety of residents, staff and visitors was maintained to a good standard. All risks had an associated management plan which was reviewed on a regular basis to ensure that all control measures were effectively implemented. Positive risk taking was actively promoted which assisted in developing and maintaining residents' independence.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that appropriate fire precautions were in place and the person in charge ensured that these precautions were well maintained. The staff team were conducting regular fire drills which indicated that all residents could be evacuated at all times of the day and night.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had comprehensive assessment and plans in place to support the their needs. The personal plan reflected the needs of the resident as assessed by allied health professionals. The personal plan indicated a person centred approach to the care the resident received and maximised the participation of the resident.

Judgment: Compliant

Regulation 6: Health care

The person in charge had ensured that residents' healthcare needs were assessed on a regular basis and guidance was available to support staff in caring for the healthcare needs of these residents. Residents also had access to a wide variety of healthcare professionals, as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents had behaviours that challenged, the provider ensured that staff training and positive behaviour supports were in place to both support the individual and reduce any risk to others.

Judgment: Compliant

Regulation 8: Protection

There were systems and measures present to ensure that the resident was protected from possible abuse. Any safeguarding situations were recognised, reported and assessed and staff were facilitated with training in the safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The provider was aware of and respected resident capacity to make decisions. Advocacy both internal and independent was utilised to inform decision making so that not only residents bests interests but also their will and preference informed decisions about their supports. One area of residents rights' required review that related to the practice of nightly checks and viewing panels.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Changes to information supplied for registration purposes	Substantially compliant
Registration Regulation 8 (1)	Compliant
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	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. John of God Kildare Services - DC 4 OSV-0002936

Inspection ID: MON-0025427

Date of inspection: 30/10/2019

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 7: Changes to information supplied for registration purposes	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: Schedule 1. (7) The provider will ensure that all changes in the Designated Centre's Organisational Stucture will be notified to the Chief Inspector of Social Services via NF31 form in a timely manner and reflected in the Designated Centres Statement of Purpose.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Regulation 31 (10)(e):(1)An additional Portal Sub-Account for a designated administrative staff has being set up to facilitate notifications in a timely manner in the absence of the PIC/ P.P.I.M . (2)The Person in Charge/ Person Participating in the Management or relevant designated person of the Designated Centre(administrative staff) will ensure that all notifications are forwarded/ notified to the Office of the Chief Inspector in a timely manner and within the established timeframes.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: A meeting was held(25/11/19) with the Facilities Manager and Director of Services to review the best and safest way that frontline staff can regulate the Designated Centre's heating system . In the interim staff will be given guidance on how to manually adjust the systems to meet the needs of the residents. Secondly, options will be considered with identified contractors as to the possible options of having sectional/ internal devices in place to facilitate regulations at frontline level.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Regulation 9(1)(2) The curtains on existing door panel window will be supplemented by having the window panel painted. A sleep hygiene needs assessment will be completed on each resident and outcomes will inform the development of appropriate care planning and supports, ensuring that their privacy and dignity is respected. Where deemed necessary (following assessment)risk control measures maybe required to ensure the safety and overall wellbeing of the residents, these supports will be proportional to the risk identified. The residents and or their family members(and where required members of the residents M.D.T) will be involved in this process and their consent sought for all supports identified.	

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 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Not Compliant	Orange	28/11/2019
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best	Substantially Compliant	Yellow	29/02/2020

	practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 31(1)(d)	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 serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	03/12/2019
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	Substantially Compliant	Yellow	01/03/2020

	personal information.			