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:	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:	Announced
Date of inspection:	12 September 2019
Centre ID:	OSV-0002940
Fieldwork ID:	MON-0022497

About the designated centre

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

DC 6 - St John of God Kildare Service provides residential services to 14 individuals across three houses located in a community setting in a large town in Co. Kildare. There is capacity for four or five adults, male and female, in each house. Each resident has their own bedroom in all three locations. DC 6 supports adults with both mental health issues and intellectual disabilities. These residents have identified clinical supports including psychiatry and psychology input available through the clinical team at the Kildare Service. The three houses are accessible to the local town, shopping, restaurants, public transport and community facilities. Residents are supported by a team of social care workers, social care leaders and a person in charge. Staffing levels are based on the needs at each location. Some residents have the support of 24/7 staff while other residents have the support of staff dropping into their home to provide specific supports.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	14

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
12 September 2019	09:30hrs to 18:30hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

Fourteen residents live in this designated centre and two residents were abroad on holidays at the time of the inspection. The inspector of social services had the opportunity to meet with three residents and received ten completed residents' questionnaires. Seven of these questionnaires were completed by residents themselves and three with the support of staff. Comments made in the questionnaires highlighted the residents satisfaction with the various activities outside of the centre such as; bowling, art classes, cinema, swimming and visits to coffee shops. Overall happiness with the centre, meals, and staffing support were also rated positively in all questionnaires.

Residents also stated that they were happy with the way complaints were handled if they ever made one. All residents were clear on who they would speak to if unhappy. Suggestions for improvements in the designated centre were already known to the person in charge and steps had been taken to address these. Any issues noted in the questionnaires were raised with the person in charge during the inspection.

Many of the residents living in the centre were very independent and demonstrated this to inspectors by accessing the community and their houses independently. The majority of residents were at work, day services and attending activities in the community during the inspection.

Capacity and capability

The inspector found that the provider had appropriate systems in place to ensure that the quality and safety of care which residents' received was maintained to a good standard. The registered provider, people participating in management and person in charge were working together to ensure the designated centre was resourced sufficiently for the effective delivery of care and support to the residents. An area for improvement identified under the capacity and capability regulations related to the contract of care for provision of services.

The governance arrangements in this centre ensured that effective systems were in place to monitor the quality and safety of care provided to residents. The provider had conducted all required reviews and audits as stated in the regulations, and the person in charge was completing on-going reviews of the care practices within the centre. The inspector found that information gathered from these audits and reviews was used to improve the quality of life for residents and also to ensure that consistency of care was provided in the centre.

There was a full-time person in charge in place who was suitably qualified, skilled and experienced for the role and was engaged in the governance and operational management of the centre on a consistent basis. They were supported in the management of the centre by a programme manager, who acts as a person participating in management, and two full-time team leaders. The person in charge had responsibility for another centre operated by the provider, and they told the inspector that the current governance arrangements supported them to have the capacity to fulfil their role as the person in charge for this centre.

The provider ensured that a competent workforce supported residents in a manner which met their needs by facilitating both mandatory and refresher training in areas such as fire safety, safeguarding, positive behavioural support and diabetes training. The inspector also found that care was provided to residents by staff who were familiar to them. Staff members who met with the inspector were found to have a good understanding of care practices in the centre. A review of staff rosters demonstrated that the designated centre operated at the required staffing levels for the period of two months prior to inspection and there was evidence of a stable workforce. In addition, rosters were found to be flexible to support events important to residents.

There was a complaints log in place with a record of any complaints made. Any complaints made by residents or their advocates were addressed in a serious and timely manner by the person in charge. There was a designated person to raise concerns with, and the complaints process was clear to residents and their representatives. There was a "speak-up" session held monthly by social care workers, which provided residents with an opportunity to come forward with any feedback or opinions they wanted to share with staff or the residents they were living with.

The provider had ensured that new admissions to the centre had been determined on the basis of transparent criteria. Two residents has transitioned into the service since the previous inspection. The provider had prepared a contract of care for each resident; however, there were some inconsistencies noted in the contracts with the percentage charged for bills and utilities and a discrepancy noted in the recorded and actual charge of rent contribution. It was also unclear whether the Health Executive Service (HSE) residential accommodation charge was due to be implemented or not.

A statement of purpose was in place that accurately described the service that was delivered in the designated centre. The person in charge and people participating in management recognised this as a document that needed to be regularly revised and updated to reflect any changes in the service provided. A copy of this was available to the residents or their representatives if requested.

Registration Regulation 7: Changes to information supplied for registration purposes

Some changes in the persons participating in management had not been notified

to the Chief Inspector of Social Services as required by the registration regulations.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was appropriately qualified, experienced and had a good understanding of the residents' care needs. The person in charge had responded to actions plans generated from internal reviews which ensured that the quality and safety of the service was maintained to a good standard. Residents were very familiar with the person in charge and appeared to have a very positive relationship with them.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate staff numbers were in place to meet the assessed needs of residents and continuity of care was provided in the centre. The person in charge maintained an accurate rota and all prescribed information as stated in Schedule 2 of the regulations were available for review.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed mandatory training within the specified timeframes; there was a system for ensuring that refresher training was scheduled. Staff had also completed training that supported them to safely respond to resident's needs.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had a contract of insurance against injury to residents and other risks in the designated centre, including loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

The provider had governance systems in place to oversee the operational management of the service and to provide appropriate oversight of the quality of care provided. Where areas of improvement were identified through the provider's monitoring systems, plans were put in place to address these. The provider also had meeting structures in place to facilitate staff to raise concerns about the quality and safety of care and support provided to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Admissions were found to have taken place in accordance with the centres statement of purpose, admissions policy and residents' assessed needs. A sample of written contracts of care was reviewed by the inspector and it was found that there were some inconsistencies regarding the charges to residents in separate sections of the agreements and the application of residential accommodation charges, which resulted in a lack of overall clarity.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the centres' statement of purpose and found that it contained the information as outlined in Schedule 1 of the regulations. The provider made a copy available to the residents and their families.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaint policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officers was visible in an accessible format throughout centre. A complaints log was maintained with

evidence of complaints being dealt with in a timely effective manner.

Judgment: Compliant

Quality and safety

While there was evidence that the provider was focused on providing a person-centred service and supporting a good quality of life for residents, it was found that the residents' lived experience was varied across the three houses in the designated centre. Overall, the majority of residents' experiences were positive. However, it was identified that some residents had been affected by a change in assessed needs and behaviours that challenge, resulting in increased peer to peer incidents.

Since January 2019 there had been an increase of notifications to the Chief Inspector for one of the three houses, of allegations relating to peer-to-peer abuse. There was evidence that safeguarding concerns were actively addressed in a timely manner and follow-through of actions required were implemented and reviewed accordingly. In addition, the inspector found that the person in charge demonstrated comprehensive oversight of behaviours that challenge and safeguarding plans. Positive behaviour support plans were in place to support residents where required. Staff who spoke with the inspectors were found to be knowledgeable in how they were to support these residents. However, despite a plan in place, incidents of a safeguarding concern continued to occur and some of these behaviours were negatively impacting on the other residents in the house.

Arrangements were in place to support residents on an individual basis to receive services to enjoy the best possible health. Staff supported residents to access and attend healthcare services such as their General Practitioner (GP), dentist, psychiatry and psychology, speech and language therapy and chiropody. There was also evidence that National Screening Service appointments had been facilitated as necessary. Improvements were identified in the documentation of healthcare needs for consistency between the annual health assessment, support plans and diagnosed health needs. So to ensure clear guidance was provided to direct care relating to residents' healthcare needs for staff.

All residents had an up to date personal plan which was continuously developed and reviewed in consultation with the resident, relevant key worker, allied health care professionals and family members. The plans reflected the residents continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. Residents had an accessible format of their personal plan, which contained videos and demonstrations of their planned goals, activities and care plans.

On an individualised basis, residents had access to a broad range of meaningful

activities and community engagement; this was evident from records seen and from speaking with residents. All engagement was focused on meeting and promoting residents' wishes, general welfare and development needs and included access to paid employment. The list of opportunities that residents enjoyed was individualised and extensive and a good balance was achieved between what was accessed within the service and in the local community. Residents were also supported in the role of pet ownership where requested.

There was a risk management policy in place and evidence to support its implementation throughout the centre. Risks were found to be well managed and monitored. Staff were knowledgeable about risks identified at the centre and their associated interventions as well as actions to be taken in the event of an emergency. Furthermore, the provider had arrangements in place for both the recording and analysis of accident and incidents, with the findings being discussed with staff and incorporated into practices to support residents' assessed needs effectively. The person in charge ensured that all risk arrangements at the centre were subject to regular review to ensure their ongoing effectiveness and residents' safety. Risks identified during the course of the inspection where found to be accurately risk assessed.

The inspector noted that the centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines. There was evidence of medicine audits, and where errors were identified, a system was put in place to address the issue. All records viewed were in line with the providers' policy and best practice. Risk assessments and capacity assessments had been carried out for residents who self-administered their own medication. Staff were aware of the content of these assessments.

The inspector found that all staff had received suitable training in fire prevention and emergency procedures and arrangements were in place for ensuring residents were aware of the procedure to follow. Fire safety systems in the designated centre included a fire alarm system, emergency lighting and fire extinguishers. Such equipment was being serviced at the required time frames while internal staff checks were also being carried out. Fire exits were observed to be unobstructed on the day of inspection.

Regulation 13: General welfare and development

Residents were well supported socially and vocationally and had good levels of community involvement and activity.

Judgment: Compliant

Regulation 26: Risk management procedures

An up-to-date risk register was in place which outlined risks in the centre and the control measures in place to reduce the level of associated risk. Staff members spoken to demonstrated a good knowledge of these.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate fire precaution measures in place for the prevention, detection and response to fire. Appropriate equipment, emergency lighting and fire evacuation drill were evident.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had medicine management policies and procedures in place that complied with legislative and regulatory requirements. Records were kept to account for the management of medicines including their administration. Resident interest and capacity to participate in the management of their medicines had been established. Segregated storage had been implemented for medicines that were unused or no longer required. Records verified by the pharmacy were maintained of medicines returned to the pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes. However, in one house, the varying needs and compatibility of residents did not allow for the meeting of each individuals needs.

Judgment: Not compliant

Regulation 6: Health care

Overall the health and well being of the residents was promoted in the centre. Each resident had access to a general practitioner of their choice. Where treatment was recommended by allied health professionals such treatment was facilitated. Improvement was required to gaps in information between records of medical appointments, annual health assessments, medicines and support plans

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where required, therapeutic interventions were implemented with the informed consent of each resident and were reviewed as part of the personal planning process. However, improvements were required in the implementation of actions as reviewed in one plan. A recommendation from a behavioural support professional had not been put in place despite it being agreed at a meeting three months previously.

Judgment: Substantially compliant

Regulation 8: Protection

Any safeguarding situations were recognised, reported and assessed. Staff were facilitated with training in the safeguarding of vulnerable persons and were found to be knowledgeable in safeguarding matters. However, safeguarding plans did not adequately protect residents against all forms of abuse.

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	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for DC 6 - St. John of God Kildare Services OSV-0002940

Inspection ID: MON-0022497

Date of inspection: 12/09/2019

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	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: - All changes in relation to PPIM's registered in the designated center have now been notified to the chief inspector, in adherence with the registration regulations.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: - The schedule of charges for each resident will be reviewed in the designated center and any inconsistencies will be amended in line with regulation 24, 4 (A), Admissions and contract for the provision of services.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual	

assessment and personal plan:
- Support plans for identified residents have been reviewed and updated on the 28th Oct 2019 to ensure they meet the individual needs of the residents.
- Environmental factors / triggers for behavior have been addressed and support plans have been amended accordingly on the 28th Oct 2019.
- A safeguarding plan for the identified resident has been updated on the 28th Oct 2019.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
- Care interventions have been put in place to address identified gaps in information in relation to records of appointments, health assessments, medicines and support plans.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
- The identified recommendation by a behavior support professional has now been implemented.
- In future all recommendations from behavior support professionals will be fully implemented and adhered to.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
- Support plans for identified residents have been reviewed and updated on the 28th Oct 2019 to ensure they meet the individual needs of the residents.
- Environmental factors / triggers for behavior have been addressed and support plans have been amended accordingly on the 28th Oct 2019.
- A safeguarding plan for the identified resident has been updated on the 28th Oct 2019.

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	30/10/2019
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and	Substantially Compliant	Yellow	31/12/2019

	welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.			
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	28/10/2019
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	28/10/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	20/10/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with	Substantially Compliant	Yellow	30/10/2019

	the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	28/10/2019