Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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:	Unannounced
Date of inspection:	24 January 2019
Centre ID:	OSV-0003575
Fieldwork ID:	MON-0026008

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. Children and adults wishing to avail of respite services within Designated Centre 9 must be attending St John of Gods school or day services within the catchment area. 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. Each person who avails of a respite break is supported to access and participate in meaningful social activities, leisure pursuits and outings in the local community. The maximum capacity of children that can be accommodated at one time is four, and for adults it is 5.

The following information outlines some additional data on this centre.

Current registration end date:	22/12/2021
Number of residents on the date of inspection:	4

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
24 January 2019	10:00hrs to 17:30hrs	Erin Clarke	Lead

Views of people who use the service

The inspectors met with four residents who availed of this respite service, on their return from school. One resident greeted the inspector upon their arrival but did not engage in direct conversation with the inspectors about the care and support they receive. However, the inspectors did observe residents to interact well with staff and appeared very comfortable in the company of the staff members working in the centre. Residents were helping in the preparation of dinner and seen to be engaging in fun and games with the staff members supporting them.

Prior to this inspection, some residents were supported to complete a satisfaction questionnaire. These were reviewed by the inspectors and residents were found to give positive feedback on the care and support they receive in areas such as their living environment, visiting arrangements, food and mealtimes, staff support and on the variety of activities available to them.

Family representatives completed questionnaires for the provider as part of their annual review of the quality and safety of care. These indicated that they were very pleased with many aspects of the service provided including the respect shown towards their family members, the service users being able to enjoy respite breaks with their friends, staff interaction and the social activities on offer.

Capacity and capability

The purpose of this inspection was to assess the effectiveness of the actions taken by the provider to address the concerns raised by inspectors on previous inspection of July 2018 and to ensure that the centre was being appropriately monitored. Overall, it was found that the provider had made significant progress in addressing the regulatory breaches; eight non-compliances were identified at the last inspection under the care and welfare regulations, four of which had been fully addressed in a timely manner. And action had commenced in relation to two outstanding non-compliances.It was acknowledged that the provider still had difficulty recruiting the required number of nursing staff necessary for the assessed needs of the residents as identified in the statement of purpose.

The management structure was clearly defined and identified clear lines of authority and accountability. Management systems were in place to ensure that the service

provided was appropriate to residents' needs, consistent and effectively monitored. For example, the provider had in place a peer reviewed audit system whereby social care leaders and persons in charge carried out audits in centres they were not directly connected with, these included finance, residents' personal plans and medication audits.

The provider had ensured that the six monthly unannounced audits had taken place, these in turn self-identified areas for improvement. Actions from the combined audits fed into a quality improvement plan which directed and tracked change in the centre and provided ongoing progress feedback to the provider. The annual review of the quality of care and safety was currently in progress at time of inspection and the consultation part with families and residents was revised to ensure the most effective way of gaining residents' and families' opinions were in place. Families indicated that they were happy with the staff, atmosphere, social activities, diets catered for and their family members indicated that they enjoyed their stays in the centre. Improvements that were suggested were in the area of medication management due to errors that had occurred.

The person in charge ensured effective oversight and governance as they were based full time in the designated centre. She was supported in the management of the centre by a respite co-ordinator and a programme manager who in turn provided supervision to the person in charge. Robust systems were found for the supervision and performance management of staff. The inspector viewed a sample of supervision records; formal one-to-one supervision meetings were held on a regular basis with all staff members and focused on areas such as training, career progression, key worker roles, and operational matters. Staff meetings were held regularly and there was evidence of shared learning and solution based reflection to resolve any issues that may arise. Staff spoken to were aware of the reporting structures and reported that they would feel comfortable in raising any concerns and were knowledgeable about their own roles and responsibilities in the safeguarding of residents.

Whilst there was a sufficient number of social care workers employed in the centre, there still remained a deficit of one whole time equivalent nursing staff in order to meet residents assessed needs. This was currently being supplemented by the use of external agency staff. There was evidence that the provider tried to rectify this from the previous inspection with ongoing recruitment campaigns, however this post remained vacant at the time of the inspection. This was identified as a risk within the centre and short term measures were put in place by the provider and person in charge to mitigate against this risk. The person in charge implemented specialised training for social care workers until the whole time equivalent was achieved and maintained. To reduce the reliance of external agency staff and provide a continuity of care, social care workers were being trained in Percutaneous endoscopic gastrostomy (PEG) feeding.

The person in charge now had access to all agency's personnel and training records. Records viewed on the day by the inspector had all the required documentation. Training records for all staff were maintained, there was a gap in fire safety training, which is addressed under quality and safety, this training had been organised for

November 2018 but was cancelled by the organiser and a new proposed date was scheduled for March 2019.

The contracts of care had been reviewed since the previous inspection and referred to the new procedures in medication procedures that were implemented to reduce medication errors. It also listed the Residential Support Services Maintenance and Accommodation Contributions (RSSMAC) for those residents who availed of the respite stays totaling 30 nights or more in a year. The person in charge had ensured that there was a transition period in place that suited the needs of the residents and provide one on one support during the adjustment period . It was clear that good monitoring and planning occurred for all new referral's to the service and this was observed by the inspector during the inspection.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced and had a good understanding of the residents' care needs. She 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 for example she had proactively reviewed all risk assessments in line with the introduction of a new risk assessment policy.

Judgment: Compliant

Regulation 15: Staffing

The inspectors were informed that there remained a deficit in nursing care staff, despite efforts since the previous inspection to remedy this action. From a review of the rosters there was a reliance on outside agency staff to cover shifts, especially night shifts.

Judgment: Not compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to receive both formal and informal supervision. There was also a day-to-day management presence in the centre which ensured that staff practice could also be supervised. Training was provided in a

range of areas, both mandatory and specific to residents' needs.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured that there were robust governance and management structures in place to oversee the operational management of the service and to provide appropriate oversight of the quality of care provided, this was evident through the quality of audits undertaken in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge ensured that each prospective resident and their family representative were provided with an opportunity to visit the designated centre before admission to the respite service.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to the Office of the Chief Inspector in line with requirements of regulation 31.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspector did not examine this regulation in full. It was identified during the course of the inspection that the provider did not prepare in writing and adopt and implement policies and procedures in relation to the prevention , detection and response to abuse, including reporting of concerns and / or allegations of abuse to statutory agencies.

Judgment: Not compliant

Quality and safety

It was identified that residents overall received a good quality of care and support in this respite centre and were supported to access a range of activities both at the centre and in their local community and achieve their personal goals. Risks to residents were clearly identified and management interventions were in place. As identified in the centre's previous inspection of July 2018, appropriate arrangements were not in place for fire containment. The provider had submitted a plan that these works would be completed in October 2018. However, recommended works had not commenced and associated improvements plans did not provide clear dates on when they would be completed. Additionally it was identified that not all staff were in receipt of fire safety training. An urgent compliance plan was issued the day following inspection, of which a satisfactory response was received.

The inspector found that there was appropriate measures in place for the management of medication. A new procedure was implemented whereby medication expiry dates and medication booklets were reviewed post admission instead of pre admission in order to correct any discrepancies or mistakes prior to a service user using the service again. Since this was implemented there was a reported reduction in errors. The inspector reviewed sign in and out sheets for medication on admission and two staff were responsible for the sign off that the correct medication was received and administered.

Residents had in place compatibility assessments prior to respite admission or following any peer to peer altercations in the centre. Any safeguarding concerns were reported by the person in charge and effectively managed to reduce and eliminate future incidences. The provider had systems in place which promoted the safety of residents, which included ensuring that staff had received training in safeguarding of vulnerable adults. Staff had a good understanding of these systems and were observed to interact with resident's in a warm and caring manner.

Support was provided to residents to encourage positive behaviour and staff present demonstrated a good understanding of how to support residents in their behaviour and staff were observed to interact with resident's in a warm and caring manner. The inspector observed that there were adequate quantities of food and drinks and snacks available to the residents. The residents were supported with eating and drinking where required and specialised easy grip cutlery was supplied where necessary. It was especially noted by the inspector that where modified / pureed diets where required, food shaped molds were utilised to present food that was similar in shape and appearance to that of residents who did not require modified diets, this added to the shared dining experience of residents with different needs.

Where residents' assessed needs were supported by the use of a restrictive practice such as bed-rails or wheelchair lap belts, the arrangements in place ensured that

this was authorised by the relevant mutli-disciplinary professional. Improvements were however required in the regular review of the restrictive practices to ensure that it was still required and was the least restrictive method available. For example one restrictive practice used in the vehicle was reported to the rights committee as requiring a review since April 2018 and due to internal organisational changes this remained outstanding. Additionally there was no evidence that the use of lap-belts and bed-rails were subject to review.

It was identified on the previous inspection that the use of a twin bedroom, being the only accessible bedroom in the centre was impacting on the rights and dignity of the resident. Whilst improved protocols were introduced for the double occupancy such as storage of shower trolleys, privacy screens and obtaining consent, a longer term solution was required to ensure the privacy of the resident was maintained and the residents sleep was undisturbed.

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 28: Fire precautions

Improvements were required regarding fire precautions in the centre. These included the arrangements for containment as detailed in the urgent compliance plan and timely training in the area of fire safety.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There were safe medication management practices in the centre. Residents'

medication was securely stored at the centre and all staff had received training in safe administration of medication.

Judgment: Compliant

Regulation 7: Positive behavioural support

Improvements were identified in the oversight of restrictive practices to ensure that all restrictive practices in use in the designated centre were subject to regular review.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence to support residents' participation in their own interests and the overall service provided. Residents were observed to be treated with respect and were also seen to be offered choice. Improvements were required to ensure that each resident's privacy and dignity were maintained in their personal space.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not 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 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0026008

Date of inspection: 24/01/2019

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**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Ongoing recruitment in place. Interviews scheduled for March 11th 2019.	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Local operating policy in relation to safeguarding is in place.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All works required from fire safety assessment have been completed on 1/3/2019	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive	

behavioural support:

Restrictions in use in the DC are reviewed by NDT in Kildare on a 3 monthly basis. All current restrictions have been reviewed and approved.

Regulation 9: Residents' rights	Substantially Compliant

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

Chief Operations Officer has reviewed the layout and functioning of Bedroom 1. Consultations with an architect are ongoing to establish the best way to adapt the room in order to meet the SU needs.
In the interim period the mix of SU sharing will be reviewed at DC meetings. The need to maintain dignity and privacy for individual SU accessing the room will be highlighted to staff and families and means of doing so discussed at each DC meeting.

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
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and 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.	Not Compliant	Orange	30/06/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	08/03/2019
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Not Compliant	Orange	06/03/2019
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and	Not Compliant	Orange	05/03/2019

	procedures on the matters set out in Schedule 5.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	06/03/2019
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 personal information.	Substantially Compliant	Yellow	30/08/2019