



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

Name of designated centre:	St. John of God Kildare Services - DC 10
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	18 September 2018
Centre ID:	OSV-0001462
Fieldwork ID:	MON-0021582

## About the designated centre

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

This centre was a registered service to provide residential care to 15 adults with intellectual disabilities across three community based locations. The centre had a statement of purpose in place that cited staffing was provided in line with the residents individual needs. Services were to be provided in a person centred, inclusive and community focused ethos promoting dignity and respect.

**The following information outlines some additional data on this centre.**

Current registration end date:	24/01/2019
Number of residents on the date of inspection:	14

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
18 September 2018	09:30hrs to 17:30hrs	Conor Brady	Lead

## Views of people who use the service

This centre provided care to 14 residents at the time of inspection with one vacancy. All three locations were inspected and a lot of residents were on planned programmes, working and social activities at the time of inspection. From reviewing all evidence available on inspection it was clear that residents were well supported to pursue meaningful activities, holidays, interests and pursuits of their own choice. Residents were found to have a good quality of life in this centre.

Residents spoken with showed the inspector their homes and presented as happy with same. One resident stated they would like to move house but on further discussion it became apparent that they actually really liked their house.

Overall evidence suggested residents were very happy in the centre and had a good quality of life.

## Capacity and capability

Overall a good service was found to be delivered across this designated centre. There were many examples of good and quality care interactions and the promotion of choice and quality of life in this centre. Residents were well supported in many areas. However there was room for increased managerial oversight in some areas.

A qualified and competent person in charge was in place.

An appropriate number and skill mix of staff were providing good supports to residents.

A resident spoken with highlighted they were happy in their service. Some very good examples of practice were evident with some resident's enjoying very high levels of social activity, community integration and support services.

Auditing systems were in place with a quality team completing audits, daily and weekly audits and managerial auditing of service provision in place. Provider unannounced audits were also evident.

Areas for governance improvement related to some minor premises issues, rights practices, risk assessment and financial safeguarding. Increased person in charge unannounced visits, spot checks and walk-arounds would assist in improving most of

these areas.

### Registration Regulation 5: Application for registration or renewal of registration

A full and complete application was submitted to HIQA to renew the centres registration.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was full time and had the required qualifications and experience to manage the centre.

Judgment: Compliant

### Regulation 15: Staffing

There was a sufficient number and skill mix of staff providing care to residents.

Judgment: Compliant

### Regulation 23: Governance and management

Governance and management was found to be in place and was clear. Provider level conclusion of safeguarding matters required improvement. In addition, increased person in charge oversight in the centre was required in terms of some areas of practice identified. For example, premises, rights practices, risk assessment and financial safeguarding.

Judgment: Not compliant

### Regulation 3: Statement of purpose

An accurate statement of purpose was in place.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Policies and procedures in place were comprehensive and up to date.

Judgment: Compliant

### Quality and safety

The quality and safety of care delivered in the centre was found to be very good based on observations and discussions with residents and staff. Residents presented as happy and well cared for across the three different locations.

Resident's homes were decorated well and personalised to individuals tastes. Residents showed the inspector their homes and presented as proud and happy with same. Flower beds and gardening was a project in one location where great work had taken place over the summer months.

Residents had detailed personal plans in place that were comprehensive and guided practice. Healthcare needs were well provided for with access to appropriate allied health professionals and specialist appointments and procedures as required. Staff knowledge was very strong and staff knew residents very well.

Regarding resident safety the centre was found to be operated appropriately with resident safety a priority. Clear lines of reporting and investigation were in place. A resident spoken with told the inspector that they felt safe in the centre. Some improvement was required to financial safeguarding practices to ensure the appropriate balance was found between resident choice and the protection of their personal finances.

Some minor premise improvements were required. For example, cleanliness of some bathrooms and crockery. There was no letter box wind cover on the front door in one location which required repair. A vacant bedroom was of a higher standard than occupied bedrooms and had not been offered to residents in the house. In addition, a risk assessment regarding an evidenced risk required updating and a separatist practice was found to be operating in one location in the centre.

## Regulation 12: Personal possessions

Residents were afforded appropriate space and support with personal possession.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were well activated in social programmes, employment, day programmes and had a lot of social pursuits and meaningful activity.

Judgment: Compliant

## Regulation 17: Premises

Premises were fit for purpose and well laid out decorated for the residents. Some minor improvement was required in some areas such as cleanliness to some bathrooms, there was no letter box wind cover on the front door in one location, a vacant bedroom was of a higher standard than occupied bedrooms and had not been offered to residents in the house.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

Risks were found to be well managed however a risk assessment for an identified risk was not updated and in place.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Good levels of social activation were found in the designated centre and comprehensive personal plans and objectives. Social care planning was taking place in consultation with residents. However there was some very generic goal setting



that was not individual to each resident's needs.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were supported to achieve best possible health outcomes. Residents were supported to attend allied health professional and access specialised medical treatment as and when required.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected in this centre. However a financial safeguarding concern was not appropriately concluded and further oversight was required of resident finances to ensure they were fully protected.

Judgment: Not compliant

### Regulation 9: Residents' rights

Separatist practices regarding staff and resident cutlery and crockery were operating in the centre that were deemed not inclusive nor respectful and did not therefore uphold residents rights.

Judgment: Not compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for St. John of God Kildare Services - DC 10 OSV-0001462

Inspection ID: MON-0021582

Date of inspection: 18/09/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Provider to act to conclude outstanding matter regarding resident's finances.</li> <li>• PIC to increase oversight in the designated centre by establishing a routine of visits to the location. Purpose of visits to be developed to include monitoring of rights practices, risk management and financial safeguarding.</li> <li>• Practices regarding residents financial management to be reviewed in light of incidents regarding finances.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• Maintenance issue identified in report to be completed.</li> <li>• Review of cleaning practices to take place and actioned. Cleaning procedures to be reinforced with staff team.</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: <ul style="list-style-type: none"> <li>• Risk assessment for identified resident is now in place.</li> </ul>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: <ul style="list-style-type: none"> <li>• Increased oversight by PIC regarding goal planning in the designated centre to</li> </ul>	

ensure goals are individual to each resident's needs. Implementation via on site visits and as an agenda item at house review meetings.	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> <li>Registered provider shall endeavor to conclude outstanding matter regarding resident's finances.</li> <li>Resident's financial supports will be reviewed and updated as required. To be documented in financial passport in MPP.  </li> </ul>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> <li>Separatist practice highlighted by the inspector was reviewed and ceased immediately following the inspection. <b>Ceased on 19<sup>th</sup> September 2018</b>  </li> </ul>	

## 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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	By 30 Nov 2018
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	By 30 Nov 2018
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	By 30 Nov 2018

Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Yellow	By 30 Nov 2018
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	Completed 30 Sep 2018
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).	Substantially Compliant	Yellow	By 30 Nov 2018
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	By 31 Mar 2019
Regulation 09(1)	The registered provider shall ensure that the designated centre	Not Compliant	Yellow	Complete 19th Sep 2018

	is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.			
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