

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002932
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Limited
<b>Provider Nominee:</b>	Philomena Gray
<b>Lead inspector:</b>	Conor Brady
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	1

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 04 February 2016 10:30 To: 04 February 2016 17:00

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs

**Summary of findings from this inspection**

This designated centre is owned and run by St. John of God Services and is located on a large campus based setting in North Kildare. The Authority was concerned about the levels and standard of care provided in this designated centre regarding the requirements of the Health Act 2007 and the associated statutory requirements of the Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Following a series of unannounced inspections HIQA issued a notice of proposal to cancel the registration of this centre. Following this, the provider issued HIQA with plans for the closure of this centre. The provider presented a plan to HIQA to transition all residents and close this centre by 30 September 2016.

This was the fifth unannounced inspection of this centre. This centre provided residential care to eleven residents at the time of the inspection. There were ten residents in the centre on the date of inspection as one resident was visiting his family.

Since the previous inspection, when the centre provided care for 19 residents (18 residents and one respite bed), seven residents had been transitioned out of this centre and a respite bed had ceased operating as outlined in plans submitted to HIQA.

The inspector found that the provider had made efforts to improve the quality of care delivered in this centre and did find evidence of improvement. For example, a new person in charge was recruited and in place for 3 months. The new person in

charge was found to be a qualified, competent and committed individual who highlighted the importance of changing the culture of care provision and management in the centre. The person in charge stated she was committed to ensuring effective transitions for all residents up to the point of the centres closure in September 2016.

The inspector found that the delivery and maintenance of resident's healthcare needs and planning had improved since the previous inspection. In addition, a number of issues previously highlighted pertaining to the health, safety and safeguarding of residents were found to be have been mitigated through increased managerial oversight, training and supervision.

Seven Residents transitioned out of this centre as per the plan submitted by the provider to HIQA on 9 November 2015. The inspector reviewed transition plans of a good standard and also visited these residents in their new home which was found to be of a high standard.

However the inspectors also found areas that required further development and improvement in the centre. This centre as outlined in previous inspection reports had multiple premises failings which remained an issue. However of the eleven residents that remained in the centre, all but 2 residents now have their own accommodation with this matter being remedied through construction/decorating work that was happening at the time of inspection.

Further issues were found in the areas of appropriate positioning and postural support of residents' with mobility support needs. In addition, further consideration was required in the areas of safe evacuation of the designated centre and contracts for the provision of services.

All areas are discussed in further detail within the inspection report and accompanying action plan.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Overall there had been no admissions to this designated centre which remained scheduled to close in September 2016. The inspector found there had been 7 residents transitioned out of this designated centre since the previous inspection which was in accordance with undertakings made to HIQA.

The quality of the transition plans were of a good standard and the person in charge and staff had utilised external consultation and engaged with resident's families to transition residents out of the centre. This again was in accordance with undertakings made to HIQA.

The inspector observed residents who transitioned out of this centre in their new home (located off the provider's campus) and found these residents had been transitioned into accommodation of a high standard.

Each resident had contracts for the provision of services in place, which outlined the services offered and fees charged. However some families had not yet signed the contracts in respect of some residents.

**Judgment:**

Substantially Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Overall the inspector found that the changes outlined in plans submitted to HIQA had been implemented. As the number of residents had reduced in this centre, residents residing in multi-occupancy rooms had decreased and other rooms were in the process of being re-designed and redecorated at the time of inspection. However there were some areas found that required further improvement. For example, the areas of residents safe moving and handling guidance and fire evacuation procedures and documentation of evacuation drills.

The inspector found that on the day of inspection residents were leaving the centre to go to their day services. Some residents were observed being supported in hoisting equipment and other residents were also observed being supported in their wheelchairs onto transport vehicles. The inspector noted appropriate use of wheelchair clamping in operation on the bus. Staff transporting residents' were observed doing so in a safe and respectful manner.

One resident who was being supported with his morning personal hygiene routine complained that he had not been positioned properly in his wheelchair. The resident complained verbally a number of times regarding his discomfort. At this point the person in charge arrived at the designated centre and immediately requested staff to reposition the resident (in the privacy of his room) and assured the resident this would be done. The resident appeared happy with this.

The inspector spoke to staff and reviewed this resident's care plan and found that appropriate guidance was not available regarding the positioning requirements of this resident. For example, this resident's wheelchair was to be tilted before they were positioned into the chair from a hoist. This had not occurred on the day of inspection. The inspector highlighted the importance of appropriate positioning guidance for all residents, particularly those who could not verbalise discomfort.

A risk register and log of all incidents, accidents and near misses was operational. The inspector found evidence whereby a resident had fallen and staff had completed a full risk assessment, falls assessment and updated the residents care plan following medical review. However the inspector also found a behavioural incident that while recorded had not been appropriately referred for clinical review as was required.

The inspector found that there were improved practices in the centre regarding infection control. The centre was very clean and the household staff were polishing floors and cleaning all parts of the centre thoroughly on the morning of inspection. All equipment, wheelchairs, comfort chairs were found to be in a clean and hygienic state on the day of inspection.

Regarding fire safety the inspector found that there were fire detection and safety procedures operating within the centre. Fire equipment was available in the designated centre also. For example, fire alarm, detection system, monitor, fire extinguishers, fire

blanket and emergency lighting. A doorway was being re-designed at the time of inspection to facilitate a bed evacuation in one resident's newly allocated room which was formerly a nurse manager office. Appropriate interim arrangements were in place while this work was ongoing.

There was an emergency lighting system in place, personal evacuation procedures for residents and regular equipment checks and maintenance was evident. The inspector found some discrepancy in evacuation drill times recorded. For example, some evacuation times reviewed highlighted a small number of staff were able to evacuate the centre very quickly while other records identified that it took considerably longer for a much higher number of staff to evacuate the centre. Given the managerial, staff and resident changes that have occurred in the centre and the fact this area was subject to immediate actions in a previous inspection, the inspector found that further work was required in this area.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector found that undertakings pertaining to resident safety had been completed since the previous inspection.

Inspectors found that the system in place regarding the prevention, detection and response to abuse were appropriately monitored and implemented. The inspector reviewed a notification of alleged abuse to HIQA and found on-going investigation regarding this issue that was being managed by the designated liaison person.

The inspector found that residents with behavioural support needs had transitioned out of this designated centre since the previous inspection in accordance with plans submitted to HIQA. The inspector observed residents who displayed behaviours of concern being supported from their transport vehicle with care and were treated with dignity and respect by the staff on duty.

All staff training records regarding safeguarding training and the protection of vulnerable adults were reviewed and met the requirements of the regulations. The inspector found this area had been extensively reviewed by management since the previous inspections. Some training records were not available on the day of inspection but were forwarded to HIQA by the person in charge within an agreed timeframe following the inspection.

**Judgment:**  
Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The area of healthcare was found to have improved since the previous inspection. Practice was found to be supportive of resident's individual health needs and the inspector found evidence that resident's health was being promoted within the centre.

The inspector reviewed resident's healthcare plans and discussed this area in some detail with staff and the person in charge. In examining a resident's personal plan who had specific skin integrity healthcare needs, the inspector found a good level of care being delivered and recorded regarding this resident's needs. For example, there was a nutritional care plan in place, a wound management care plan in place and clear guidance for staff regarding positioning and support for this resident. The inspector found that there was a system in place to monitor the residents' wound on multiple occasions over the course of the day.

The inspector found that residents were weighed monthly or fortnightly (dependant on need) and found evidence that this had been occurring within the centre. Residents who required dietary support had been facilitated access to speech and language and nutritionist care. Information and guidance regarding modified dietary needs was found to be recorded in care plans and appropriately reviewed and updated. The inspector noted access to general practitioner, occupational therapist and physiotherapist was evident from resident's clinical records.

The area of resident's food, nutrition and dining experience was not inspected on this inspection.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Conor Brady  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St John of God Community Services Limited
<b>Centre ID:</b>	OSV-0002932
<b>Date of Inspection:</b>	04 February 2016
<b>Date of response:</b>	11 March 2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

#### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

A number of residents and/or their representative's had not agreed in writing the terms on which that resident shall reside in the designated centre.

**1. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each

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

resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

- 1.The registered provider has requested a review of contracts of care take place. This was conducted by the Person in Charge and it was identified that two resident representatives had yet not signed the contract of care.
- 2.Meetings have been arranged with families to discuss and clarify any concerns that they may have prior to signing the contract of care.

Proposed Timescale:

1.08/03/2016 (Completed)

2.08/04/2016

**Proposed Timescale:** 08/04/2016

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Some areas of risk were not appropriately responded to and/or followed up.

**2. Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- 1.The Registered Provider will ensure that an Occupational Therapist reviews hoisting technique and Person in Charge will ensure that guidelines are communicated to staff.
- 2.The Person in Charge ensured that the behavioural incident form was forwarded to the clinical team for review.

Proposed Timescale:

1.11/04/2016

2.05/02/2016 (Completed)

**Proposed Timescale:** 11/04/2016

**Theme:** Effective Services

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

The arrangements for safely evacuating the building were not clear based on the documentation of evacuation drills reviewed.

**3. Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The Registered Provider will ensure that adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations by ensuring:

1. A fire drill took place on the 21/2/16, residents were safely evacuated.
2. A schedule of fire drills has been developed for 2016. One of which is scheduled to be in a night time drill.
3. The Person in Charge/Clinical Nurse Manager 1 review all Personal Emergency Evacuation Plan to ensure the information is accurate and reflective of information from the fire drills.

Proposed Timescale:

1. 21/02/2016 (Completed)
2. 06/03/2016 (Completed)
3. 31/03/2016

**Proposed Timescale: 31/03/2016**