

eDeposit Ireland

St. John of God Kildare Services - DC 7

| | |
|---------------|--|
| Item Type | report |
| Authors | Brady, Conon;O'Hara, Conan |
| Citation | Conor Brady, Conan O'Hara, 'St. John of God Kildare Services - DC 7', [report], Health Information and Quality Authority, 2017-02-16, Disability Services Report, Compliance Monitoring Inspection report Designated Centres under Health Act 2007, as amended |
| Publisher | Health Information and Quality Authority |
| Rights | Y |
| Download date | 2026-06-16 06:31:32 |
| Link to Item | https://hdl.handle.net/20.500.14765/81085 |

**Health Information and Quality Authority
Regulation Directorate**

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



| | |
|---|---|
| Centre name: | St. John of God Kildare Services - DC 7 |
| Centre ID: | OSV-0002944 |
| Centre county: | Kildare |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | St John of God Community Services Limited |
| Provider Nominee: | Philomena Gray |
| Lead inspector: | Conor Brady |
| Support inspector(s): | Conan O'Hara |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 25 |
| Number of vacancies on the date of inspection: | 0 |

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 inform a registration decision. This monitoring inspection was unannounced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 October 2016 10:45 To: 27 October 2016 17:30

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 06: Safe and suitable premises |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 09: Notification of Incidents |
| Outcome 12. Medication Management |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |
| Outcome 18: Records and documentation |

Summary of findings from this inspection

Background to the inspection:

This unannounced inspection was carried out to monitor compliance and inform a registration decision in accordance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013), (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations (2013) and the associated National Standards for Residential Services for Children and Adults with Disabilities (2013).

This was the third inspection of this designated centre since the commencement of the regulatory process in disability services in November 2013. Previous inspections of this centre highlighted a series of non compliance in a number of core outcomes inspected. The previous inspections of this centre took place on 29 April 2015 and 02 December 2015. The purpose of this inspection was to follow up on actions that were undertaken by the provider since the previous inspection and to conduct an inspection to inform a registration decision in respect of this designated centre.

How we gathered our evidence:

As part of the inspection, the inspectors met with a number of residents who resided in this centre. The residents spoke to inspectors and some residents communicated

on their own terms. Residents who were communicated with and were observed by the inspectors gave some good insights into what it was like to live in the centre.

The inspectors spoke with and observed and reviewed the practice of the person in charge, social care leader, staff nurses, social care staff. The inspectors reviewed documentation such as resident's personal plans, contracts for the provisions of services, risk assessments, staff rosters, incidents/accidents, staff training records and policies and procedures. Inspectors focused primarily on the provider's action plan that was submitted to HIQA following the previous inspection that outlined the specific improvements made in the centre.

Description of the service:

The provider had a statement of purpose in place that outlined the service that they provided. This designated centre was located on the edge of a large campus based setting within walking distance of a large town. It is part of a congregated setting, with all of the buildings and housing located on the campus. The front of the houses opened onto a community roadway and the rear of the houses opened onto the campus.

Both male and female residents over the age of eighteen years who had an intellectual disability were accommodated in this designated centre. The statement of purpose was found to reflect the service provided in this centre.

Overall judgment of our findings:

Overall, the inspectors found that this centre was providing a good service to residents in accordance with the regulations and standards. Residents safety, care and quality of life was found to have improved considerably since previous inspections conducted by HIQA in 2015. The person in charge, persons participating in management and provider clearly evidenced a number of areas of improvement in this centre based on this inspection. The majority of actions had been completed to an appropriate standard since the previous inspection moving this centre into substantially higher levels of compliance with the regulations and standards. Further improvements were required in the areas of the safety and suitability of premises, contracts for the provision of services and accessibility to agency staff files and training records. However overall this centre demonstrated a good standard of care and much improved quality of service to residents on this follow up inspection.

All findings 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspectors found that there had been increased efforts and improvements in this area since the previous inspection. The provider had made attempts to have a signed contract for the provision of services in place however not all families were willing to sign same. However some further changes were required to ensure frequency of fees charged were reflective of practice in the centre. For example, chiropody charges were highlighted as monthly in contracts but residents did not receive monthly chiropody. In examining this area further inspectors found the issue related to the wording of the contract as residents were found to only be actually paying for chiropody when they received same.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

The inspector found that the premises had been improved in terms of increased provision of bathrooms, decoration of rooms and a clear effort had taken place to make the centre more homely.

The inspector observed and met a number of residents who presented as very comfortable in their homes and showed the inspectors their bedrooms highlighting they were very happy with same. One resident was very clear in stating they did not want to ever leave their home.

The premises consisted of a row of houses and one apartment all located in very close proximity.

The standard of the premises was homely, however as cited in the previous inspection there was not sufficient space. For example, some bedrooms were very small (box rooms) - however the smallest rooms had been vacated and converted into office space since the previous inspection. There was not room for residents to receive visitors in private if they so wished.

While one house had decreased from six to five residents and another house had decreased from five to four resident's space remained limited, particularly in the four premises that had five residents living in them. Inspectors found that as residents needs changed the provider had to seek 'bedroom swaps' to accommodate residents who required a downstairs bedroom, as the majority of bedrooms were upstairs and some residents required support with mobility and had recent falls. The provider had a plan in place to further reduce numbers in this centre by July 2017 as part of an organisational de-congregation plan. This plan would see only four residents living in each of these houses which would offer more living space to all concerned.

The inspector found that improvements were also required in the cleaning and decoration of some resident's bathrooms, sinks and toilet facilities which were not found to be appropriately clean in a number of houses on this inspection. Bins were overflowing internally and externally and rubbish was blowing around the gardens when inspectors arrived, this was addressed when brought to the attention of the person in charge. In addition, damp was still observed coming through walls (whereby paint was blistering off the walls) and a resident's air vent was not functioning in their toilet which required repair.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

| |
|--|
| Effective Services |
| <p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: Inspectors found that the follow up actions had been appropriately undertaken since the previous inspection. An emergency lighting system was installed and serviced and the inspector reviewed the servicing records of this system. The provider demonstrated the safe evacuation of the centre in the event of a fire and kept fire registers in each premises that were updated to reflect evacuation procedures and fire drill procedures.</p> |
| <p>Judgment: Compliant</p> |

| |
|---|
| <p>Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p> |
| <p>Theme: Safe Services</p> |
| <p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspectors found that the action from the previous inspection was appropriately taken in respect of submitting notifications to HIQA as and when required.</p> <p>Inspectors found that a log was maintained by the person in charge and provider to ensure all matter that require notification to HIQA were sent within the required timeframes including quarterly notifications.</p> |
| <p>Judgment: Compliant</p> |

| |
|--|
| <p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p> |
| <p>Theme: Health and Development</p> |

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

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

Findings:

Inspectors found that the practices regarding medicines management in the designated centre had improved and the person in charge had taken the necessary steps to address the action issued on the previous inspection.

Medicines were observed to be professionally administered to residents in a caring and respectful manner. The system of prescription, transcribing and administration of medicines had changed since the previous inspection records and documentation found to be much clearer. Medication was observed to be signed for following its administration which was an improvement since the previous inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors found that the provider had appropriately addressed the action issued on the previous inspection. An annual review of the safety and quality of care and support in the designated centre was completed for 2015. This was reviewed and examined a number of areas such as residents personal planning, medicines management, finances and belongings and links to the community. Inspectors found that this review formed actions and was linked to the provider's quality enhancement plan.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found that the most of the issues highlighted in the previous inspection had been satisfactorily addressed. The provider had systems in place to ensure the provision of the appropriate number and skill mix of staff in the centre. Rosters, staff files and training records were in place and were reviewed by inspectors. However the provider's accessibility to agency staff documentation and training records required some improvement.

Staff were found to be knowledgeable and caring in their role and residents presented as comfortable with the staff supporting them. The use of agency staff had greatly reduced with a relief panel formed since the previous inspection that increased the level of consistency in care delivery to residents.

Staff files and training records reviewed met the requirements of the regulations and standards. However the inspector found that there was not clear managerial access to agency staff files and training records.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspectors found that the areas identified that required improvement on the previous inspection had been appropriately addressed.

Schedule 5 policies and procedures were in place and were reviewed within a three year cycle as required by the regulations. The provider ensured these policies were accessible to staff within the designated centre. As outlined in Outcome 12 (Medicines Management) the system regarding medicines prescription and administration records had been improved since the previous inspection. These records were found to be clear and accurate. All residents personal planning information was found to be in place and any documentation reviewed was comprehensive, well maintained and secure.

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 report¹

| | |
|----------------------------|--|
| Centre name: | A designated centre for people with disabilities operated by St John of God Community Services Limited |
| Centre ID: | OSV-0002944 |
| Date of Inspection: | 27 October 2016 |
| Date of response: | 02 December 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:

Ensure signed contracts are in place for all residents and that fees outlined in such contracts reflect exact charges/fees incurred by residents.

1. Action Required:

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

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

- A. All contracts of care will be reviewed and updated, outlining the specific schedule of charges for each individual resident in the designated centre.
- B. All contracts of care will be reviewed and checked for compliance at six monthly intervals or sooner if required.

Proposed Timescale: A. By 31st January 2016

B. On-going moving forward in 2017

Proposed Timescale: 31/12/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premise consisted of six locations (5 houses) and an apartment. A de-congregation plan to reduce each house to four persons was provided. The houses while homely were very small and the space within the houses was limited. For example, communal areas, space to receive visitors in private and room for storage.

2. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

- A. The registered provider will ensure that residents who wish to transition to new accommodation will be identified through the person directed planning process.
- B. Suitable accommodation will be acquired for the identified residents.
- C. Identified residents will transition to new accommodation.

Proposed Timescale: A. by : 31st July 2017

B. by : 30th Oct 2017

C. by : 31st Dec 2017

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

Further improvement was required to the internal and external cleaning of the centre. For example the cleaning of resident's bathrooms, sinks and toilet facilities were not found to be hygienic and clean. Some decoration and dampness in some resident's bedroom walls requires review.

3. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

- A. The registered provider will ensure that the daily routine is reviewed and amended, identifying the responsibility of staff on duty, for internal and external cleaning duties.
- B. The effectiveness of the cleaning schedule will be monitored by the social care leader and Person in charge of the designated centre, using spot checks and recording of these checks.

Proposed Timescale: A. Completed on the 29th October 2016

B. On-going throughout 2017

Proposed Timescale: 31/12/2017

Theme: Effective Services

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

The ventilation system was not working in a resident's bathroom.

4. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- A. The registered Provider will ensure that ventilation system in the identified bathroom is replaced and in working order.
- B. A maintenance check list will be completed weekly by staff and forwarded to the person in charge to ensure maintenance issues are addressed in a timely manor.

Proposed Timescale: A. Completed on the 29th Oct 2016

B. by : 31st January 2017

Proposed Timescale: 31/12/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Accessibility to agency staff information and training records required improvement and could not be fully accessed by the provider on inspection.

5. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

A. The person in charge will ensure that the procedure for engaging agency staff is reviewed and amended with additional quality checks included.

B. The use of agency staff is monitored monthly by the person in charge and a report with procedural checks is completed for the programme manager by the 4th of each month.

Proposed Timescale: A. Completed on the 1st November 2016

B. Completed and on-going through 2017

Proposed Timescale: 31/12/2017