

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Killowen House
<b>Centre ID:</b>	OSV-0005671
<b>Centre county:</b>	Louth
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St John of God Community Services Company Limited By Guarantee
<b>Provider Nominee:</b>	Declan Moore
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	2

## **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 announced and took place over 1 day(s).

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

From: 12 September 2017 10:00 To: 12 September 2017 14:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was the first inspection of the centre. It was not operational as of the day of inspection. The purpose of this inspection was to assess if the provider had the necessary arrangements in place to provide a safe and effective service and to be registered under the Health Act 2007.

How we gathered our evidence:

As part of this inspection, the inspector reviewed the premises. The inspector also reviewed documentation such as the templates for the assessment of residents' health and social care needs and health and safety documentation. Management facilitated the inspection.

Description of the service:

The designated centre consists of one house and is located in Co. Louth. Services are due to be provided to individuals over the age of 18. The centre is operated by St. John of God Community Services Limited.

Overall findings:

The inspector found that the premises were fit for purpose and met the requirements

of the regulations. The provider had developed appropriate systems to ensure that a safe and quality service was provided. Consideration had been given to the location of the centre in the context of local amenities. However, a review was required of the Statement of Purpose of the centre to provide clarity regarding the needs that the centre could meet and the supports in place to meet those needs.

Within this report, the inspection findings are presented under the relevant outcome.

**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 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

This was the centre's first inspection by the Authority.

**Findings:**

The provider demonstrated that they had a systematic approach to the assessment and planning of residents needs in order to ensure that the health and social care needs of residents would be met. The inspector reviewed document templates that would be used to facilitate this process. There was an appropriate skill mix of staff identified to ensure that the comprehensive assessment was completed by the appropriate health and/or social care professional. Management demonstrated an understanding of the requirements of regulation 5 to ensure that the plan was reviewed annually or sooner and that the reviews would take into account the effectiveness of the plans and amended if necessary.

As the individuals identified to move into the centre were already in receipt of services by the provider, the inspector was able to review the transition plans. Family members had been involved and visited the centre, where possible. The centre is located in a town and management informed the inspector of the community amenities which would be accessed to support residents to maximise their development. Residents' health and social care needs would be supported by residential staff. Residents had been supported to spend time in the centre. Management stated that activity sampling would occur to assist in residents developing a meaningful day.

Residents would retain access to their current multi – disciplinary team who were involved in the assessment of their needs in the context of their new home.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.

**Findings:**

The house consisted of two bedrooms, one of which was en- suite. There was also a sitting room, kitchen/dining room, staff room, utility room and communal shower room. As a result, each resident would have their own bedroom of a size suitable to meet their needs. The inspector found that the centre would meet the assessed needs of residents in line with the Statement of Purpose of the centre.

Overall, the inspector observed the centre to be in a good state of repair with adequate heat and light. There were appropriate facilities for the preparation of meals and the laundering of clothes. There was sufficient external space which had been adapted for access by the residents. There were also suitable arrangements for the disposal of waste.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.

**Findings:**

The provider had policies and procedures to promote the health and safety of residents, staff and visitors. This included a safety statement, risk management policy and centre specific risk register. The inspector found that an assessment had been conducted of potential hazards with appropriate control measures in place. Management stated that

this would be reviewed following occupancy. The inspector was told that individual risk assessments would be completed for residents, if required. There was a clear system in place for the reporting of adverse events and for oversight of these events by management.

Measures were in place to ensure that the centre would be cleaned regularly with the appropriate products.

There were systems in place for the prevention and management of fire. This included the provision of a fire alarm, emergency lighting and fire extinguishers. Service records demonstrated that they had been installed and were maintained by the appropriate external contractor. There were also arrangements in place for the containment of fire, if the need arose. Staff were in the process of receiving centre specific fire safety training which would be complete prior to the centre becoming operational. This included a simulated fire drill to ensure that residents could be evacuated to a place of safety with the lowest compliment of staff.

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were policies and procedures in place for the safeguarding of vulnerable adults. Staff had received training in this and management confirmed that due consideration had been given to the compatibility of the individuals who would be residing together.

Arrangements were in place to ensure that residents who may require positive behaviour support would be adequately supported. Training was being provided to staff in positive behaviour support. The frontline manager also had experience in this area and was available to support staffs' learning and development in this area. There was also an established positive behaviour support committed within the organisation that residents would have access to which consisted of relevant allied health professionals.

Management demonstrated that they were aware of what constitutes a restrictive practice. There were no restrictive practices identified, as of the day of 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the assessment and planning process of residents' needs promoted their health and well being. Access to community based health services such as a General Practitioner (GP) was in the process of being sourced. There were adequate processes to ensure that residents' healthcare needs would be met. This included evidence based assessment tools and the skill mix of staff.

Staff had commenced training in the preparation and storage of food. The inspector was told that the menu would be decided on a weekly basis and residents would be involved in the food shopping. There was an awareness of the specific dietary intake of the identified residents and arrangements were in place to ensure that their needs were met.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**



There were policies and procedures in place for safe medication management practices. Arrangements had been made to ensure that medication would be stored in a safe location. A sample roster and training records confirmed that staff on duty would have the appropriate training to administer medication, prior to the centre becoming operational.

A pharmacy had been identified in the local community. The prescription and administration record templates contained the relevant information. There were also templates available to guide the administration of p.r.n (as required) medication.

There were systems in place for the receipt and storage of medication with weekly stock checks planned.

The system in place for reporting adverse events included the reporting of medication errors.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider had submitted a statement of purpose as part of the application to register the centre under the Health Act 2007. The inspector reviewed the document and found that it contained all of the information as required by Schedule 1. However, a review was required of the document prior to the application to register being progressed as the information contained did not match the information provided on inspection. For example, the qualifications of the person in charge and person participating in management did not support what was submitted to HIQA. The document also contained conflicting information regarding the care needs that the centre was intending to meet. In one section, there was reference to mental health needs. This was not identified in the statement regarding the specific care needs that the centre intended to meet.

The inspector was also informed and viewed a sample of rosters which stated that there would be seven whole time equivalent staff employed in the centre. However, the statement of purpose stated that there would be six. This would not meet the assessed

needs of the identified residents.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector found that the provider had identified appropriate systems to ensure that the service provided was safe and effective.

There was a clear management structure in place. The person in charge reported to the director of care and support who in turn reported to the regional director. The regional director was the contact person for HIQA. The person in charge was also supported by a person participating in management who had day to day responsibility of the operation of the centre. The inspection was facilitated by the person in charge and a person participating in management, both of whom have the responsibility for another designated centre. The inspector found that they both had sufficient knowledge of their statutory responsibility and met the requirements of the regulations. The inspector was informed of the plan to ensure that there was sufficient oversight of both centres, which appeared to be satisfactory.

The inspector was showed a suite of audits which would be conducted in the centre. The quality team of the provider would have the responsibility of conducting the unannounced visits in the centre as required by regulation 23. Management were aware of the need for an annual review of the quality and safety of care.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The inspector reviewed a sample of rosters and found that there was an adequate number and skill mix of staff planned to be on duty to meet the assessed needs of residents.

The staff identified were in the process of receiving the necessary mandatory training.

There were arrangements in place for the formal and informal supervision of staff. There were no volunteers identified as of the day of inspection.

The inspector reviewed a sample of staff files and they were found to contain the necessary information.

**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:***

Jillian Connolly  
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 Company Limited By Guarantee
<b>Centre ID:</b>	OSV-0005671
<b>Date of Inspection:</b>	12 September 2017
<b>Date of response:</b>	15 September 2017

### 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 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

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

A review was required of the document prior to the application to register being progressed as the information contained did not match the information provided on inspection.

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

**1. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

1. The statement of purpose will be reviewed to include:
  - a. all courses undertaken by the PIC and PPIM as submitted to HIQA
  - b. the additional number of frontline staff assigned to the centre
  - c. the specific care needs of a person with mental health issues

**Proposed Timescale:** 18/09/2017