



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

## Issued by the Chief Inspector

Name of designated centre:	DC 6 - St. John of God Kildare Services
Name of provider:	St John of God Community Services CLG
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	01 September 2022
Centre ID:	OSV-0002940
Fieldwork ID:	MON-0028844

## About the designated centre

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

DC 6 - St John of God Kildare Service provides residential services to 10 residents across two houses located in a community setting in a large town in Co. Kildare. There is capacity for five adults, male and female, in each house. Each resident has their own bedroom in both houses. DC 6 supports adults with both mental health issues and intellectual disabilities. These residents have identified clinical supports including psychiatry and psychology input available through the clinical team at the Kildare Service. The two houses are accessible to the local town, shopping, restaurants, public transport and community facilities. Residents are supported by a team of social care workers, social care leaders and a person in charge. Staffing levels are based on the needs at each location. Some residents have the support of 24/7 staff while other residents have the support of staff dropping into their home to provide specific supports.

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

Number of residents on the date of inspection:	10
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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 (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
Thursday 1 September 2022	09:19hrs to 16:40hrs	Erin Clarke	Lead

## What residents told us and what inspectors observed

This designated centre consists of two properties and is registered for ten residents. The two properties are large detached homes situated next to one another in a housing estate in an urban area in Co.Kildare. The inspector spent time with all five residents of the first residence and visited briefly with the residents of the second house as they independently left and entered their homes after attending work and other activities. This was an announced inspection, and the inspector met with the person in charge and the social care leader, who showed the inspector around the centre and described the services provided. Residents who were met by the inspector knew that an inspection was planned for that day, as well as the role and purpose of such inspections.

The purpose of this announced inspection was to monitor the provider's compliance with the regulations and inform the decision in relation to renewing the registration of the designated centre. The residents, family representatives and staff team were informed in advance of the planned inspection. On arrival to the centre one resident greeted the inspector as they exited their vehicle and enthusiastically informed them of their accomplishments since the previous time they met on inspection. The resident also proudly spoke of their involvement with their personal plan process, devising goals with their keyworker and their knowledge of the procedures to ensure residents were safe and their rights were respected.

The inspector observed that the houses' exteriors were well maintained and were decorated with ornaments, potted plants, and flowers. When walking through the centre, the inspector observed a number of premises upgrades, including an extensive bathroom renovation in the second house. Input had been sought from an occupational therapist to source the most suitable fittings for the resident group.

It was clear that residents received an individualised service in the centre, specific to their assessed needs and preferences. Residents had the opportunity to live a full life without undue restrictions through effective governance arrangements that promoted an ethos of positive risk-taking in conjunction with person-centred planning and implementation of necessary safeguards. Residents had busy and varying schedules, but also had time to relax. One resident was enjoying a lie-in when the inspector arrived. Management told the inspector that as well as enjoying extra time in bed in the morning, residents could stay up late if they wanted to watch sporting events, which several residents in the centre enjoyed.

Meal times appeared to be a relaxed experience in the centre and occurred at times that suited the residents. The inspector observed one resident having their breakfast at the start of the inspection and other residents make tea and coffee. The inspector also observed some residents going out for lunch during the day and preparing dinner in the afternoon with support from staff. The smell of home cooking was evident in the centre at the end of the inspection day.

Residents were observed interacting with each other and were happy and comfortable in each others company and having jovial interactions and chats with each other while the inspector was present. One resident told the inspector that they were happy with the location of their home as they could easily access public transport to engage in their local community, go to work and meet friends independently. Another resident enjoyed walking, and the location of their home promoted their independence in accessing their local community, their workplace and local amenities.

Personal care plans were in place, were subject to regular review and reflected clear information about each resident. The goals identified in the plans were meaningful and had been identified by residents themselves and reflected their personal development and wishes. Some goals and activities had been amended to reflect the impact of the pandemic. For example, three residents were due to go on holiday to New York in 2020 with costings and places of interest identified. Unfortunately, the trip was postponed due to public health restrictions, but plans were in place to reschedule for 2023.

The inspector also found the focus of individual plans aimed to support residents' independence and involvement in local community activities. For example, residents were members of retirement groups, held employment in local shops and pubs and attended sporting events. Several residents attended football and rugby matches and played sports such as tennis and tag rugby. Two residents had travelled with their tag rugby club to various places around Ireland; one resident told the inspector how much they enjoyed their trip away with their friends. Five residents attended the Fleadh while it was on in Mullingar, and another resident attended a local music festival. Many residents had saved to purchase new bedroom furniture and smart technology such as watches, computer tablets and speakers.

One resident showed the inspector their shed that they held the key to so they could freely access it when they wanted to work on carpentry projects. The resident previously made an outdoor shelter for their pet cat and currently was working on a Christmas present for a family member. Another resident gave the inspector a tour of their apartment, that was attached to one house. The apartment included a kitchen, living area, bedroom and bathroom. The resident appeared happy in their space and spoke about their plans for the day ahead and some hobbies they enjoyed. They pointed out some maintenance issues they had raised with management and these had been listed on the maintenance list for completion.

From speaking with residents they reported that they would be comfortable raising any issues with staff. One resident named the person in charge and a senior manager as the people they would contact with a complaint. Staff also supported residents in making complaints to the relevant housing agency regarding the timely completion of a number of identified maintenance issues in the house.

As this was an announced inspection, resident questionnaires were sent by the Health Information and Quality Authority (HIQA) to the provider in advance in relation to the care and support in the centre. The inspector received eight completed questionnaires by residents. Overall, the feedback in the questionnaires

was very positive. Residents indicated that they were happy with the warmth and comfort levels in the designated centre. They also indicated they were happy with the choices available to them, and with how their rights were respected. All residents indicated that they were happy with the support offered by the staff team and that they liked them. Each resident also stated in their questionnaires that they were happy and liked living in the centre. Some residents said they got on better with some of their peers than they did with others. Three residents who had used the complaints process indicated they were happy with how their complaint was dealt with and with the reply they got from the complaints officer.

The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents, but it was reported that they were happy with the care and support that the residents were receiving. The provider has self-identified that some improvements were required with how family representation feedback could be better captured as part of the centre's annual review as required by the regulations.

As evident by the compliance levels identified, this was a positive inspection that found very good levels of care and support being provided to residents. Residents presented as happy in their home and they spoke positively with the inspector about their home, their daily lives and the staff that supported them. Both houses were observed to be clean, with a number of home improvements having taken place since the centre's previous inspection. Further improvements regarding the fire safety measures in the centre, as identified by the provider, were still in progress at the time of this inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

The purpose of this inspection was to inform a registration renewal recommendation for this designated centre. Since the previous inspection of November 2021, the provider re-configured this designated centre by removing one house and incorporating the house into another designated centre. The purpose of the reconfiguration was to ensure greater governance and oversight arrangements to ensure positive outcomes for residents and continued good quality care and support. The findings from this inspection demonstrated the provider had the capacity and capability to provide a good quality service to meet the needs of residents.

The inspector found that the provider had appropriate systems in place to ensure that the quality and safety of care which residents' received was maintained to a good standard. The registered provider and management team were working together to ensure the designated centre was resourced sufficiently for the effective

delivery of care and support to the residents.

A clearly defined management structure in the centre identified the lines of authority and accountability for all areas of service provision. Staff reported to the social care leader, who was based in the centre full-time, and worked alongside the staff members providing a direct formal and informal supervision role. They reported to the person in charge who reported to the programme manager, who in turn reported to the regional director. The person in charge, the social care leader and the programme manager, held formal review meetings on a monthly basis which promoted effective communication across the centre and ensured the changing needs of residents were escalated to the provider.

The person in charge was qualified and experienced, with an extensive understanding of both the centre's residents and its day-to-day operations. They also fulfilled this role for two other designated centres in the local area. Both the person in charge and the social care leader had a good rapport with all the residents, and it was evident that they took their needs into account when making decisions about the centre. In addition, both were quick to act when problems arose, showing initiative and responsiveness. This approach was evident throughout the inspection and when reviewing documentation in the centre.

The provider ensured that a competent team supported residents in a way that matched their requirements by providing both mandatory and refresher training in areas such as fire safety, safeguarding, positive behavioural support, and diabetes training. The inspector noticed that residents received care from staff members who knew them well. Residents met with knew who their keyworkers were and who they would talk to if they had a concern. All staff met with had a good knowledge of the residents, their preferences and their assessed needs. Staff had developed warm and supportive relationships with residents and encouraged their independence. There was a sense of fun in the centre, and it was apparent that residents and staff had positive relationships through the sharing of jokes and laughter observed.

The inspector reviewed a sample of staffing rosters for the centre and found that the number of staff on duty was in line with the planned roster and residents' assessed needs. The inspector discovered that the staff members who met with had a strong understanding of the centre's care procedures. A check of the staff rosters revealed that the designated centre maintained the necessary staffing levels for the two months preceding the inspection and that there was evidence of a consistent workforce. Additionally, it was discovered that rosters were adjustable adjustable to support residents-important events.

Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. It was noted that the frequency of supervision was not in line with the provider's policy and instead aligned with a local operating policy. The inspector was satisfied that, in this instance, staff were appropriately supervised in their working practices and abilities to raise any concerns through the full-time presence of the social care leader. The inspector found examples of meaningful supervision discussions had with staff members, with adverse incidents being used as a means of supporting staff in their



ongoing learning or where enhanced supervision may be required. Where determined as necessary, the provider had followed their protocols related to performance reviews or where additional supports may be required.

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

The provider had submitted a full application to renew registration within the required timeframe.

The inspector reviewed aspects of the floor plan pertaining to the application to renew registration, the provider re-submitted a revised floor plan shortly after the inspection.

Judgment: Substantially compliant

### Regulation 14: Persons in charge

A new person in charge had been appointed since the last inspection. The new management structure was put in place to better oversee the centre and its operations, ensuring better outcomes for the residents and to reduce the large regulatory responsibility of the person in charge. As a result, there were now three designated centres, a reduction of one centre under the person in charge's regulatory remit. However, the person in charge was temporarily in charge of a fourth centre at the time of the inspection due to an unforeseen absence. The inspector was informed that when the new person in charge was appointed, this additional duty would end. However, it was not found that their current remit was having a negative effect on how the current centre was being administered. It was seen that the person in charge, assisted by a social care leader, routinely attended the centre, conducted their own audits of the centre on a regular basis, and displayed during this inspection a good awareness of the residents and the centre's operations.

Judgment: Compliant

### Regulation 15: Staffing

There was a consistent staff team appropriate to the assessed needs of the residents, statement of purpose and the size and layout of the designated centre. There was an actual and planned rota which reflected individual and group needs were being met. There was also ongoing review of the resources required to ensure

all residents could be supported as per their assessed needs.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff meetings were held regularly in the centre, and records indicated that a variety of topics were addressed. These meetings and scheduled one-to-one supervision sessions ensured that effective arrangements were in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents, as is required by the regulations.

Staff members participated in a wide variety of training to support them in their role. This included mandatory training in fire safety, management of behaviour of concerns, medicines management and the safeguarding of vulnerable adults.

Judgment: Compliant

### Regulation 21: Records

All records and documentation reviewed on this inspection were found to be clear, accurate, safely secured and easy to retrieve.

Judgment: Compliant

### Regulation 22: Insurance

The provider had ensured there was up-to-date insurance cover for the centre and had provided a copy of the up-to-date insurance document as part of the registration renewal application for the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was evidence of good oversight and systems in place to ensure a safe, consistent and person-centred service was provided. There were arrangements in place to monitor the quality of care and support in the centre. The person in charge

and social care leader carried out various review audits in the centre on key areas related to the quality and safety of care provided to residents. The provider had ensured that an unannounced visit to the centre was completed as required by the regulations. Where areas for improvement were identified within these audits, plans were put in place to drive progress, and this process was monitored using a quality enhancement plan. Additionally, the provider had also ensured an annual review of quality and care was completed for the previous year.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was found to meet the regulatory requirements of Regulation 3 and to accurately describe the services provided in the centre and the governance arrangements.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the chief inspector was informed of adverse incidents occurring in the designated centre in a timely manner. There was a low level of incidents/accidents that required notification to the chief inspector in this designated centre. Incidents of a behavioural nature were the most common notification made to HIQA; however, no particular trend had been noted. The person in charge explained that since the resumption of the day service programme in September 2021, there had been a reduction in the number of behavioural-related incidents. All incidents are reviewed on least a monthly basis and reported to senior management via monthly data reports.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had a complaints procedure in place with an easy-to-read format available for residents to refer to if required. The complaints flowchart was on display as was a photograph of the complaints officer and information regarding the National Advocacy Service.

There were no open complaints at the time of this inspection. Residents were aware

of their right to make a complaint and had been supported by staff to make complaints regarding issues affecting them. In their completed questionnaires, three residents stated that they had made a complaint previously and were satisfied with how the complaint was responded to.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care provided was maintained to a high standard. A review of documentation and the inspector's observations indicated that residents' rights were at the forefront of the centre, and residents received a person-centred service that supported them to be involved in activities they enjoyed. Residents' participation in the running of the centre and community involvement were encouraged. The provider had addressed long-standing premises issues from the previous inspection and was currently reviewing the fire safety measures.

During the previous inspection in November 2021, it was identified that several areas required maintenance works which the social care leader had escalated but had not received confirmation when these would be completed despite having been flagged for a number of months. On the walkaround, the inspector found significant improvements had been made to ensure that the centre was kept in good structural and decorative repair that considered the residents' wishes for their own homely environment, promoted independence and facilitated good hygiene practices. The inspector noted renovations and refurbishments had also occurred since the previous inspection. The provider was actively progressing with providing an additional smoking area in the garden to allow those residents who smoked shelter while outside. The person in charge explained that additional work had to take place to the smoking shelter, including electrical works so heaters could be used in the colder months.

The inspector viewed the conservatory that required a deep clean identified during the previous inspection and was being used as a smoking space. The provider had taken action to resolve this matter, and the inspector was informed that the provider was reviewing further actions to improve fire safety measures in the centre. The inspector was advised that smoking had ceased inside the conservatory since the smoking shelter had been installed. However, there remained a lingering smell of cigarette smoke. Further planned cleaning, repainting and replacement of blinds were scheduled for this area to address this issue.

As previously mentioned, in one area of one of the houses a resident had a self-contained apartment. The inspector observed that the entryway leading from the main house into the apartment had been filled in since the last inspection. The inspector was informed that the resident asked for this access point to be removed

so there would only be a single entry point through their main door. From speaking with the resident, it was evident that this reconfiguration promoted the resident's independence and desire to live independently. The inspector requested updated floor plans to reflect this change, as the provider did not include this modification when submitting floor plans as part of the application process to renew the centre's registration.

A risk management policy was in place, and there was evidence to support its application throughout the centre. Risks were discovered to be effectively monitored and managed. Staff were educated about the risks that had been identified at the centre, the interventions that went along with them, and the steps that should be done in the event of an emergency. In addition, the provider has plans in place for accident and incident reporting and analysis, with the results shared with staff and incorporated into procedures to successfully meet residents' assessed requirements. To ensure their continued efficacy and the safety of the residents, the person in charge made sure that all risk management procedures at the centre were regularly reviewed. The risks discovered during the inspection were determined to have been correctly assessed.

The provider had undertaken an assessment of the fire safety improvement works required in the centre through an external fire safety consultant. A thorough fire risk assessment and an accompanying action plan for the breakdown of works had been prepared for the centre based on this evaluation. The improvement plan included the provision of additional fire containment measures, including fire doors and self-closures. The inspector observed measurements being taken of the fire doors during the inspection as part of the fire safety upgrades.

There was evidence of the provider's implementation of both national and local safeguarding vulnerable adults policies and procedures. Staff had received up-to-date training and refresher training in safeguarding vulnerable adults. Safeguarding arrangements were in place to mitigate and manage potential peer-to-peer safeguarding interactions amongst residents. These overall proved to be effective and were kept under review.

Residents with assessed behaviour support needs had behaviour support planning arrangements in place. These plans were developed by related healthcare professionals with training and experience in the field of supporting positive behaviour. When residents expressed behaviours of concern, it was noted that these were being reviewed, and occurrences were documented and examined by related professionals. Additionally, there were services for mental health, and residents received assistance in attending visits and reviews in this area. Waking night staff arrangements in one house also formed part of the overall behaviour support strategy management.

Staff practices throughout the inspection evidenced good infection prevention and control practices. Regular temperature checks were consistently completed, information for residents was readily available, and appropriate personal protective equipment (PPE) was observed to be worn by staff members. Residents also informed the inspector of their personal choices relating to wearing PPE while

accessing the community and public transport.

### Regulation 12: Personal possessions

All residents had their own bank accounts. Each resident had a financial assessment carried out and a care plan to ensure that residents were supported to be as independent as possible with their finances while ensuring they were appropriately safeguarded. There were clear systems in place to assess any risks relating to residents' finances.

From meeting with residents and viewing bedrooms in the centre, it was evident that residents were supported to have control over all of their personal possessions, with adequate space to store clothes and other personal effects. Residents' rooms were decorated in line with their preferences and had items such as televisions, photographs, medals and a range of other possessions personal to each resident.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents had access to opportunities and facilities for occupation and recreation while in the centre. They attended day services in line with their wishes and interests. They also had opportunities to participate in a variety of community based activities in line with their interests, preferences and personal goals.

Judgment: Compliant

### Regulation 17: Premises

The layout and design of the premises were sufficient to meet residents' needs, and the centre was accessible for residents who were availing of its services.

The provider and staff had also ensured the exterior premises was a functioning and accessible space for residents to use and engage in activities if they wished.

Any areas identified for improvement during the walkaround had already been self-identified by the person in charge. On review of the centre's maintenance register the inspector noted improvement with the timeframes outlined for work to be completed as identified on the previous inspection.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was effective management of risk in the centre, with evidence of staff implementing the provider's risk management policies and procedures. A risk register was maintained and updated as required. The person in charge and social care leader had a good overview of all managed risks in the centre. Risk assessments included the requirements under the regulations as well as a number of additional local hazard areas, including dysphagia (risk of choking), fire, behaviours of concern, blood-borne infection and COVID-19. Where risks were identified, they were subject to ongoing close review and monitoring. The inspector also acknowledged the person in charge and staff's person-centred management of some personal risks for residents, demonstrating a practical and person-centred approach to managing risks for residents.

All incidents were reviewed on least a monthly basis and reported to senior management via monthly data reports.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had ensured measures and procedures were in place to ensure the safety of residents from healthcare-associated infections and COVID-19. Residents were provided with appropriate information to keep them informed and up-to-date with public health guidelines.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had taken steps to protect residents from the risk of fire. Fire safety arrangements in each house that made up the centre were reviewed by an appropriately qualified person. The subsequent report identified areas of good practice and areas for modification, including fire containment measures. Improvements were required to the centre as laid out in the fire risk assessment report.

The provider had addressed fire safety concerns identified during the previous inspection whereby smoking was occurring inside the designated centre and some

fire door closures were damaged.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' personal plans. These were found to be comprehensive and provided an assessment of need which was updated at least annually, with an associated support plan in place for each need identified. Personal goal planning was also in place and reviewed regularly by keyworking staff and residents. Residents' personal plans were also updated to reflected their changing needs. For example, some residents' healthcare needs had changed in recent months following a healthcare incident that had occurred. There was evidence to demonstrate comprehensive reviews of residents' changing needs, through an allied professional framework with guidance for staff to implement to support their changing needs.

Judgment: Compliant

### Regulation 6: Health care

The provider ensured that appropriate healthcare was provided to each resident having regard to their personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where required, positive behaviour support planning arrangements were in place. These plans had been devised by appropriately qualified professionals and were evidence based.

Of the sample reviewed on inspection, they had been recently updated to reflect new guidance and recommendations for residents.

No identified restrictive practices were in place in the centre at the time of inspection. Residents were supported to engage in positive risk taking and be as independent as possible in their daily lives.



Judgment: Compliant

### Regulation 8: Protection

The provider ensured that each resident was assisted and supported to develop knowledge, self-awareness, understanding and the skills needed for self-care and protection.

There was a clear process regarding the management of allegations of suspected abuse, which included the appointment of a designated officer in the organisation. There were no open safeguarding issues/concerns in the designated centre at the time of the inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

There was strong evidence that residents were consulted with and communicated with about decisions regarding their care and the running of their homes. Regular 'Speak up meetings' occurred between residents, which informed residents of changes to staff and public health restrictions and provided information and guidance regarding the operations of the centre, such as fire safety measures and house upgrades. Other topics discussed at these meetings included health and safety, infection control, advocacy, compliments and complaints.

While there were no restrictive practices in place, the provider had identified four rights restrictions in place, and these were sanctioned and approved by the positive behaviour support committee and the human rights committee. The resident had also given consent for these safety measures.

Residents were observed using a key to open their bedroom door and locking it again when they left their bedroom, ensuring residents' right to privacy was respected when they were not in their house.

Judgment: 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for DC 6 - St. John of God Kildare Services OSV-0002940

Inspection ID: MON-0028844

Date of inspection: 01/09/2022

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: 1. Floor plan pertaining to the application to renew registration, the provider re-submitted a revised floor plan on the 2/09/22. Completed.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. The actions identified by external fire safety consultant, namely provision of additional fire containment measures; fire doors and self-closures where identified installation will be completed by 31/01/2023.	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	02/09/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2023