



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

Issued by the Chief Inspector

Name of designated centre:	Saint John of God Kerry Services - North Kerry
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	01 March 2022
Centre ID:	OSV-0003737
Fieldwork ID:	MON-0027657

About the designated centre

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

This service is located in a large rural town. The service offers respite services to children and adults who have an intellectual disability, autism or physical disability. Overnight respite services are provided and the registered provider endeavours to offer a minimum of six nights respite per year to service users and their families. It is a large dormer style house with six bedrooms of which two are en-suite. The house has a kitchen, large dining room, living room, entrance hall, a bathroom that is wheelchair accessible, two toilets, two staff offices, a visitor / meeting room and a store room. There is also a large grassy and tarmacadam area to the back and the front of the building where residents can relax and play. The team focus is to support residents continue to learn social skills through support with activities of daily living. Staff also support residents with educational goals during their respite stay. Recreational and fun activities are encouraged. The team has a designated person in charge and is composed of nursing staff and care assistants. Staff allocation is based on the assessed needs of residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	1
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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
Tuesday 1 March 2022	08:30hrs to 14:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector was welcomed and greeted by the person in charge and a staff member. For the purposes of infection prevention control, the inspector was located in an upstairs office while reviewing documentation. This room was well ventilated and all interactions with staff were for durations of under 15 minutes and subject to social distancing. The inspector and staff all used filtering face pieces (FFP2) masks. There was only one resident living in the designated centre on the day of inspection. This resident attended school in the morning and attended a place of interest in the afternoon, with staff support. There was potential for this resident to be upset with strangers so the inspector elected not to meet the resident in person. This residents' representative attended the premises while the resident was in school. This had been agreed as part of the residents overall care plan. While the residents representative declined an offer to speak with the inspector, it was clear that they were very comfortable communicating with staff.

The inspector observed that the designated centre was homely, bright, very clean and well maintained. As this was a respite service, resident's had been supported to personalise communal living areas. Bedrooms had appropriate and sufficient storage for respite residents personal effects and clothing. The inspector reviewed care plans and activity records that reflected a focus on each resident's wellbeing and were maintained to a good standard. Questionnaires demonstrated that residents enjoyed all of the activities they were supported to do while in respite. The garden areas were well maintained and furnished with toys and equipment for young people. The designated centre had its own minibus that was used to support residents maintain links with the community.

Staff demonstrated very specific knowledge in relation to the cleaning of the designated centre and the prevention and control of infection. Strict adherence to the registered providers infection control policy was reflected in comprehensive and accurate records. Information to residents and families was in an easy-to-read format and clearly displayed in the designated centre.

The person in charge was employed in a full-time capacity and worked on site providing direct support and supervision to all staff. The person in charge was supported directly by a person participating in management who regularly called to the designated centre.

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 previous inspection of this designated centre had taken place in June 2021. Areas of regulatory compliance noted to be substantially compliant had since been addressed by the registered provider. The designated centre was observed to be well managed and well resourced. Staff were suitably trained and experienced and there was good oversight and support through all levels of governance and management. The registered provider had a comprehensive auditing system in place to identify areas for improvement. These areas were promptly actioned and addressed by the person in charge. On the day of inspection, regular respite services had been temporarily reduced to allow the registered provider provide intensive supports to one resident, while there was a plan in place to effect a transition to another provider of services. Staff demonstrated good level of commitment to providing services to residents and families. On site management had communicated proactively and effectively with the inspector over the course of the pandemic as well as other occasions.

The designated centre was well resourced and the staff complement was consistent with the staff numbers and grades outlined in the registered providers' statement of purpose. Staff numbers allocated allowed for individual and personalised supports and care as well as one to one integration with the local community. The person in charge was employed on a full-time basis and located in the designated centre. The person in charge was both experienced and suitably qualified. Direct support and supervision was afforded to staff and regular staff meetings were held and recorded. The meeting records reflected attendance by all staff allocated to the designated centre. One to one supervision and appraisal records were maintained in the designated centre and these reflected that staff had set goals to achieve. These included the increase of community activation of residents, as well as targets to assist residents learn new skills. Induction records reflected that all new staff, as well as agency staff, were properly supervised and inducted into the designated centre.

All staff had been in receipt of mandatory prescribed training. Fire and safety, managing behaviours that challenge and safeguarding training records were all in date. Staff had also undertaken training specific to residents identified needs. The registered provider had an extensive training schedule in relation to infection prevention control, in line with a number of infection prevention policies. All staff had undertaken training in relation to the use of personal protective equipment, breaking the chain of infection and hand hygiene. Hand hygiene assessments of staff knowledge and practice were undertaken and recorded every three months.

The registered provider had undertaken six monthly un-announced visits and audits of the designated centre. An annual review of the quality and safety of the service provided had also been undertaken. Residents and families had been consulted in relation to the annual review and information had been sought through the use of questionnaires. Families had requested that the use of LAMH as a manner of communication have greater emphasis in the designated centre. As a consequence,

staff had been booked on LAMH training courses.

The registered provider maintained a complaints log in the designated centre. No complaints had been received by the registered provider since the previous inspection. Some parents had registered concerns recorded in a concerns log, at the recent restriction in respite services available to their family member. How to make a complaint was clearly displayed in the designated centre in an easy-to-read format.

The registered provider had a current certificate of registration on display in the designated centres hallway. A current statement of purpose was also available and this gave an accurate description of the services provided in line with regulatory requirements. The registered provider also had a directory of residents that was properly maintained with all required information. All mandatory required notifications had been submitted to the Health Information and Quality Authority (HIQA). Each resident had a current contract of support / services in place that had been signed by resident or their family member.

The registered provider had made an application to renew the registration of the designated centre and all necessary documentation to support the application had been provided.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had provided all required documentation to support the application to renew registration, in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the qualification and skill-mix of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were properly supervised. Staff had undertaken specific training based on the assessed needs of residents.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents for all residents availing of residential services.

Judgment: Compliant

Regulation 23: Governance and management

The registered providers had management systems in place to ensure the service provided was safe.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The person in charge ensured that each resident had a current support agreement in place that was signed by the residents' parents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose that was

available to residents and their families.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified to the Chief Inspector all notifications and incidents within three working days.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was prominently displayed. Where families wished to express a concern rather than make a complaint was also captured in the designated centre.

Judgment: Compliant

Quality and safety

Overall, the inspector found evidence of a good quality and safe service. The registered provider ensured that the focus of care was person-centred and specific to the identified needs of the residents. The person in charge was committed to continuous improvements in the delivery of the service to residents as well as the safe reintroduction of residents to community based activities.

The registered provider ensured there was access for residents to avail of recreation and activities of choice. There was evidence of inclusion with the wider community and residents records reflected these activities and engagement with the community prior to COVID-19. Many of these activities had been curtailed due to the COVID-19 pandemic, however, residents were now enjoying community activities with the support of staff. Residents' participation in activities were recorded. Records reflected that residents were supported to go on drives and trips, attended beaches, shopping and swimming while attending respite. Interactive screens and additional information technologies had been secured to assist residents.

Health care plans were reviewed by the inspector and were noted to be current and accurately reflected each resident's health status. All relevant information was consistent with that communicated in the residents' hospital passports. Residents

were subject to the supports and review of a psychiatrist on a quarterly basis or as required. Specialist child and adolescent mental health input was also provided.

Personal care plans were in place and reflected clear information about each resident. Goals identified in the plans were meaningful and had been identified with the resident and their family. The personal care plans reviewed reflected the residents' goals, personal development and wishes. Some goals and activities had been amended to reflect the impact of the pandemic. Each resident had an identified key worker. Each resident had a communication passport and an up-to-date intimate care plan. Since the previous inspection, it was noted that there was greater involvement of community clinical supports to residents and this was accurately reflected in the care planning documentation. Each resident had two meaningful day plans - one for when they were attending school and one for days when they were not.

Residents positive behavioural support plans were reviewed. Files reviewed had an updated behavioural support plan in place. Staff adopted a consistent approach that was clearly documented. This approach was also recorded in daily handover information to ensure clear and direct dissemination of information to all staff. Restrictive practices were subject to regular and recent audit. Review was undertaken at a Childrens Rights Forum comprised of the person in charge, the person participating in management, a psychologist and a behaviour support practitioner. Plans reflected that staff focused on verbal prompts and visual prompts to encourage positive behaviour. Distraction, games, sensory input through weighted blankets and therapeutic touch were employed before considering restrictive practices or medicines. All restrictive practices were clearly dated regarding commencement and finish. Times were noted to be for periods of very short duration and limited to occasions where behaviours that challenge were evident. Restrictions ceased once a resident had self regulated. Each resident had a rights restoration plan in place that was subject to monthly review. This plan was signed by parents.

Residents had both choice and variety in the food they ate, which was all freshly prepared within the designated centre and included a range of fruit and vegetables. Residents had access to the kitchen and dining area with staff supervision. The food storage areas were well maintained.

The provider had up-to-date risk assessments and a risk register. The assessments related to all areas highlighted in Regulation 26 and ensured that residents were protected from harm. The designated centre had a vehicle specifically for the residents use that appeared roadworthy and was cleaned by the staff after each use. Supplies of cleaning agents, masks and hand sanitiser were seen stored in the vehicle.

It was evident that staff were familiar with infection prevention strategies to reduce the risk of infection. The registered provider had an infection prevention and control audit that was conducted on a monthly basis. These audits included enhanced cleaning, bedroom inspections, bathrooms, toilets, hand hygiene, PPE and spillage management. There was a nominated lead worker and the registered provider had a

contingency plan in place, had undertaken a COVID-19 preparedness plan and completed a self assessment COVID-19 tool in January 2022. Staff hand hygiene practices and the use of personal protective equipment was observed to be of a good standard. Staff were subject to a quarterly theoretical and practice assessment with the registered providers hand hygiene assessor. The designated centre was clean and staff demonstrated a regular routine and record log of additional cleaning applied to regularly touched areas. The designated centre had been subject to a deep clean in January 2022. All staff had undertaken training in areas of hand hygiene, breaking the chain of infection and the use of PPE. Staff recorded their temperatures at the commencement and completion of their shift and visitors were subject to a questionnaire and temperature check. Social stories in an easy-to-read format were used with residents, to convey practical information pertaining to COVID-19 and the pandemic.

Each resident was supported by staff to take medicines as they were prescribed. On the day of inspection, the resident in the designated centre required support in managing their medicines. One medicine was a controlled drug and administration of this medicine was undertaken and recorded by two staff members. Stock records were accurately maintained and the medicine was securely stored. All effects and side effects were accurately recorded by staff, after each administration.

Effective fire safety arrangements were in place in the centre with all equipment being regularly serviced to ensure it was in full working order. A registered contractor had serviced all fire equipment in the current year. Residents participated in fire drills which ensured they could be effectively evacuated from the centre. Each resident had a personal emergency evacuation plan in place. On the day of inspection, a contractor was engaged to ensure that all fire doors were effectively working and minor repairs and adjustments were conducted.

The premises was clean and homely. There were communal spaces to accommodate residents as well as individualised private areas and large gardens. Each room was furnished with comfortable furnishings. The premises, overall, was in a good state of repair and the external gardens were well maintained. There were age appropriate toys, bicycles and trampolines available to the younger residents. Residents had adequate storage for their personal possessions and residents were encouraged to use the laundry facility located in a separate building in proximity to the designated centre.

Residents could communicate with their family by phone and also had access to the internet through a new television that the registered provider had purchased. Notices in the designated centre were in an easy-to-read format and staff on duty were represented by photographs on the notice boards. Residents meetings reflected that staff supported residents to discuss safeguarding, fire safety, complaints, rights and COVID-19 prevention and awareness. Outings and events were also planned at residents meetings.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured that each resident could receive visitors in line with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident used and retained control of their own clothes, as well as having adequate space to store personal property.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access activities of choice and recreation.

Judgment: Compliant

Regulation 17: Premises

The designated centre was well maintained and appropriate to the assessed needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and that all food was properly prepared, cooked and served.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had in place a residents' guide that was provided to all residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a current risk register in place and risk control measures were proportionate to the risks identified.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections and that the designated centre complied with current infection prevention guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider ensured there was appropriate medicines management systems in place for the safe administration and storage of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a comprehensive personal plan for each resident that reflected the nature of residents' assessed needs and the supports required.

Judgment: Compliant

Regulation 6: Health care

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

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that all restrictive practices were applied in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

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

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that resident's privacy and dignity was respected.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	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