



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:	Short Notice Announced
Date of inspection:	21 June 2021
Centre ID:	OSV-0003737
Fieldwork ID:	MON-0033120

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:	3
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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 - 2015 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
Monday 21 June 2021	09:00hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

Social distancing was observed and the inspector wore a face mask and attended to hand hygiene in line with public health guidelines. Direct interaction with staff and residents were confined to periods of time less than 15 minutes and in areas of good ventilation.

Residents were met with in the company of supporting staff. It was evident that staff were supporting residents based on residents preferred choices and assessed needs. Staff demonstrated a comprehensive understanding of residents prescribed likes and dislikes. The inspector observed gentle, respectful and meaningful interactions between residents and staff during the course of the inspection. The three residents met with did not use words to communicate but they could communicate both their needs and how they were feeling through gestures and expressions. Residents had good understanding of spoken words and staff were observed to be patient and directly focused on the resident when communicating.

Residents were observed to have unrestricted access to all areas within the house. Staff supports were based on residents assessed needs and staff support on the day of inspection was on a one to one basis. As a consequence, residents were able to choose and determine the activity they wished to be supported to engage in. Two residents indicated that they wished to go for a spin and a walk and staff facilitated this. There were no restrictions imposed in the kitchen environment but staff were observed to be both supportive and diligent without impacting on residents independence. Residents were observed to enter the kitchen and access the snacks and treats they had brought with them for their respite stay.

Residents appeared happy and engaged in meaningful activities. Residents who were not involved in food preparation could see the food been cooked. Not all residents wished to be involved in food preparation after having spent the day in either school or their designated day service. Residents availed of takeaway food which they looked forward to as part of their respite stay. Many notice boards had photographs and pictures to assist residents understanding of what staff were on duty, what menu choices were available and what structured activities were planned. Residents had access to information technology and enjoyed using an interactive television and screen to play games and promote learning. Physical activity was also promoted and child residents enjoyed the use of a trampoline and go-karts.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a very good standard and that there was a strong and visible person-centred culture within the designated centre. The designated centre was both well run and sufficiently resourced to meet the assessed needs of residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support.

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

A good level of compliance with the regulations was observed. Staff demonstrated a good degree of care, support and commitment to supporting residents and families. It was evident that management systems in the centre ensured a safe and effective service to residents. The registered provider demonstrated good management oversight of their services. Support and supervision of all staff was evident through the employment of a full-time person in charge. There were clear lines of authority and it was evident that the team was focused on delivering a person centred service to all residents ensuring that respite was an enjoyable time for residents, who were supported by sufficient staff that they were familiar with. As a consequence residents were able to engage in activities of choice. The registered provider had also invested in additional sensory and indoor equipment to provide meaningful activities to residents during lock down. Residents had access to their local community and were consulted in the running of the designated centre through regular residents meetings. All complaints were dealt with effectively and efficiently.

The registered provider had in place a statement of purpose that was an accurate description of the service provided. The conditions of registration were clearly outlined and a copy of the registration certificate was on display in the designated centre. Schedule 1 required information was updated on the day of inspection. Each resident had a contract of admission in place that had been signed by the resident or their representative. Contracts clearly outlined the terms and conditions of residency.

The person in charge was an experienced and suitably qualified person. The person in charge's commitment to this designated centre was full-time. The person in charge was on leave on the inspection day, however the service was directly managed by a delegated nurse who was supported by the persons participating in management. The person in charge provided direct supervision and support to staff. The programme manager directly supported the person in charge. It was evident that managers and staff advocated strongly on behalf of all residents to ensure that the respite service met the assessed needs of residents and fitted with the programmes offered to residents in their school, home and day services environments. Newly appointed staff demonstrated evidence of having been inducted to the service and had a good understanding of the residents assessed needs.

The registered provider had arranged for six monthly reviews of the designated centre which were conducted in January and July 2020. The annual review of

service for 2020 was published and available within the service. It was clear that residents and their families were involved in this process and their views recorded in the document. 55% of families had responded to and returned questionnaires relating to the quality and safety of the service. In addition, staff had undertaken a range of recorded audits relating to local policies, residents social goals, medicines, care planning and infection prevention and control. Records were available that demonstrated that regular team meetings and management meetings were taking place and properly recorded. Improvements that were required were highlighted. The focus was on areas of improving the quality of service. Resident meetings and a residents forum were facilitated by a staff member on a monthly basis.

The registered provider had in place a directory of residents that contained all the requirements as specified by Schedule 3 for all residents using the service. All notifications in relation to the designated centre had been made to the Chief Inspector within the 3 days required time frame. Incidents were observed to have been thoroughly investigated by both third parties and the registered provider. The designated officer had been informed in all instances.

The registered provider had resourced the designated centre with three staff consistently by day and the staff structure at night provided for one waking and one sleepover staff. This staffing resource of both nurses and care assistants support meant that residents were free to plan their own day, pursuing interests and activities that they wished to do while in respite. Staff had all undertaken mandatory training in fire and safety, safeguarding vulnerable adults and managing behaviours that challenge. Staff had also undertaken additional training in relation to the assessed needs of residents.

All complaints were clearly and accurately documented by staff. Complaints in the main related to the temporary closure of respite services in the initial stages of the pandemic. All complaints were directed to the person in charge who addressed them immediately. How to make a complaint was in an easy-to-read version. Satisfaction with the resolution of such matters was recorded in keeping with the regulation. Compliments were also retained within the complaints records. Many families registered high levels of satisfaction with the staff and services provided to their family member.

Regulation 14: Persons in charge

The registered provider had employed a suitably qualified and experienced person in a full-time role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience 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 all staff had access to appropriate mandatory training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had in place a current directory of residents that reflected all statutory required information.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a signed contract clearly illustrating the terms and conditions of residency.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose which was subject to review.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had informed the Chief Inspector of all adverse incidents that had occurred in the designated centre within three days of occurrence and all incidents had been investigated and appropriately addressed.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents.

Judgment: Compliant

Quality and safety

The inspector observed the provision of service to be person centred and consistent with the assessed needs and wishes of the residents who availed of the respite service. The focus of the service was to support the residents independence as much as possible in a safe environment. Care and support focused on activities of daily living to ensure that residents enjoyed their stay in respite, with staff that were familiar with their assessed needs and preferences.

The premises was clean and well maintained internally and externally. Areas were well ventilated and had natural light. There was sufficient room for residents to store personal property, possessions and items of interest. Some rooms required minor paint works and a request had been made to the registered providers maintenance department.

Significant training had been undertaken by staff to combat the risk of COVID-19.

The importance of infection control practices and good hand hygiene practices particularly in relation to COVID-19 was evident. Staff had undertaken training in infection prevention practices and hand hygiene. Training included breaking the chain of infection and back to work interviews were conducted with all staff. The person in charge had undertaken the completion of a self assessment tool pertaining to the registered provider's readiness to respond to COVID-19 and it was evident that the service had sufficient supplies of personal protective equipment (PPE). Staff had an enhanced cleaning regime for frequently touched areas and the designated centre was supported to increase the cleaning regime with support from a care assistant from an adjacent day service. All visitors had their temperature taken and recorded and all staff wore face masks and attended to hand hygiene. The staff nurse on duty of the day of inspection was the nominated lead worker representative and staff were adhering to current guidelines issued by the Health Protection and Surveillance Centre.

Each resident had a current personal emergency evacuation plan in place that were in an easy to read and understand format. Recent fire drills demonstrated that an evacuation could take place within a safe time frame across the 24 hour day. Drills were also conducted at times of minimum staffing levels. The fire detection system, fire extinguishers and emergency lighting had all been certified within the previous 12 months, by a competent person. The designated centre was subject to daily, weekly and quarterly checks by staff. Fire exits were observed to be unimpeded and all fire doors were in good working order. Staff training in relation to fire and safety was in date and conducted every two years in keeping with the registered providers policy.

It was evident that the residents participated and consented to decisions about their care and support. Recreational and occupational activities were offered to and determined by the resident with staff support. Residents enjoyed going on trips and visits to places that interested them. Information for residents was clearly displayed on notice boards in an easy to understand format. The residents guide was also available to residents and all information required by regulation was included, including terms and conditions of residency.

Each resident had a needs assessment in place. This assessment informed the residents personal care plan. The care plans reflected that residents spent short periods of time in the service and the main elements of care planning was determined outside of the service by the residents school and day service team. Reflective of the short duration of time spent by residents in the service, goals and plans focused on the development and maintenance of life skills, social integration and school support. Staff actively advocated on behalf of residents to engage professional supports to promote continuity with the positive behaviour programmes that residents utilised while either at home or in school. The positive behaviour supports suggested for one resident were contained in the residents care plan and staff were familiar with it, however, the care plan was not updated to incorporate the types of supports determined.

Residents care plans were reviewed by key workers and the residents parents. The key worker assisted residents to take part in the review with the use of pictures and

photographs. It was evident that residents goals were closely linked to things that they liked to do and were meaningful to them. The annual review was not multidisciplinary in nature as care planning reviews were undertaken within the residents school or day service. Staff from the respite service did provide feedback on the residents stay in respite to this external multidisciplinary review. Residents had comprehensive healthcare plans in place that were clear and accurate. Records demonstrated that staff actively followed guidelines relating to residents health matters and consulted closely with parents. Medical protocols that were required were clearly documented and known to staff especially in the areas of rescue medicines and their administration.

Some restrictive practices in place on the day of inspection had all been previously reported to the Health Information and Quality Authority (HIQA). Some restrictions in the form of window restrictors in all bedrooms and a half gate on the stairs had not been informed in quarterly returns to HIQA as required by regulation. Feedback from staff indicated that these measures were rarely if ever utilised. The person participating in management undertook to risk assess these restrictions and subject to review would suggest their removal to the registered providers rights committee. The services management were also actively seeking the involvement of external professionals to ensure that the review of restrictive practices were both child centred and child focused.

Communication logs reflected that residents used telephones and virtual forums to talk with and see their families. Residents enjoyed using information technology and staff had purchased additional equipment to ensure residents activities and experiences during the pandemic were more meaningful. Residents were supported by staff to attend a monthly residents forum.

The designated centre had good supplies of fresh food, dry goods, frozen food and beverages. Delivery was from a local supermarket. Residents knew what food choices were available to them and some residents wished to order takeaway food as a treat when in respite.

There was a current and up to date risk register in the designated centre. All risks were particular to the service and the residents. The hard copy of the designated centres risk register did not have all regulatory risks identified however, the digital version stored on the registered providers server did. The risk of COVID-19 and its impact on the residents was included.

Regulation 10: Communication

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

Judgment: Compliant

Regulation 11: Visits
The registered provider ensured that each resident could receive visitors.
Judgment: Compliant
Regulation 12: Personal possessions
The person in charge ensured that each resident had control and access to their personal property.
Judgment: Compliant
Regulation 13: General welfare and development
The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing.
Judgment: Compliant
Regulation 17: Premises
The registered provider ensured that the premises was designed and laid out to meet the assessed needs of the residents. Some internal paint works were awaited.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
The person in charge ensured that residents were supported to buy, prepare and cook food.
Judgment: Compliant

Regulation 20: Information for residents

The registered provider had in place an up-to-date residents guide that was available to the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had a individual care plan that was subject to review by their nominated key worker, however, an annual multidisciplinary review of the plan was not taking place. One care plan reviewed was not updated to incorporate the types of supports determined by a behaviour specialist.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare plan in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider was actively engaged in seeking positive behaviour support services to inform residents care plans, however, not all restrictive practices in place in the designated centre had been notified to HIQA.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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	Substantially 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 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Saint John of God Kerry Services - North Kerry OSV-0003737

Inspection ID: MON-0033120

Date of inspection: 21/06/2021

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
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: 17(1)(c) The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.</p> <p>Saint John of God Community Services operated a procedure of essential maintenance only during Level 5 restrictions however the PIC will ensure a maintenance request is submitted to address the painting highlighted during the inspection.</p> <p>Action Plan: PIC to submit maintenance request for painting. Completed by 23/07/2021 PIC to ensure painting will be completed. To be completed by 30/11/2021</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Regulation 05(6)(a) The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.</p> <p>Regulation 05(6)(d) The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.</p>	

Action Plan:

- In relation to the Care Plan reviewed on the day of Inspection the Keyworker has completed and updated the plan to incorporate the types of supports determined by a behaviour specialist.

Completed on 22/06/2021

- PIC will ensure that all care plans are reviewed and updated:

Completed by 31/08/2021

- PIC will monitor the review and updating of care plans at quarterly supervision meetings with Keyworkers

Completed by 31/08/2021

- PIC will submit referral to external agency for multidisciplinary input as part of change in needs or circumstances

Completed by 31/08/2021

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- Regulation 7 (1) The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour. Regulation 7 (4) The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.

The following actions have been developed to ensure the provider comes into compliance with Regulation 7- Positive Behavior Support.

Action Plan:

- St John of Gods Rights policy for children currently being developed

Complete by: 30th September 2021

- PIC ensured that the window restrictions highlighted on the day of inspection have been removed.

Completed 21st July 2021

- PIC to carry out a full review of all restrictive practices within the Designated Centre

Completed by 31/08/2021

- The PIC will ensure going forward that all restrictive practices are logged and notified to the Regulator.
Completed by 31/07/2021

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/11/2021
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	31/08/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances,	Substantially Compliant	Yellow	31/08/2021

	which review shall take into account changes in circumstances and new developments.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	30/09/2021