



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

Issued by the Chief Inspector

Name of designated centre:	Saint John of God Kerry Services - Killorglin Residential Services
Name of provider:	St John of God Community Services CLG
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	20 July 2023
Centre ID:	OSV-0005500
Fieldwork ID:	MON-0037198

About the designated centre

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

Saint John of God Kerry Services - Killorglin Residential Services consists of a semi-detached two storey house and a bungalow located on the outskirts of a town. The centre can provide full-time residential support for a maximum of six residents with intellectual disabilities, between the ages of 18 and 65 of both genders. Each resident has their own bedroom. In the two-storey house there is also a lounge, a kitchen/dining room, a utility room and bathroom facilities along with a staff office/bedroom. In the bungalow there is a kitchen/dining room, a lounge, a utility room, bathrooms and an office. Residents are supported by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 20 July 2023	08:45hrs to 17:15hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Staff members on duty were seen to interact with residents in a pleasant and respectful manner. Residents appeared comfortable in the presence of staff. The houses where residents lived were generally seen to be well presented and homelike.

This centre was made up of two separate houses located approximately 10 minutes' drive apart. Combined the two houses had a maximum capacity for six residents but at the time of inspection four residents were living in the centre. It was indicated to the inspector that there was no plans for any further admissions to either house and it was noted that the two vacant bedrooms were now being primarily used for other purposes. During this inspection both of the houses were visited with all four residents met by the inspector.

On arrival at the first house it was seen that the external of the house had been painted since the inspection by the Chief Inspector of Social Services in December 2021. There was also some colourful potted flowers on the outside of the front of the house and a wreath on the front door. The one resident living in this house was initially in their individual bedroom when the inspector entered so the inspector used the period in this house to speak with staff and to review the premises that had been provided for the resident to live in.

It was observed that this house was presented in a clean and homelike manner. For example, there were photographs of the resident's family on display in the house. The house was seen to be generally well maintained but it was noted that a number of the provider's audits had identified that some internal painting was needed which had yet to happen. The house was provided with some grab rails to support the resident to move around the house and it was indicated that a grab rail was to be installed in the house's rear garden also. Like the front of the house, this garden area was seen to have some colourful flowers present which added to the homely feel.

As the inspection progressed the resident was supported to come downstairs from their bedroom by the staff members on duty. The resident was initially supported with a meal in the kitchen-dining area before being assisted into the house's lounge. It was noted that the resident had particular communication needs with various means used to give them information and for the resident to communicate their wants. These included the use by the resident of a pen and notepad, touch, hand gestures and the use of special printer to print words of the resident to feel.

This printer had been used to print various signs that were on display on notice boards in the house's kitchen-dining area which covered items like food choices and the resident's schedule. It was seen that before introducing the inspector to the resident, one of the staff used this printer to make a document with the inspector's first name and the word "HIQA" printed on it. The staff member then provided this

document to the resident with the resident also using touch to identify the inspector. After the inspector was introduced to them, the resident spent their time in the lounge with music playing and an aroma therapy lamp turned on.

The atmosphere in the house was generally calm at this time with the inspector leaving this house early in the afternoon to go to the other house. When the inspector arrived at the second house he was greeted at the front door by a resident who welcomed the inspector inside. The three residents living in the house were having a meal at this time when first met by the inspector. One of the residents did not interact with the inspector but as another resident was talking with the staff it was indicated that these three residents would be shortly leaving their house to go to a nearby town for bowling.

Shortly after the residents departed but before they left, residents appeared comfortable with the staff members on duty. As staff were supporting the residents to leave the house to get into a car provided, one resident was heard vocalising in their bedroom. Neither of the other two residents appeared to be impacted by this. After helping these two residents into the car, a staff member knocked on the vocalising resident's bedroom door to let them know that everyone else was in the car and that they would wait for the resident there. A few minutes later the resident exited their bedroom and joined their peers in the car.

After these three residents left the house they were not met again by the inspector during the day. The inspector did review the house where these residents' lived and it was seen to be presented in a very homelike manner. The house had communal areas including a lounge and since the previous inspection in December 2021, a vacant bedroom was now using as a sensory room. The three residents had their own individual bedrooms also with the inspector seeing two of them. These bedrooms were noted to be nicely presented and furnished with sufficient facilities provided for residents to store their personal belongings such as wardrobes.

The rest of the house was generally seen to be well-maintained and clean. However, it was observed that there was some dirt evident at the base of a sliding door in the dining area leading to the outside while in the house's utility room some mould was present. When in this utility room the inspector noted that two presses were locked. It was indicated to the inspector that these presses were for chemicals and had to be locked in line with the provider's policies. While noting the reasons behind this, it was suggested that residents in this house would not attempt to access these chemicals, while in the first house visited, a chemicals press there was seen to be unlocked.

Towards the end of this inspection, the inspector returned to this first house. While the resident there was initially present in the lounge area, they did briefly leave the house to go for a drive with the support of the two staff members on duty. As the inspector was finishing the inspection he said goodbye to the resident with the support of a staff member. As with the inspector's earlier introduction to the resident touch was used as part of this while at staff's suggestion the inspector used a particular hand gesture with the resident to indicate that he was leaving. After

using this twice the resident waved goodbye to the inspector.

Such interactions with the resident indicated that the staff working with them were very familiar with how to support this resident. Throughout the inspection it was observed and overheard that staff, in both houses, were very pleasant and respectful in their interactions with residents. Staff members spoken with also indicated that they had completed training in human rights and that this training had encouraged them to support residents to access the community more and to offer residents more choice in their daily lives. One of these staff members gave a specific example of how Fridays were usually pizza night in one house but that if a resident requested pizza on a different day then the resident's choice of food would be provided that day.

In summary, specific means of communication were seen to be used with one resident with staff demonstrating a good awareness of this. Residents were supported in a pleasant and respectful manner by staff members in both houses. Residents had their own bedrooms in the two houses with some bedrooms observed to be well presented.

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.

Capacity and capability

This inspection found from the inspection that residents were well supported overall. This was reflected in an overall strong level of compliance across the regulations reviewed which indicated that this centre was well managed.

When this centre had been last inspected by the Chief Inspector in December 2021, there was strong evidence that the needs of residents were being adequately provided for. As a result, the centre had its registration renewed until June 2025 without any restrictive conditions. Given the length of time since the December 2021 inspection, the current inspection was conducted to assess the supports provided to residents and compliance with the regulations in more recent times. Overall, this inspection's findings were very similar to those found during the December 2021 inspection. This indicated that the provider had ensured that this centre was appropriately resourced, managed and monitored.

As part of the monitoring systems for this centre, the provider ensured that key regulatory requirements were being completed. These included completing unannounced visits to this centre every six months with reports of these visits available for the inspector to review. These visit reports were also provided to various members of the provider's management team including at an executive level. Where any areas for improvement were identified during such visits these

were highlighted and addressed. Two annual reviews of the centre had also been conducted since the December 2021 inspection. That inspection had highlighted that previous annual reviews had not assessed the centre against relevant national standards but on the current inspection it was found that this had been addressed.

Consultation with residents and their families was also provided for within the annual reviews completed with feedback provided from both noted to be very positive overall. These annual reviews had been completed by the centre's person in charge who also involved in conducting auditing in the centre. The person in charge had been previously found to be suitably experienced, skilled and experienced to meet the requirements of Regulation 14 and during this inspection they demonstrated a good knowledge of the running of the centre and the needs of residents. It was also apparent that the person in charge had placed a strong emphasis on supporting residents to be part of the local community which will be discussed further below.

While the person in charge was based in one house of this centre, there was evidence that they were a presence in the other house and would visit there regularly to meet with residents and staff members. The staff spoken with during this inspection demonstrated a good awareness of how to support the residents living in this centre. Arrangements had also been put in place to ensure that residents received a continuity of staff support which is important in promoting consistent care and professional relationships. While it was noted that there was some agency staff (staff sourced from an agency external to the provider) were working in the centre, it was indicated that regular agency staff worked in the centre. The inspector spoke with one such agency staff member during this inspection who was very aware of the needs of the resident they were supporting.

Regulation 14: Persons in charge

A suitably skilled, experienced and qualified person in charge was in place for this designated centre. During this inspection they demonstrated a good knowledge of the running of the centre and the needs of residents while placing a strong emphasis on supporting residents to be part of the local community.

Judgment: Compliant

Regulation 15: Staffing

Appropriate staff arrangements were provided to support the needs of residents. Staff rosters were maintained but staff files were not reviewed during this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed training in various areas such as fire safety, safeguarding and human rights. This latter training was used to promote residents' rights around choice and accessing the community with examples provided by staff spoken with. Further detail of these examples have been included in the 'What residents told us and what inspectors observed' section of the report.

Judgment: Compliant

Regulation 23: Governance and management

Six monthly provider unannounced visits to the centre and annual reviews were being completed. A schedule of audits was in place for areas such as fire safety, medication and residents' finances with such audits conducted as scheduled. Overall, this inspection found this centre to be appropriately managed, resourced and monitored which contributed to residents being well supported and an overall good level of compliance with the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Some locked presses in one house of the centre, which amounted to an environmental restriction, had not been notified to the Chief Inspector on a quarterly basis as required.

Judgment: Not compliant

Quality and safety

Residents were being supported to be part of the local community, to participate in meaningful activities and to maintain contact with their families. Information was also provided to residents with easy-to-read documentation and personal plans

available.

Goals for residents were identified through a personal outcome planning process and it was seen that such goals were focused on involving residents in the community. These goals were subject to regular review and there was clear evidence that residents were being supported to be part of the local community and to participate in meaningful activities. This included one resident recently commencing some work experience in a local business, residents being supported to participate in educational courses in a nearby town, residents participating in social farming, residents playing golf and on the day of inspection three residents going bowling. Residents were also facilitated to go on trips away from their locality. For example, two residents had gone a trip to Lourdes with a photo book having been completed that showed the things the residents did during this trip.

Further support was given to residents to maintain contact with their families whether it be by residents going to their family homes or through visits by family members to this centre's two houses. In one of these houses one-to-one meetings were happening between individual residents and staff where residents would be asked about their week and if they were happy living in the house amongst others. The inspector reviewed a sample of notes of such meetings where it was indicated that residents had given positive feedback on life in their current homes. It was also seen that such meetings were being used to provide residents with information including on some recent changes to Irish law around decision making. Easy-to-read documentation around this topic was seen to be available while efforts had also been made to make residents' personal plans available to them in an easy-to-read format.

As highlighted earlier in this report, one resident had particular communication needs and it was seen that their easy-to-read personal plan consisted of sheets of paper with words printed in a specific format which allowed the resident to feel the letters that made up the words. Given their assessed needs, guidance on communicating with this resident was contained within their personal plan. Staff members spoken with on the day of inspection demonstrated a good awareness of the resident's communication needs. Such staff were seen to use suggested communication means for the resident which included advising the inspector on how to say goodbye to the resident. It was noted though that a positive behaviour support plan for the resident, which had been reviewed in April 2023, indicated that all staff working with the resident were to be trained in a particular communication method. While most staff working with the resident had done this training, some had not.

The same positive behaviour support also indicated that a long term goal for the resident was to be living in a different accommodation within two years. This same goal had been previously identified for the resident in April 2021 but had not been achieved since then. It was noted that that the provider was exploring alternative accommodation options for the resident but it was unclear at the time of this inspection when alternative accommodation would become available. Despite this, it was indicated by management of the centre that the resident's existing house continued to be suited to their needs with certain adaptations having been made to

support the resident such as the installation of additional hand rails. While no issues were reported to the inspector around the resident's use of this house, this would need ongoing review to ensure that the identified goals was achieved and that this house was suitable to the needs of the resident on an ongoing basis.

This house and the other house that made up this centre were both found to be provided with fire safety systems including fire doors. Such doors help prevent the spread of fire and smoke but it was seen that some fire doors in one house, including the door to the house's utility room, did not have self-closing devices which could limit these doors' effectiveness. Records provided though indicated that all staff had completed fire safety training and residents had personal emergency evacuation plans that outlined the supports they needed to evacuate. Fire drills were also being conducted to ensure that staff and residents were aware of what to do should an evacuation be needed. However, in one house it was seen that in the past 12 months one fire drill had been done to reflect a time when the resident living in that house would be in bed at night with minimal staffing. While other drills for this house recorded low evacuation times, the recorded evacuation time for this drill was 20 seconds over the estimated evacuation time for this house at night.

Regulation 10: Communication

Not all staff working with a resident had completed relevant training relating to a resident's communication.

Judgment: Substantially compliant

Regulation 11: Visits

Residents were facilitated to receive visitors in their homes with private spaces available in both houses if needed.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were being supported around their financial affairs and were facilitated to be involved in these. Sufficient storage was provided for residents to store their personal belongings.

Judgment: Compliant

Regulation 13: General welfare and development

Support was being given to residents to be part of the local community, to participate in meaningful activities, to do educational courses, to do work experience and to maintain contact with their families.

Judgment: Compliant

Regulation 17: Premises

Some areas of cleaning were seen in one house while some internal painting was needed in the other house as identified by the provider's own audits. As one resident had a goal to be living in a different accommodation, the suitability of the house where the resident currently lived required review to ensure that it was suitable to their needs on an ongoing basis.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Suitable facilities were provided in both houses for food to be stored in hygienically.

Judgment: Compliant

Regulation 27: Protection against infection

Cleaning schedules were in place with cleaning recorded as being done daily. Records provided indicated that all staff had completed relevant training in infection prevention and control. Hand sanitisers and cleaning products were present in both houses. Supplies of personal protective equipment were also present such as gowns, face masks and goggles but in one house it was seen that some goggles had expired. It was indicated at the end of this inspection that such goggles had been disposed of.

Judgment: Compliant

Regulation 28: Fire precautions

Some fire doors in one house, including the door to the house's utility room, did not have self-closing devices which could limit these doors' effectiveness. In one house one fire drill had been done in the past 12 months to reflect a time when the resident living in that house would be in bed at night and only minimal staffing would be on duty. The recorded evacuation time for this drill was 20 seconds over the estimated evacuation time for this house at night.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Suitable facilities were present in both houses for medicines to be stored in securely including for medicines which required refrigeration. A sample of medicines records reviewed contained all of the required information and indicated that medicines were being given as prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which were informed by a personal outcome planning process and had multidisciplinary input. Easy-to-read personal plans were also available for residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed the positive behaviour support plan for one resident which provided guidance for staff in promoting positive behaviour from this resident. Staff spoken with during the inspection demonstrated a good awareness of this and records provided indicated that staff had completed training in de-escalation and intervention.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were identified on this inspection but where there had been any safeguarding incidents previously, these had been responded to appropriately with safeguarding plans put in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were treated respectfully, were consulted and were given information relevant to them.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 10: Communication	Substantially 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 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Saint John of God Kerry Services - Killorglin Residential Services OSV-0005500

Inspection ID: MON-0037198

Date of inspection: 20/07/2023

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Locked cupboards were removed from the designated centre on the 24/07/2023. There are currently no environmental restrictions in the designated centre. All chemicals now stored external to the premises.</p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>LAMH training to be sourced for staff within the designated centre. 20/05/2024.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Areas identified for cleaning completed on the 21/07/2023.</p> <p>Internal painting to be completed by the service provider. 30/03/2024.</p>	

OT continue to have input and review the suitability of the premises for all residents on an ongoing and a long-term basis. 31/12/2023.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Self-closing devices installed on the identified doors on the 18/08/2023.

Nighttime drill to be repeated to ensure the actual evacuation time is in line with the estimated evacuation time. 31/12/2023.

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	20/05/2024
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/03/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	21/07/2023
Regulation 28(3)(a)	The registered provider shall	Substantially Compliant	Yellow	18/08/2023

	make adequate arrangements for detecting, containing and extinguishing fires.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/12/2023
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	24/07/2023