



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

Issued by the Chief Inspector

Name of designated centre:	St. John of God Kerry Services - Supported Living
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:	17 February 2021
Centre ID:	OSV-0002927
Fieldwork ID:	MON-0031876

About the designated centre

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

The registered provider stated the aims and objectives of the service provided with St. John of God, Kerry Services, supported living is to "enable and empower individuals with an intellectual disability to access, in accordance with their wishes and abilities, the spiritual, social, educational, training and employment opportunities that are available to all residents". This centre can provide accommodation to eight individuals over the age of 18, both male and female, with an intellectual disability. Accommodation is spread over six apartments, two of which are 2 bedrooms. Staffing support is afforded to residents in accordance with their assessed needs. Presently this is through social care workers and the day to day oversight is maintained by a person in charge.

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 - 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
Wednesday 17 February 2021	09:30hrs to 16:00hrs	Laura O'Sullivan	Lead
Wednesday 17 February 2021	09:30hrs to 16:00hrs	Louise Griffin	Support

What residents told us and what inspectors observed

This inspection occurred during the COVID 19 pandemic with the inspectors ensuring to adhere to all national and local guidelines. Social distancing was maintained when communicating with resident's and staff whilst PPE was used. On arriving at the centre the inspectors were greeted by the staff member whom requested a number of COVID 19 checks to ensure the safety of all was maintained.

On the day of inspection four residents were present in the centre, three residents had made the decision to return to the family home during the pandemic and there was currently one vacancy in the centre. One resident had a personal appointment on the day of inspection and chose not to interact with inspectors. This choice was respected. The individual also requested that inspectors did not go into their apartment when they were not present, this was also respected.

The inspector had the opportunity to meet and spend time with two residents in their apartment. They both spoke of their enjoyment in living together and the support they received from the staff. They had just completed a Zumba class through a cloud platform. They both said they enjoyed this as they got to see their friends from day service. The activities that residents enjoyed had changed in recent months due to the national restrictions in place. One resident whom had a part-time job was not working at the moment so was finding other things to keep them busy. They loved their PlayStation and explained that it was very important not to play games all night or they would be very tired in the morning.

Both of these residents expressed that it was difficult not being able to visit family but they understood why this was so. One resident spoke of using their computer tablet to chat with their brothers and their nieces, making sure that they kept in contact. The other resident used to go for walks and wave at their family through the garden window. Friendships were being maintained through social media platforms and online day service sessions. One resident spoke of their plans to go to Anfield when COVID was gone and expressed their love of all things Liverpool. They had an interest in all things sport and discussed the recent rugby six nation's games with the inspector. Both residents gave permission to the inspectors to review their personal plans.

The resident's apartment was homely and clean. They did talk with the person in charge on the day of inspection about wanting to change their rug in the living room. New plants were on display on the window sill in the kitchen and Liverpool memorabilia was on display. A weekly menu planner was in place to assist the residents to plan their weekly shop which they completed with the support of staff. The residents had decided to employ someone to clean their apartment once a week but ensured to keep it tidy the rest of the time.

Another resident called to the staff office to speak with inspectors. They assured everyone present that they would wear their mask throughout the conversation.

They were very happy in their home and spoke of the staff being a great support. They loved when staff would call to their apartment and sit and chat. They had a "tough time" for a few months with back pain but they seemed to be doing well. They gained reassurance from the person in charge and staff member that the support was ongoing and they would be told of all appointments.

This resident spoke of their younger years of cycling home and listening to the GAA on the radio with their father. They continued to enjoy to listen to the matches. They were looking forward to when things would go back to normal and were happy they had received one of their vaccines for COVID 19. They were going for a walk to get some fish and chips for lunch. Staff offered to drive them but they preferred to walk. Staff ensured that the resident knew how to contact them if they needed anything when out and about.

All residents spoken with had a clear understanding of whom to speak to should they have any concerns and how they could make a complaint should they wish to. All residents spoke highly of the support systems in place including the governance structure and the staff team. When a concern was raised by one resident with regard to support at night this was reviewed immediately by the person in charge and the resident was assured.

All interactions observed were positive and respectful in nature. All residents were consulted with regard to the review of their personal plans on the day of inspections and the visiting of their apartment. The annual review of service provision incorporated the views of the residents of who they found the service and what they felt could be improved. This consultation was evident throughout the inspection.

Capacity and capability

The inspector reviewed the capacity and capability of St. John of God Kerry Services: community living as part of the inspection. The provider had a clear governance structure in place that supported the staff team, there were effective measures in place to ensure the provision of service was safe and effective. This inspection was completed to assist in the decision making to renew the registration of the centre for another three year cycle.

The registered provider had ensured the appointment of a suitably qualified and experienced person in charge to the centre. This person had governance responsibilities over two designated centres with effective measures in place to maintain oversight of both. The person in charge had a direct reporting line to the appointed person participating in management. There was clear evidence of communication within this governance structure with evidence of escalation of any concerns identified. The person in charge had a keen awareness of their regulatory

responsibilities including the notification of required incidents.

Organisationally, the registered provider had ensured effective measures were in place for the completion of the regulatory required measures to guarantee that the service provided within the centre was safe and effectively monitored. This included the annual review of service provision and six monthly unannounced visits. All regulatory required monitoring systems incorporated the views and opinions of the residents. Actions identified were discussed as part of staff team meeting to ensure all staff were aware of actions plan and measures required to ensure compliance with regulations was achieved.

The person in charge had implemented measures also to ensure the monitoring of the day to day operations within the centre. Ongoing review of a quality enhancement plan ensured that actions identified were addressed in a timely and effective manner. Actions were regularly reviewed with a risk rating applied to ensure actions were prioritised according to need. Through the use of on site monitoring and auditing such as fire safety the person in charge implemented measures to ensure a safe and effective service.

The registered provider had ensured that provision of staff within the centre was appropriate to the assessed needs of residents. Staff spoken with on the day of inspection were keenly aware of the support needs of residents and the importance of adhering to all aspects of each personal plan and the promotion of independence. Staff were supported to raise any concerns through daily contact with a member of the governance team or through regular staff meetings.

The person in charge had ensured all staff were facilitated and supported to access appropriate training including refresher training. Such courses included fire safety and infection control. Training courses afforded to staff ensured that the service provided to residents was safe and effective in meeting their assessed needs. The required training needs of staff were discussed as part of the formal supervisory meeting completed by the person in charge. However, the current format of maintaining training records did not ensure that the completion date was consistently present or the due date of training was clear.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensure the application for the renewal of registration had been completed.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. Whilst having governance over two designated centres the person in charge had effective measures in place to ensure oversight of service provision was maintained.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the staffing allocated to the centre was appropriate to the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured all staff were facilitated and supported to access appropriate training including refresher training. However, the training records maintained were not completed in a clear consistent manner.

The person in charge had ensured that effective measures were in place for the supervision of the staff team.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had ensured the centre was appropriately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured a clear governance structure was allocated to the centre. All members of the governance team had clear roles and responsibilities with evidence of effective communication between all members of the team.

The registered provider had ensured management systems are in place in the

designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared and reviewed accordingly a statement of purpose containing the information set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all measures were in place to ensure all required incidents were notified in accordance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured the provision of an effective complaints procedure. Residents were knowledgeable of this procedure.

Judgment: Compliant

Quality and safety

It was evidenced during this inspection that the service afforded to residents currently residing within the centre was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of their support needs. Residents were supported to maintain relationships with family and friends during the pandemic through media platforms. A number of residents had chosen to return to the family home during the pandemic. Staff continued to link with these individuals and to provide regular support.

Each resident had a comprehensive personal plan in place. These plans incorporated

a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including occupational therapy. Each resident had individualised goals which had been adapted in accordance with COVID 19 guidance. All goals are discussed as part of regular key working meetings. An emphasis had been placed on skills training and the promotion of independence. Residents were aware of whom to contact should they require additional supports both day and night.

Each personal plan incorporated the healthcare needs of residents. This was found to be comprehensive in nature and incorporated a range of recommendations and guidelines as set out for the medical profession. Residents were supported to attend all appointments by staff and were communicated with in a clear manner any change in treatment or diagnosis. Residents were supported to learn about medical conditions and to determine their choice of treatment. Whilst guidance for staff was present this did require some review to ensure the most recent recommendations' were clear and at the forefront.

The registered provider had ensured effective systems were in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. The registered provider had ensured the development and review of a comprehensive risk register. This document incorporated both individualised and environmental identified risks and control measures which were in place to reduce the likelihood and impact of these risks.

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, firefighting equipment and resident and staff awareness of evacuation procedures. Residents spoken with were aware of the evacuation procedures and the local of the assembly point. Through the completion of regular fire evacuation drills residents were confident in the safest route to evacuate should this need occur. All fire safety equipment was regularly serviced by a competent person.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and the disinfecting of regularly touched area. Hand sanitizer was readily available throughout the centre and all individuals were observed to utilise same. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere in a suspected or confirmed case of COVID 19 for staff and residents. Residents were observed adhering to national guidance with respect to social distancing and the use of face masks.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

(a) access to facilities for occupation and recreation;

(b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs; and

(c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that a copy was provided to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. Current guidance ensured staff were aware of the most recent national guidance with respect to COVID 19.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured the provision of effective fire safety management systems are in place.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each resident was supported to develop a comprehensive individualised personal plan. Personal plans incorporated a plethora of supports needs of residents to ensure a consistent approach to supports was promoted. Each plan was developed to promote the independence and rights of each individual.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured the provision appropriate health care for each resident, having regard to that resident's personal plan. Whilst guidance for staff was present this did require some review to ensure the most recent recommendations' were clear and at the forefront.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had effective measures in place to protect residents from all forms of abuse. Should a concern arise appropriate measures were implemented to ensure appropriate investigation was completed.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each

resident.

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	
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	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	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	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. John of God Kerry Services - Supported Living OSV-0002927

Inspection ID: MON-0031876

Date of inspection: 17/02/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: The person in charge to ensure that training records are maintained and completed in a clear consistent manner.</p> <p>Action Plan – The PIC to ensure that staff training records are maintained in a clear and consistent manner.</p> <ul style="list-style-type: none"> • These training records are to be kept updated on an excel sheet and filed in the Designated Centre Shared Folder. • Hard copies of training certificates to be filed in the training folder in the Designated Centre. • Agency staff training certificates to be kept in the training folder in the Designated Centre. • PIC to instruct Staff to forward training certificates to the Human Resources, which will then be entered into the Training data System. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: The registered provider to ensure that staff review healthcare Plans to ensure that the most recent recommendations’ are clear and at the forefront of the Plan.</p>	

Action Plan – The most recent medical information, recommendations are to be entered into all of the residents Healthcare Plans and will be kept the front of the healthcare plan.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/03/2021