



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 - Residential Community Services Tralee II
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:	14 June 2021
Centre ID:	OSV-0002924
Fieldwork ID:	MON-0031009

About the designated centre

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

St. John of God Kerry Services - Residential Community Services Tralee II consists of a detached single story house located in a town. This designated centre provides a residential service for a maximum of six residents with intellectual disabilities. Both male and females over the age of 18 can avail of the centre. Each resident has their own bedroom and other rooms in the centre include bathrooms, a dining room, a kitchen, two living rooms and staff rooms. Residents are supported by the person in charge, social care workers, health care assistants and nursing staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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 14 June 2021	10:45hrs to 17:05hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents were being supported in a person-centred and respectful way which helped ensure that they received a good quality of service. Residents and their family members were noted to have provided positive feedback about this designated centre.

This inspection occurred during the COVID-19 pandemic with the inspector adhering to national and local guidelines. Social distancing was maintained when communicating with residents and staff while personal protective equipment (PPE) was used. To minimise movement while present in the designated centre, the inspector was based predominantly in a staff room for most of the inspection.

Six residents were using this designated centre, five of whom were present at the time of this inspection. The inspector had an opportunity to speak with all five of these residents. The first resident spoken with indicated that they liked everything about the designated centre and liked the staff. This resident was observed to go out to do some shopping with a staff member during this inspection and it was also seen that they appeared very comfortable and relaxed with the staff members on duty.

The other four residents left the centre during the inspection to go for a meal out. Upon their return one of these residents informed the inspector that they had been to a nearby beach. The resident appeared happy when they spoke of this and also indicated that they liked living in the designated centre and liked their bedroom. While speaking to the inspector this resident was sitting near another resident with both residents seeming relaxed in each other's company as they watched television and had some tea.

This other resident also said that they liked living in the designated centre and talked about attending a day service where they played soccer and pool. This resident appeared to have a keen interest in sport and spoke about watching matches at Euro 2020 while also showing the inspector their bedroom, which had various Liverpool posters on display, and a taekwondo uniform that they hoped to use during classes once COVID-19 restrictions allowed for these to happen. It was noted that this resident had a goal recently identified to move to alternative setting to improve their independence and had been supported to access an advocate around this. It was indicated to the inspector that some options for this to happen were being considered.

Another resident greeted the inspector and also said that they had gone to a nearby beach and had bought a CD of pub songs. This resident was seen to be comfortable in the presence of another resident and staff members present. The fifth resident present during the inspection greeted the inspector and was seen to move freely throughout the centre. This resident did not meaningful engage with the inspector but upon leaving they did say goodbye and were observed to be doing some

colouring.

Some arts works which had been completed by residents were on display in the designated centre and it was seen that arts and crafts was one of the activities that residents were supported to do. It was indicated that residents liked to eat out, something which had been limited on account of COVID-19 restrictions. Prior to the onset of the pandemic residents had also availed of other activities regularly such as going to the cinema and bowling. When restriction came in, activities such as walks, drives, movie nights and baking were provided. It was also noted that residents had short holidays facilitated in Dingle, Cork and Galway.

Going on such holidays were identified as goals for some residents and it was seen that one resident had a goal identified to go on a holiday to Dublin in 2021. Such goals were identified during a person-centred planning process in the centre which involved residents' participation. Residents were also consulted and given information about the centre through residents' meetings. It was indicated that residents had been informed about the provider potentially withdrawing from operating this designated centre. Residents' meetings had been used to solicit resident feedback which informed annual reviews completed for this centre. The inspector reviewed the 2019 and 2020 annual reviews which were noted to contain broadly positive resident feedback.

These annual reviews also contained feedback received from residents' family members. This feedback had been obtained through questionnaires sent to family members which asked them questions on matters such as staffing, residents' supports and residents' safety. It was noted that in both the 2019 and 2020 annual reviews, very positive feedback had been received from residents' family members. For example, in one annual review a family member commented that "I always find the staff helpful and responsive when any problems arise" with another stating that "the staff are always kind and caring and we are always made welcome there".

During the COVID-19 pandemic residents had been supported to keep in contact with their families by staff members. During the inspection it was seen that staff members present engaged with residents in a very positive and respectful manner. For example, staff were overheard to knock on residents' doors and wait for a response before entering. It was also noted that residents appeared very familiar with the person in charge and a person participating in management who were present during the inspection.

Such interactions contributed to a homely environment and it was noted that the premises provided was generally well maintained and well-furnished with numerous photographs of residents on display throughout. The inspector did observe one area of the external wall that required some painting and, while the centre was presented in a very clean manner overall, it was seen that one window frame had some dirt clearly visible on it.

In summary, the inspector found that residents' wellbeing and welfare was maintained to a good standard and that there was a person-centred culture within the designated centre. This helped ensure that residents received good quality care

and support in a respectful manner.

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

The provider had ensured that previously identified fire safety concerns had been addressed and that an overall good level of compliance had been maintained since the previous HIQA inspection.

This designated centre was last inspected by HIQA in June 2019 where an overall good level of compliance was found. However, it was identified during that inspection that the fire safety systems present were inadequate. In response to this the provider undertook to address this by 31 December 2019 and as a result the centre had its registration renewed until October 2022 for a maximum capacity of five with a restrictive condition requiring the provider to complete fire safety works. Confirmation was received in December 2019 that these works were completed so the restrictive condition was removed.

In September 2020 the provider applied to increase the capacity of the centre to six residents and this was granted after receipt of additional information from the provider. However, In March 2021 the provider indicated their intention to withdraw from providing disability services at the end of September 2021 with the required formal notification of this for this designated centre submitted to HIQA. While this matter was currently under review, the purpose of the current inspection was to monitor the levels of compliance with the regulations.

As required by the regulations, the provider had been monitoring the services provided to residents in this centre since the previous inspection. Unannounced visits to the centre by a representative of the provider were conducted which are important in reviewing the quality and safety of care and support provided. Annual reviews had also been carried which included consultation with both residents and their families. Both annual reviews and provider unannounced visits are specifically required by the regulations and in addition to these monitoring systems, audits in particular areas such as medicines and infection prevention and control were also carried out.

Such management systems helped ensure that an overall good level of compliance was maintained in this designated centre which was overseen by the person in charge on a day-to-day basis. The person in charge had the necessary experience, skills and qualifications to perform the role and at the time of this inspection was responsible for a total of two designated centres located within the same town. Based on the findings of this inspection, there was no indication that this remit was

negatively impacting the running of the current designated centre and person in charge ensured that all requested documentation was made available for the inspector to review.

The person in charge oversaw the staff team that was put in place to support residents living in this designated centre. Overall it was found that appropriate staffing arrangements were in place to support residents as indicated by the staff rosters maintained. It is important that a continuity of staff support is provided to residents to ensure a continuity of care and it was seen that efforts were made to provide such a continuity. However, when reviewing the staff rosters maintained, the inspector noted that a high volume of staff had worked in this centre during 2021

Regulation 14: Persons in charge

A suitable person in charge was in place. They were responsible for a total of two designated centres but this remit was not found to be negatively impacting the running of the current designated centre.

Judgment: Compliant

Regulation 15: Staffing

Overall appropriate staffing arrangements were in place to support residents which included the provision of nursing staff. Rosters were maintained but when reviewing these it was noted that a high number of staff had worked in the centre during 2021.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider addressed previous fire safety concerns and was monitoring the services provided to residents through unannounced visits, annual reviews and audits in specific areas.

Judgment: Compliant

Quality and safety

The provider had taken appropriate measures to ensure the safety of residents living in this designated centre in areas such as fire safety and infection prevention and control.

Since the previous HIQA inspection in June 2019, the fire safety systems present in this designated centre had been upgraded. As a result the centre was provided with a fire alarm, emergency lighting and fire containment measures in addition to firefighting equipment such as fire extinguishers and fire blankets. Such fire safety systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order. Training records reviewed indicated staff members had undergone fire safety training also.

Training had also been provided to staff members in areas such as hand hygiene and PPE. These areas are relevant for infection prevention and control. Given the ongoing COVID-19 pandemic, it was seen that appropriate infection prevention and control measures were in use in this centre. For example, the temperature of any staff or visitors to the centre was checked on arrival while there was regular cleaning of commonly touched items such as door handles and light switches. Since the start of the pandemic, there had been no confirmed case of COVID-19 directly associated with this designated centre but a contingency plan was available for the centre if required.

The approach to COVID-19 in this designated centre was also reflected in the risk management approach followed. It was noted that there was a site specific safety statement in place for the centre while outlined various occupational risks relevant to this centre such as fire safety. Such risks were reflected in relevant risk assessments which were noted to have been recently reviewed and also outlined measures to reduce the likelihood of a particular risk occurring. Identified risks related to individual residents were also reflected in specific risk assessments and it was seen that such risk assessments had been updated to take account of COVID-19.

For example it was seen that potential risks from resident visiting their family during the pandemic had been considered. From speaking with staff and reviewing documentation, it was noted that efforts had been made to ensure that residents were supported to maintain contact with their families during COVID-19. Some residents had specific goals identified as part of a person-centred planning process following in the centre which included visiting their family or maintaining contact with them. It was seen that this person-centred planning informed residents' individual personal plans with identified goals regularly reviewed. The inspector reviewed a sample of residents' personal plans and noted that they contained key information relating to residents and provided guidance on how to support their needs.

Regulation 13: General welfare and development

Residents were supported to maintain contact with families and to participate in various activities such as meals outs, going to the cinema, arts and crafts, walks, drives and baking.

Judgment: Compliant

Regulation 17: Premises

While the premises was presented in an overall clean, homely and well-furnished manner, it was observed that some external painting was needed while one window frame was noted to have some clearly visible dirt on it.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk assessments were in place for residents and the centre which were noted to have been recently reviewed. An emergency plan was also provided for the centre.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection prevent and control practices were followed including regular cleaning, staff temperature checks and staff training.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire safety systems were in place including a fire alarm, emergency lighting and fire containment measures. Staff had been provided with fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal plans which were regularly reviewed. Such plans had residents participation through a person-centred planning process where goals for residents were identified.

Judgment: Compliant

Regulation 8: Protection

Guidance on supporting residents with intimate personal care was available in their personal plans. Records indicated that staff had undergone relevant safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Staff members were observed to be very respectful towards residents' privacy. Residents were consulted and given information through residents' meeting. Where necessary residents were supported to access advocacy services.

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	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. John of God Kerry Services - Residential Community Services Tralee II OSV-0002924

Inspection ID: MON-0031009

Date of inspection: 14/06/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Regulation 15(3) The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.</p> <p>During the recent inspection it was noted that appropriate staffing arrangements were in place to support residents as indicated by the staff rosters maintained, however it was also noted that a high volume of staff had worked in this centre during 2021. In order to address this and come into compliance the Registered Provider will ensure that suitably qualified staff are recruited and vacancies are filled within the DC to ensure appropriate staffing arrangements are maintained.</p> <p>Action Plan</p> <p>Registered Provider has a recruitment plan in place and advertised relevant vacancies over June 2021 with a closing date of 05/07/2021. Complete</p> <p>Registered Provider will ensure the recruitment of suitably qualified staff from this recruitment campaign to fill vacancies within the DC. To be completed by 30/11/2021</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

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.

17(1)(c) The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.

Saint John of God Community Services currently operates a procedure of essential maintenance only during Level 5 restrictions however the PIC will ensure a maintenance request is submitted to address the painting requirement on the external wall highlighted during the inspection. It was also highlighted that one window frame had visible dirt on it and the PIC ensured that this was addressed and cleaned on the day of the inspection.

Action Plan:

PIC to submit maintenance request for painting of external wall. Completed 24/06/2021

PIC to ensure painting of external wall is completed. To be completed by 31/10/2021

PIC to ensure that visible dirt on one window frame is cleaned. Completed 14/06/2021

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 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/11/2021
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	31/10/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	14/06/2021