



Office of the Chief Inspector

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

Name of designated centre:	St. John of God Kerry Services - Residential Community Services Tralee
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	21 May 2019
Centre ID:	OSV-0002920
Fieldwork ID:	MON-0022495

About the designated centre

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

This designated centre is provided in a community setting to support the needs of persons with an intellectual disability. Male and female residents are over 18 years of age. The designated centre comprises of four separate houses and a single occupancy self contained apartment to the rear of one of the houses. The houses accommodate between one and three residents. The houses are located in housing estates in the town's suburbs. Accommodation comprises of single occupancy bedrooms, comfortable sitting rooms, spacious well equipped kitchens and utility rooms, domestic style bathrooms, storage cupboards for linen and household equipment and office space with overnight accommodation for staff. Each house has a secure garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
--	----

How we inspect

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
21 May 2019	08:00hrs to 16:30hrs	Michael O'Sullivan	Lead

Views of people who use the service

The inspector met with all 12 residents during the course of the inspection. The majority of residents were well able to articulate and advocate for themselves. Residents were very welcoming and took time to show the inspector their homes which they were very proud of. Residents had made a great effort to present the houses and their personal living spaces. One resident made tea for the inspector. Some residents had purchased new furnishings. Residents indicated they enjoyed their work and the activities they were engaged in. They stated they had meaningful contact with neighbours who were their friends and they were invited to parties and social gathering which they reciprocated. Residents also spoke of having significant friendships and relationships. Residents had plans to go to Knock and to Lourdes as part of their holidays with local groups and staff. Questionnaires returned by families and residents indicated a high level of satisfaction with the service.

Capacity and capability

The inspector observed a good quality and safe service in a centre that was very well managed. There was evidence of sufficient and suitably qualified staff that were competent in the provision of services. The service was personalised and reflected the assessed needs and wishes of the residents. Effective management arrangements were in place to ensure the continued delivery of a quality service. Local management maintained strong links with and provided oversight to the designated centre. Residents were observed to be in receipt of a person centred and meaningful service. There was an emphasis on personal and social care consistent with the residents expressed wishes to live as independently as possible.

The person in charge, a qualified social care worker, was employed and based in one of the premises within the designated centre. This person had years of experience of caring for residents with an intellectual disability and had acquired management qualifications and skills necessary for the management of the service. The person in charge was also actively involved in the governance and management of another designated centre within the locality. The person in charge was supported in the management of the centre by a clinical nurse manager 3 who was the registered providers nominated person participating in management. The staff team were very much focused on delivering and creating person centred care in a homely environment.

There were 12 staff members attached to the designated centre. Staff were either qualified social care workers or healthcare assistants. Nursing support was overseen by a qualified nurse who was located in the registered providers headquarters which

was nearby.

All staff had undergone mandatory training in the areas of fire safety, managing behaviours that challenge and the safeguarding of vulnerable adults. All training was current and in date. A sample of staff human resource files had all required documentation on file. An updated vetting disclosure for a staff members whose certificate had expired, was available on the day of inspection.

Residents were advised on how to make a complaint and how to avail of advocacy and a confidential recipient service. The provider had a clear and easy to read format on display in relation to its complaints policy. Notifications of adverse incidents within the designated centre had been conveyed to the offices of the Chief Inspector. Support plans reflected actions taken to reduce incidents and also demonstrated mediation facilities to assist residents resolve differences.

The statement of purpose reflected the services and facilities provided at the designated centre and the current floor plans and drawings were correct. The person in charge submitted the current statement of purpose to support the services application to renew registration. The provider had failed to notify the Chief Inspector of their intent to renew the registration of the designated centre six months in advance of the registration end date, as required by the Health Act 2007. The registered provider also failed to notify the Chief Inspector of changes to personnel participating in the management of the designated centre. The certificate of registration for the centre was clearly displayed. The directory of residents was properly maintained and movement of residents to their family home settings was accurately reflected.

Registration Regulation 5: Application for registration or renewal of registration

The application to renew the registration of this designated centre was not made within six months of its current registration end date.

Judgment: Not compliant

Registration Regulation 7: Changes to information supplied for registration purposes

The registered provider did not notify the Chief Inspector in writing of changes to persons participating in management within 28 days of the change nor supply full and satisfactory information in regard to schedule 2 documentation.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was employed in a full-time capacity and had the necessary qualifications, skills and experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to mandatory training and all training was in date.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents containing all required schedule 3 information.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a written statement of purpose that was available to all residents.

Judgment: Compliant

Regulation 31: Notification of incidents

All adverse incidents within the designated centre had been informed to the Chief Inspector within 3 working days.

Judgment: Compliant

Quality and safety

Overall, the inspector found that a high standard of care and support was delivered by staff who demonstrated commitment, enthusiasm and respect for residents. Staff were very knowledgeable regarding each resident's needs and the inspector was satisfied that individual needs were been met. Residents appeared relaxed in their home and with the support received from staff. Care was observed to be person centred and specific to the identified needs of the residents. The premises were clean, well decorated and maintained, in good repair, warm, homely and safe. Bedrooms were individualised, decorated to the preferences of residents and residents had their own keys for their bedroom.

The inspector saw that residents were supported to achieve personal and health outcomes and participated in activities appropriate to their wishes, abilities and needs. Residents were supported to be as independent as possible and to develop and maintain links with their family, friends and the wider community. Residents were consulted in the planning and running of the centre and in decisions regarding their own care through individual care planning and at monthly resident meetings which had recorded agenda's, attendance and minutes. Outings and events to involve residents in their wider community were discussed at these meetings. Residents' individual care plans demonstrated a good standard of review and attention to detail. The detail recorded was comprehensive, easily understood and files and plans were well maintained and accessible to staff in each house.

All medications within the designated centre were clearly labelled and administered

from individualised blister packs. All medication storage facilities were appropriately locked. Staff interviewed in relation to the providers medication management policy were very clear of their responsibilities. All residents' medication charts were well maintained and medication was used sparingly to manage behaviours that challenge. Individual behavioural support plans were well known to staff. Staff demonstrated good understanding of mental health issues and maintained good linkages with mental health services.

The focus of care was person centred to enhance residents general welfare. Residents were very excited and proud of the work they undertook daily in the locality, which was supported by staff. Some residents were working a number of hours each day in the commercial and hospitality services. Residents not in direct employment had busy schedules of activation and socialisation within day services and the community. Residents could choose their interests and activities to partake in, facilitated by staff. All community based activities undertaken by residents were recorded which allowed for a realistic appraisal of whether residents had a meaningful day. On the day of inspection, residents were preparing to go to work, the hairdresser, shopping and visiting a chocolate factory. Residents were looking forward to a planned holiday.

Each resident had a comprehensive healthcare plan in place where all necessary multidisciplinary input was well recorded and presented. Some healthcare plans required minor updates to reflect current diagnosis and health status consistent with personal plans.

Each resident had a fire risk assessment and a current personal emergency evacuation plan in place. Staff training records for mandatory fire safety were current and in date. Fire drill evacuations for all four houses were within acceptable times. Fire extinguishers and fire blankets were checked and certified annually by a registered contractor. All rooms had individual, battery operated smoke detectors in place. While some improvements had been made since the last inspection e.g. the installation of emergency lighting, there remained essential outstanding fireworks to be undertaken. No house had a required fire alarm and internal doors were not fire rated nor were there door closures in place. The fabric and integrity of doors in one single occupancy house were poor. Deficits first identified in 2014 by the provider and highlighted by the providers fire and safety consultants in subsequent reviews had not been addressed. Building fabric in terms of protected fire escape routes and thumb turns for easy exit in the event of a fire had not been addressed. All staff employed by night were sleeping staff. With no fire alarms and staff needing to wake to evacuate residents in the event of a fire, the inspector was not assured that the premises were in compliance with fire and safety regulations. The current risk control measures and precautions in place only indicated the absence of fire doors.

All other risk control measures were proportional to the risks identified and the impact on each resident was considered and reflected in personal care plans, healthcare plans and intimate care plans. Detailed risk assessments supported the care planning process as well as the impact that such practices might have on all residents.

Residents were encouraged and assisted to receive visitors to the designated centre as well as maintain relationships with family members. Staff facilitated visits to residents' family homes. The designated centres environment was welcoming and promoted an open visitors policy. Staff and residents took part in cleaning the houses which was to a high standard. Staff assisted residents to order shopping online and there was a choice of foods available based on residents' preferences. Each resident took turns at nominating the dish of the day. Residents also liked to access the local takeaway.

Some residents had mobile phones while others used the house phone to make phone calls. Residents had access to a communal television as well as individual television sets in their bedrooms if they wished. Residents indicated that they enjoyed listening to audio and watching visual devices. Some residents used electronic tablets. One resident who lived alone and was supported by two staff, liked to record videos and watch them back.

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that residents had access to facilities for occupation, recreation and participation within the wider community.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the design and layout of the premises within the designated centre met the aims and objectives of the service and the number and needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge supported residents to buy, prepare and cook meals where there was choice and preference.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had in place a residents guide in an easy to read format which outlined services, facilities and conditions of residency.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a current risk management policy in place and the risk register identified and assessed risks throughout the centre, however, not all deficits in relation to fire safety were assessed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not ensure that effective fire safety management systems were in place.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had appropriate and suitable practices in place for the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that each resident had a comprehensive personal plan in place that was subject to regular review and updating.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that each resident had an appropriate healthcare plan in place, however, some information required updating having regards to the residents' personal plan.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge ensured that staff had up to date training, knowledge and skills to manage behaviours that challenge and the least restrictive practice to residents was employed.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the designated centre was operated in a manner that respected residents and ensured that residents participated in decision making about residents' care and support.

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
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. John of God Kerry Services - Residential Community Services Tralee OSV-0002920

Inspection ID: MON-0022495

Date of inspection: 21/05/2019

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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: The Registered provider and the Person In Charge will ensure that all future registration or renewal of registration will be submitted prior to six months registration end date.	
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: The registered provider will ensure any changes will be made aware to the regulatory body HIQA within the correct timeframe.	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The service has identified a schedule of works across this designated centre. These works were identified in an assessment completed by a Fire Consultant on the 29th of January 2019. The service has engaged in a phased roll-out of the requirements outlined in the report in relation to fire detection, emergency lighting and protection of escape routes across the residential properties in Saint John of God Kerry Services – Residential Community Services Tralee.</p> <p>The below table sets out the plan for the completion of same:</p> <p>FIRE ACTION: Fire Detection and Alarm System</p> <p>ITEM: Install LD1 Fire alarm and detection systems to be installed in all houses by 30th august 2019</p> <p>FIRE ACTION: Escape Route</p> <p>ITEM: Turnkeys on all escape route doors Attic hatches to be upgraded for fire resistance</p> <p>ACTION: Replace turnkeys on exit doors identified in each property. Fire protect attic doors in all residential properties with suitable fire resistant material</p> <p>TIMELINE: 15th August 2019</p> <p>FIRE ACTION: Fire Doors</p> <p>ITEM: Fit fire resistant doors for all escape routes(Fire Doors of FD30)</p> <p>Completion date: 31/12/19</p> <p>FIRE ACTION: Emergency Lighting</p> <p>ITEM: Install self-contained emergency luminaire in corridors, hallways, landings and stairways</p> <p>Completion date: 31/12/19</p>	

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: This compliance plan response from the registered provider did not adequately ensure the office of the Chief Inspector that the actions will result in compliance with the regulations.</p> <p>The service has identified a schedule of works across this designated centre. These works were identified in an assessment completed by a Fire Consultant on the 29th of January 2019. The service has engaged in a phased roll-out of the requirements outlined in the report in relation to fire detection, emergency lighting and protection of escape routes across the residential properties in Saint John of God Kerry Services – Residential Community Services Tralee.</p> <p>The below table sets out the plan for the completion of same:</p> <p>FIRE ACTION: Fire Detection and Alarm System ITEM: Install LD1 Fire alarm and detection systems to be installed in all houses by 30th August 2019</p> <p>FIRE ACTION: Escape Route ITEM: Turnkeys on all escape route doors Attic hatches to be upgraded for fire resistance ACTION: Replace turnkeys on exit doors in each property. Fire protect attic doors in all residential properties with suitable fire resistant material TIMELINE: 15th August 2019</p> <p>FIRE ACTION: Fire Doors ITEM: Fit Fire resistant doors for all escape routes(Fire Doors of FD30)</p> <p>Completion date: 31/12/19</p> <p>FIRE ACTION: Emergency Lighting ITEM: Install self-contained emergency luminaire in corridors, hallways, landings and stairways</p> <p>Completion date: 31/12/19</p>	

--	--

Regulation 6: Health care	Substantially Compliant
---------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 6: Health care:
The Person in Charge on the day of inspection updated these documents.

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Not Compliant	Yellow	03/05/2019
Registration Regulation 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge	Not Compliant	Yellow	27/05/2019

	of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/12/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Orange	30/08/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/12/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	30/08/2019

	detecting, containing and extinguishing fires.			
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	30/08/2019
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	21/05/2019