



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 Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	14 December 2021
Centre ID:	OSV-0005500
Fieldwork ID:	MON-0027144

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 - 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
Tuesday 14 December 2021	10:00hrs to 17:50hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

Residents were being supported to maintain contact with their families, to participate in various activities and to be part of the local community. Staff members supporting the residents engaged with them in an appropriate and positive manner while the houses provided for residents to live were very homelike and personalised.

The two houses of this designated centre were visited during this inspection. It was seen that both houses were generally well-maintained, well-furnished and clean although it was seen that the external walls of one house required painting. Internally though it was evident that the two houses were being presented in a very homely manner. For example, both houses had Christmas trees put up along with various other Christmas decorations while framed photographs of residents were also on display. Each resident had their own individual bedroom which were provided with plenty of storage for their personal belongings with such bedrooms also seen to be personalised.

Four residents were living in the two houses at the time of this inspection and while the centre overall had a capacity for six, it was indicated to the inspector that there were currently no plans for any new resident to come to live in the centre. All four current residents were met by the inspector during this inspection with the inspector also having some opportunities to observe and overhear interactions between these residents and the staff members on duty who were supporting them in both houses. Residents appeared comfortable in the presence of staff who made sure to let residents know that the inspector was in their homes by using communication methods that suited the needs of these residents.

It was noted that throughout the inspection, these staff members engaged with residents in a positive, warm and respectful manner while also encouraging some residents to do things for themselves. For example, a resident was overheard being encouraged to clean their bedroom while another was seen to be involved in helping with their laundry. On another occasion the inspector observed two residents taking an active part in some baking with support from staff members. Choice was also being offered to residents in what they did such as staff asking residents what they wanted for breakfast or if they wanted to go out. In both houses, while the inspector was present, it was seen some residents were taken out for drives by staff using vehicles available and the provision of a new vehicle in one of these houses had been a very positive development in facilitating community access.

Some of the four residents greeted the inspector with one touching elbows with him. One of the residents appeared to be looking forward to an upcoming visit to their family over Christmas while another indicated to the inspector that they liked living in their home. As this inspection was announced four weeks in advance, the provider had been supplied with HIQA questionnaires for residents and their family members to complete. Such questionnaires covered topics like rights, activities and residents' homes. Two residents had been supported by staff members to complete

questionnaires both of which contained very positive responses overall although it was noted that one questionnaire made reference to a resident needing some extra handrails in their home and that sometimes staff from an external agency were working who might be unfamiliar with the resident.

The family members of three residents had also completed HIQA questionnaires. Again these contained very positive responses to all topics queried. It was read that two of the family members expressly praised the support provided to their relatives by staff while one family member indicated that there was nothing that they would change about the centre. Support was being given to residents to maintain contact with their family members with the new vehicle for one of the houses also being very beneficial for this. Family members were also facilitated to be involved in residents' individual personal plans by being invited to help identify priority areas for residents to aim towards and achieve.

The residents themselves were also involved in this process with priority areas identified including increasing community access, visiting family and measures to increase residents' independence and control over their lives such as helping residents to set up their own personal bank accounts. It was noted that active efforts were being made to support residents to be part of the local community and in this regard it was seen that residents had visited nearby towns, did recycling, were involved in shopping, were part of a Tidy Towns group, went to churches, attended gyms, went for walks and had meals out.

Activities for residents were discussed during resident meetings that took place in both houses. The inspector reviewed a sample of notes from such meetings where topics including safeguarding, complaints and fire safety were also indicated as being discussed with residents. Such meetings took place regularly but it was noted that the frequency of these meetings in one house had increased in recent months to better suit those living in that house. To help promote residents' rights, access to an external advocate was supported where necessary. Efforts were also made to provide residents with information in accessible format. For example, easy-to-read personal plans and news booklets were available for residents.

In summary, residents were seen to be treated a respectful and positive manner during this inspection in a homelike setting. Access to the community and contact with family members was supported and encouraged. Positive feedback about life in this designated centre was indicated by HIQA questionnaires completed by family members and residents with the support of staff.

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

Residents continued to be well supported while the overall compliance levels had improved since the previous HIQA inspection. Some improvement was required regarding the content of the statement of purpose and annual reviews.

This designated centre was registered until June 2022 and had been previously inspected by HIQA in February 2020. While that inspection found a number of regulatory of actions, they did not pose a high risk to residents and overall it was seen there was good arrangements in place to support the needs of the three residents who were living in the centre at that time. Since the February 2020 inspection, a fourth resident had begun living in the designated centre and, with a view to renewing the centre's registration for a further three years beyond June 2022, the provider had submitted a registration renewal application to HIQA for consideration. To inform a decision on whether or not to grant this application, the current inspection was carried out to assess the provider's compliance with the regulations.

Under the regulations the provider should have monitoring systems in place to review the quality and safety of care and support provided to residents. It was seen that a schedule of audits was in place with audits carried out covering areas such as infection prevention and control, medicines and finances. The monitoring systems in operation also included key regulatory requirements such as unannounced visits to the centre by a representative of the provider and annuals reviews of the centre. Copies of reports of such visits and reviews were available for the inspector to read. When reviewing the most recent annual review report it was seen that it provided for consultation with residents and their families although it did not assess if the care and support provided was in accordance with national standards as required. Despite this, the monitoring systems in operation helped ensure that residents continued to be well supported as reflected in improved compliance levels on this inspection.

The most recent provider unannounced visit to the designated centre had reviewed the centre's statement of purpose. This is a requirement of the regulations that is intended to reflect the service that is to be provided to residents while also outlining key information relating to the running of the centre. Prior to this inspection taking place, a copy of the statement of purpose supplied as part of the registration renewal application was reviewed by inspector and was found to contain some errors and inconsistencies. These were highlighted to the provider who satisfactorily addressed all of these issues before this inspection. As a result the statement purpose contained all of the required information and reflected the service provided to residents. It was noted though that while the statement of purpose contained a description of all rooms and their sizes, the actual layout of one house was slightly different then what was reflected in the statement of purpose.

The statement of purpose also included details of the staffing arrangements in place to support residents. It was seen that staffing was being provided in line with the statement of purpose while an arrangement involving one staff member of one house briefly leaving to support another designated centre, as identified during the February 2020 inspection, had stopped. While some agency staff (staff sourced from an organisation other than the provider) was being used, efforts were being main to

ensure that residents received consistent staff support. Key documentation relating to staffing was also being maintained including staff rosters and staff files. Under the regulations, documents such as written references and evidence of Garda Síochána (police) vetting should be maintained in such files. A sample of these files were reviewed by the inspector which included most of the required documents although it was noted that some photo identifications of staff had expired.

Regulation 14: Persons in charge

A suitably skilled, experienced and qualified person in charge had been appointed for this designated centre. The person in charge was responsible for this centre only.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements were in keeping with the centre's statement of purpose. Staff rosters and staff files were maintained although some photo identifications of staff contained with these files had expired.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was being maintained that contained all of the required information such as the dates of residents' admission to the designated centre.

Judgment: Compliant

Regulation 22: Insurance

Appropriate insurance arrangements were provided for this designated centre.

Judgment: Compliant

Regulation 23: Governance and management

Monitoring systems were in operation for the centre including audits, provider unannounced visits and annual reviews. While the most recent annual review included consultation with residents and their families, it did not assess if the care and support provided was in accordance with national standards. Overall compliance levels had improved in this centre since the previous inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that had been recently reviewed and contained all of the required information. However, it was noted that the actual layout of one house was slightly different than what was reflected in the statement of purpose.

Judgment: Substantially compliant

Quality and safety

Arrangements were in place to ensure that residents' needs were supported while fire safety systems and infection and prevention control practices were also in operation to help ensure their safety. It was noted though that the suitability of one house required review.

Both houses that made up this designated centre were generally presented in a homely, well-maintained and clean manner, as highlighted earlier. It was noted though that additional handrails were required for one of the house to improve accessibility for those living there while additional recommendations about how to improve aspects of this house had also been recently made. Those involved in the management of the centre indicated to the inspector that this house was suitable for its occupants and a bathroom there had been renovated which was a positive development. Despite this it was noted that documentation reviewed during this inspection made reference to the provider seeking an alternative premises for a resident living in this house. In addition, a positive behaviour support plan for this resident, dated April 2021, identified as a long-term goal for the resident that they be living elsewhere within 2 years.

As such the suitability of the premises provided would need ongoing review to ensure that it was suitable to the needs of all residents and that identified goals were achieved. It was seen though that the two houses of this centre had been

provided with fire safety systems including fire alarms, emergency lighting, fire extinguishers and fire doors. Such systems were being serviced at regular intervals by external contractors although it was observed that some of the fire doors in place needed review to ensure that they were fully functioning as intended. A similar observation was also made during the February 2020 inspection. The fire evacuation procedures were seen to be on display in both houses while fire drills were being conducted regularly. Records provided indicated that staff members were provided with relevant training in fire safety.

Staff also received training in infection prevention and control, although additional information had to be provided to the inspector the day after inspection to confirm that all agency staff working in the centre had received such training. Throughout the inspection, staff members on duty in both houses were seen to be wearing face masks when supporting residents with staff also observed to carry out cleaning. A sample of records reviewed indicated that arrangements were in place for cleaning to be carried out consistently and for residents and staff to be monitored for potential symptoms of COVID-19. Hand sanitiser dispensers were present in the two houses of the centre while on arrival to both, temperature checks on the inspector were carried out while he was also directed to sign in and out via a visitors' log.

Specific COVID-19 related information and guidance for individual residents was contained within the residents' individual personal plans. These are required by the regulations and should set out the needs of individual residents along with how such needs are to be supported. The inspector reviewed a sample of such plans and found that they contained a good level of guidance on meeting residents' needs. For example, information was contained with them about how to support residents with intimate personal care and to support any assessed health needs. From reviewing such documents it was also noted how residents' health was being monitored on an ongoing basis while support was given as required to access particular health and social care professionals.

Regulation 13: General welfare and development

Residents were supported to be part of the community, undertake various activities and to maintain contact with their families.

Judgment: Compliant

Regulation 17: Premises

Both houses were generally presented in a homely, well-maintained and clean manner although it was observed that the external walls of one required painting. Some handrails were required in one house to improve accessibility while additional

recommendations how to improve aspects of this house had also been recently made. The suitability of the premises provided required review to ensure that it was suitable to the needs of all residents on an ongoing and longer-term basis.

Judgment: Substantially compliant

Regulation 20: Information for residents

Each house that made up this centre has its own residents' guide provided that contained all of the required information such as details around complaints and visiting.

Judgment: Compliant

Regulation 27: Protection against infection

Infection and prevention control practices observed and read about during this inspection included regular cleaning, the use of face masks, relevant training and monitoring of potential COVID-19 symptoms.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems were in both houses although it was noted that some fire doors required review to ensure that they operated as intended.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place which outlined their needs and how to support these. Priorities were identified for residents with input from residents and their families. Easy-to-read information relating to residents' personal plans were available.

Judgment: Compliant

Regulation 6: Health care

Residents' health was being monitored on an ongoing basis while support was given as required to access particular health and social care professionals such as general practitioners and psychiatrists.

Judgment: Compliant

Regulation 8: Protection

No safeguarding concerns were identified on this inspection with records provided indicating that all staff had undergone relevant training in this area. Guidance was available on supporting residents with intimate personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were seen to be treated respectfully and offered choice. Residents' meetings were taking place regularly in both houses while advocacy was supported where necessary.

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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	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-0027144

Date of inspection: 14/12/2021

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Staff profiles to be reviewed by HR and recent staff photos to be obtained for all staff within DC9. 28/01/2022.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Annual Review for 2021 will outline that the care and support for residents is in line with the national standards. 25/02/2022	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The PIC will review the floor plans within the DC and update the statement of purpose to	

ensure the floor plans are a true representation of the total footprint of the designated centre. 19/01/22.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The exterior of one building is scheduled to be painted by the landlord in the Spring of 2022 when the weather improves. 29/04/2022.

Handrails to be installed in one building within the DC to promote the independence of the resident within the home. 28/01/2022.

OT continue to have input and review the suitability of the premises for all residents on an ongoing and long term basis. 28/01/2022.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Fire doors reviewed and now operating as intended. 22/12/22.

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(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	28/01/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	28/01/2022
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	Substantially Compliant	Yellow	29/04/2022

	internally.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	28/01/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	25/02/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	22/12/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/01/2022

