



## 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 II
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	04 June 2019
Centre ID:	OSV-0002924
Fieldwork ID:	MON-0022496

## About the designated centre

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

This designated centre is a full-time residential setting in the community for adult male and female residents with an intellectual disability. The centre is a single storey house in Co. Kerry, located in a large town. Each resident has a ground floor, single occupancy bedroom with one bedroom having en-suite facilities. Staff overnight facilities are available. The house has a large kitchen and dining-room, two sitting rooms, a staff office, toilets and bathroom / shower rooms, a boiler house and storage units. A walled front garden and rear garden with a patio area are all well maintained. There are a number of communal spaces in the building for the residents. The team is composed of qualified 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:	5
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## 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
04 June 2019	08:00hrs to 15:30hrs	Michael O'Sullivan	Lead

## Views of people who use the service

The inspector met with all five residents on the day of inspection. All residents were aware of the inspectors visit and were proud to show the inspector their home. Residents told the inspector they liked staff and that they were happy in their home and felt safe. The residents also told the inspector they liked the food in their home and also liked to dine out in restaurants. All residents had completed a questionnaire in advance of the inspection with the assistance of staff. The inspector met with the relative of one resident who was highly complimentary of the staff, the service and the overall benefits and life style their relative enjoyed in the community setting.

## Capacity and capability

There was evidence that there was an effective governance and management structure in place, ensuring a high quality of care and support to resident's as well as the provision of a safe service. The designated centre was well organised and resourced to meet the needs of residents with a range of complex needs. The inspector observed a service that was active in meeting resident's needs and wishes and supporting the residents choice and voice in all matters concerning their day to day lives.

The person in charge was an experienced, full-time staff member who had responsibility for two designated centres. Authority was delegated to a shift leader who was employed within the designated centre. The person participating in management had a good knowledge of the residents and their needs and supported the designated centre by regular visits and staff meetings.

The person in charge had in place sufficient and suitably qualified staff to deliver person centred care in a community environment. The skill mix of qualified nursing staff, social care workers and trained care assistants provided a high standard of care. There was evidence that the residents received care in an environment that fostered independence and inclusion. The staff roster by day ensured continuity of care and facilitated resident's preferred activities. Staff allocated to night time ensured continued delivery of care as well as sufficient resources to attend to any emergencies. All staff had undertaken current mandatory prescribed training and training relating to the specific healthcare needs of residents.

The provider had a clear and easy to read format on display in relation to its complaints policy. Residents were advised on how to make a complaint and how to avail of advocacy and the confidential recipient service. All complaints were logged in a complaints book and the procedure to appeal a decision was evident. It

was apparent that staff recorded and addressed all complaints made by residents. Each complaint was followed up and resolved in a timely manner, with feedback from residents on their level of satisfaction in terms of how their complaint was dealt with.

The statement of purpose provided to the inspector on the day of inspection reflected the services and facilities provided at the designated centre and the current floor plans and drawings were correct. The certificate of registration for the centre was clearly displayed. All notifications had been made to the Chief Inspector of any adverse incidents that had occurred in the designated centre. The registered provider maintained a register of residents within the designated centre that contained all prescribed information and accurately reflected resident occupancy and movement in and out of the designated centre.

#### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made application to renew the registration of the designated centre, however, the application was not made within the prescribed time frame and was overdue. Mandatory required information was not provided to HIQA at the time of application.

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 in the identity of persons participating in management of the designated centre.

Judgment: Not compliant

#### Regulation 14: Persons in charge

The registered provider had appointed a person in charge, in a full time capacity who had the necessary skills and qualifications to manage a designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the number, skill mix and qualifications of staff were 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 appropriate training, were properly supervised in their work and had knowledge of the standards required by the 2007 Act.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider established and maintained a directory of residents.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider ensured that there was a clearly defined management structure in place to provide a safe service, appropriate to residents' assessed needs.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had in place a written statement of purpose that reflected the services provided.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was informed of all adverse incidents.

Judgment: Compliant

## Regulation 34: Complaints procedure

The registered provider had a comprehensive and effective complaints procedure in place, in an easy to read format.

Judgment: Compliant

## Quality and safety

The inspector found the designated centre to be warm, clean, homely and welcoming. There were both individual and communal spaces that afforded residents privacy. The evidence available demonstrated a service of high quality where residents appeared and told the inspector they were very happy. Residents indicated that they enjoyed living in the centre and liked the activities they did within their home and in the community. The focus of care was very much person centred. On the day of inspection, the inspector observed all staff interaction with residents to be respectful and gentle. Residents appeared unhurried and able to determine the pace and time they took to participate in activities. Residents regularly went on bus outings and social trips to the local town. The premises and gardens were maintained to a high standard.

Residents' individual care plans demonstrated a good standard of review and attention to detail. The detail recorded was comprehensive, easily understood and information was easily retrievable. Detailed risk assessments supported the care planning process as well as the impact that such practices might have on all residents. All community based activities undertaken by residents were recorded and tracked daily to determine if residents had a meaningful day. All residents had an up-to-date current healthcare plan that was directly linked to their personal plan. Consent was sought and documented for health interventions. Residents physical health and observations were regularly monitored and recorded. Medicines were well managed within the designated centre and each resident had been assessed for the self administration of medication. No resident was involved in this practice at the time of inspection.



The provider and person in charge ensured fire precautions were in place to safeguard all residents. Each resident had a fire risk assessment in place and a current personal emergency evacuation plan. Staff training records for fire safety were current and in date. Fire drill evacuation times for residents conducted in March and May 2019 were within acceptable limits. Visual checks by staff were performed on fire exits and recorded on a daily basis. All fire equipment, fire doors and emergency lighting was checked on a weekly basis. Fire extinguishers and fire blankets were checked and certified annually by a registered contractor. The person participating in management had in place an action plan to address outstanding fire issues. These issues were subject to a condition of registration that the registered provider had failed to address within the time frame agreed with HIQA. Residents were looking forward to a planned holiday, but were apprehensive of vacating the designated centre to facilitate planned fire works.

There was evidence of the promotion and protection of residents' rights. Staff were seen to treat residents with respect, afforded residents time to communicate and ensured residents were consulted on matters pertaining to their care and activities within the designated centre. Restrictive practices, if in use, were for the least period of time and the least restrictive measure used. All such practices were subject to review and documented by the rights committee. Residents had access to advocacy services and residents had previously been represented on the providers client representation group. Resident meetings were facilitated on a monthly basis in the designated centre and agenda items included safeguarding, complaints, fire safety, residents rights, HIQA reports and the annual review of the service. There were communal and private spaces available to residents and visitors were encouraged. Staff actively assisted residents engage with the wider community and attend their families and homes for visits. The registered provider had in place a policy relating to the protection of residents and all staff had undertaken safeguarding training.

Residents had open access to the kitchen and to the foods within the kitchen / dining area. There was a good choice of nutritious food available to residents and residents could choose food stuffs they liked. Residents spoke of eating out once or twice a week in a variety of community settings of their choice. The inspector noted that the cleanliness and hygiene practices employed by staff in the house were of a high standard. Staff were observed to wash their hands and use protective gloves when dealing with individual residents promoting protection against infection.

There was evidence that each resident was supported to communicate in line with very clear communication passports, aids and maps. Residents had access to phones, the internet, the use of televisions and music centres. One resident had their own mobile phone which they used with staff assistance. Information for residents was in an easy to read format and minutes for meetings were in an easy to read format.

The provider had a current safety statement and risk register in place for the designated centre. Many risks were identified and assessed specific to the designated centre. Actions arising from these assessments were allocated to named persons for follow up and resolution. In one instance, an identified risk was carried

forward for a number of years without reference to the immediate and ongoing actions the provider was taking to mitigate and reduce the identified risk.

### Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported at times to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

### 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 each resident was provided with appropriate care and support in relation to their wishes and to facilitate activities and recreation to make each day meaningful.

Judgment: Compliant

### Regulation 17: Premises

The registered provider ensured that the designated centre was laid out and designed to meet the needs of the residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

<p>The person in charge ensured that all residents had access to and a choice of nutritious and wholesome food.</p>
<p>Judgment: Compliant</p>
<p>Regulation 20: Information for residents</p>
<p>The registered provider had in place a residents guide in an easy to read format.</p>
<p>Judgment: Compliant</p>
<p>Regulation 26: Risk management procedures</p>
<p>The registered provider had in place a risk management policy and risk register, however, the immediate and ongoing actions the provider was taking to mitigate and reduce an identified risk were not apparent or documented.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 27: Protection against infection</p>
<p>The registered provider ensured that residents that may be at risk of healthcare infections were protected by adopting procedures and standards that reduced the risk.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>The registered provider had good practices and procedures in place to reduce the risk of fire, however, they had failed to address matters of building fabric, the integrity of escape routes and the absence of fire alarm systems that had previously been identified.</p>
<p>Judgment: Not compliant</p>

## Regulation 29: Medicines and pharmaceutical services

The person in charge had in place a suitable system and practices for the safe administration of medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

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

Judgment: Compliant

## Regulation 6: Health care

The registered provider ensured that each resident had a an appropriate healthcare plan and access to healthcare services.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the informed consent of the resident.

Judgment: Compliant

## Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop the knowledge, self awareness, understanding and skills for self care and protection.

Judgment: Compliant

## Regulation 9: Residents' rights

The registered provider ensured that each resident participated and consented to decisions about their 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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
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
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
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 27: Protection against infection	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	Compliant
Regulation 7: Positive behavioural support	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-0022496

Date of inspection: 04/06/2019

## 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
<p>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.</p>	
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
<p>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.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:            The risk assessment was reviewed and the risk was no longer an issue and was removed.</p>	



Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The Regulator requires immediate response to the current fire safety management systems in place within Saint John of God Kerry Services – Residential Community Services Tralee and reassurances of the effectiveness of same.</p> <p>The service has identified a schedule of works across this designated centre. These works were identified in an assessment completed by Tony Gillick 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><b>FIRE ACTION</b>  Fire upgrade works as identified by Tony Gillick fire consultant.</p> <p><b>ITEM</b>  Fire upgrade works as identified by Tony Gillick fire consultant as per report on file.</p> <p><b>ACTION</b></p> <ol style="list-style-type: none"> <li>1. Obtain funding</li> <li>2. Completed mini-tender procurement process</li> <li>3. Awarding contract</li> <li>4. Completion of works</li> </ol> <p><b>TIMELINE</b>  30th January 2019  10th May 2019  7th June 2019  18th of September 2019 anticipated date to start and anticipated completion 31/12/19  (Works cannot commence at the moment due to the increasing clinical needs of one resident who is under palliative care and too ill to relocate at present.)</p>	

## 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	Orange	08/05/2019
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 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.	Not Compliant	Yellow	27/05/2019

Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	05/06/2019
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	31/12/2019
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(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2019
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	31/12/2019