



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

Issued by the Chief Inspector

Name of designated centre:	St. John of God Kerry Services - South Kerry
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	01 October 2019
Centre ID:	OSV-0003790
Fieldwork ID:	MON-0025023

About the designated centre

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

The designated centre was established in 2013 and provides a respite service for children with a moderate or a severe / profound intellectual disability. The service is located in a small development of individual houses in a rural setting. The centre is purpose built and provides short respite stays for up to four children at a time. These children (male or female) range in age from six to 18 years and live within a specific geographic catchment area. The service is open seven days a week and children are supported by a team of nurses, social care workers and a health care assistant. Children are facilitated to attend school during their respite stay. Staffing numbers are informed by the residents' assessment of need. The centre is a five bedroom bungalow. There is a large garden available to the children with play equipment. The centre has four bedrooms of which three have an en-suite. It has a large kitchen and utility room, a dining room, a living room, a sensory room, a staff office / bedroom, a hot press and bathroom. A vehicle is provided to enable children to access local amenities, school and leisure facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
01 October 2019	08:00hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector met with the three residents who were preparing to attend school. The residents that could verbalise indicated that they did not wish to speak with the inspector and this was respected.

The inspector observed that staff interactions with the residents was person centred, respectful and unhurried. Residents had access to the kitchen where they selected their own breakfast from a selection of foods. Residents appeared comfortable in the presence of staff. The staff were very familiar with the residents assessed needs, routines and likes.

Capacity and capability

Overall the inspector observed a good service that was person centred and child friendly. Interim management arrangements were in place to provide governance for the recent departure of the person in charge. The service was appropriately resourced to meet the assessed needs of the children and in line with its statement of purpose.

The inspector met with four members of staff. Two staff members were employed by the registered provider and two were engaged through an employment agency. Current and future staff rosters were reviewed and it was observed that the registered provider relied on agency and relief staff 40% to 50% of the time. The person participating in management was actively seeking to address staff turnover and retention and there was evidence of ongoing recruitment. The agency staff engaged did demonstrate an in-depth knowledge of the children and their assessed needs. The roster did demonstrate continuity and all staff had suitable qualifications and experience to work with the children. Additional staff were allocated dependent on the children's assessed needs and a nurse was always rostered to work if a child had specific requirements that required nursing intervention.

The registered provider ensured that all staff, including agency staff had undertaken mandatory training in fire safety, safeguarding and managing behaviour that is challenging. Staff who required refresher training in fire and safety had planned dates to attend before the year end. Staff had also undertaken training to meet the assessed needs of the residents which included medicines management.

The inspector examined three random staff files and records relating to the registered providers staff and agency staff. All records demonstrated that the Schedule 2 information and requirements were adhered to by the registered

provider.

The registered provider had in place a directory of residents that was accurate and up to date. Movement of residents in and out of the designated centre was accurately reflected in a daily log maintained by staff. The registered providers statement of purpose required updating and the inclusion of all required information relating to Schedule 1.

Adverse incidents occurring in the designated centre had been reported to the Health Information and Quality Authority HIQA. While incidents were accurately recorded in the designated centre, the inspector could find no evidence that one particular incident had been reported to HIQA.

The registered provider had a complaints policy that was up to date. All complaints were accurately recorded in a complaints log. The procedure on how to make a complaint was clearly visible in the designated centre hallway. There was in an easy to read format contained within each residents' file.

Staff informed the inspector that the person in charge had only recently resigned from the service. This information had not be relayed to HIQA as required by regulation 33. On the day of inspection the person participating in management did notify HIQA verbally of the temporary governance and management arrangements in place for the designated centre. This was formally conveyed in writing the day after the inspection.

The registered provider had undertaken an annual review of the quality and safety of the service as well as an unannounced six monthly audit. Residents and their families were surveyed by questionnaire in relation to the annual review. There were plans in place and actions to address identified areas to improve quality and safety. The inspector discussed some emerging concerns with the person participating in management. These related to the turnover of persons in charge and the dependence on different agency staff, the nature of the respite service where residents regularly turnover, the isolated location of the service. The person participating in management had planned interviews for the recruitment of a permanent person in charge and was actively recruiting other staff members to reduce the reliance on agency staff.

Regulation 15: Staffing

The registered provider had ensured the number of staff was appropriate to the assessed needs of the residents, however, a large percentage of staff were employed on a less than full-time basis.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to and were in receipt of all appropriate training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained an accurate directory of residents.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that records and information in relation to staff were as required by Schedule 2.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the designated centre was adequately resourced, however, the lines of accountability, specific roles and details of staffs responsibility for all areas of service provision in the absence of a person in charge, were not clear.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that each resident had a written agreement in place relating to the terms and conditions of their residency.

Judgment: Compliant

Regulation 3: Statement of purpose
The registered provider had a statement of purpose in place, however not all information required under Schedule 1 was in place.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
The chief Inspector had been notified of adverse incidents that had occurred within the designated centre, however, not all incidents had been notified.
Judgment: Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The notification of procedures and arrangements in the absence of the person in charge were not conveyed to HIQA until after the day of inspection.
Judgment: Not compliant
Regulation 34: Complaints procedure
The registered provider had an effective complaints procedure in place.
Judgment: Compliant
Quality and safety
Overall the inspector observed the service provided good supports to residents based on their assessed needs. Staff were actively working to come into compliance with the regulations and areas of non compliance noted on the previous inspection had been addressed. Staff were diligent in protecting the rights of residents and promoting their general welfare. Residents were observed to be attending school

full-time. There were planned activities and outings to ensure residents had access to the community, while availing of respite. Behaviours that challenge were addressed through an independent service provider or the registered providers day services. However, adverse incidents that resulted in harm to residents were not addressed quickly enough to ensure further occurrences were prevented.

The premises was warm, clean, comfortable and furnishings had recently been replaced. The centre and its gardens were well-maintained. The overall environment was welcoming, homely and promoted accessibility. The sensory room and the designated centre in general was well stocked with toys specific to young people. Some internal areas of the designated centre required painting.

All restrictive practices in the designated centre had been reported to HIQA on a quarterly basis. There was good oversight and review of restrictive practices and there was evidence that the staff were working to reduce these practices and support residents' rights.

Risk management had improved through the use of a risk register and the implementation of individual risk assessments for each resident. Risk assessments were observed to be current. There was evident of positive risk taking where residents accessed the local community and also maintained personal relationships with family.

Residents who required the review and input of a behaviour specialist were referred to an external contractor who had been engaged by the registered provider. Waiting times for this service were long and referrals had to be prioritised. Delays also occurred while parental consent to the referral was outstanding. The registered provider was requested to review the current system to ensure a more rapid response to prevent behavior that was challenging and impacting on other residents.

Each resident had a communication passport. Staff afforded residents time to indicate their needs and preferences. There were two television sets available to the residents. Some residents had their own mobile phone and an office phone was available to all residents. All staff had received intimate care training and self-awareness training for residents was done on a one to one basis.

Each resident had an individual care plan in place. Not all care plans had been subject to an annual review and in some instances the reviewer had signed the previous years care plan on the anniversary of its creation, stating that the review had taken place. There was no other documentary evidence to support that a meaningful review had taken place. This in part was due to the nature of the respite service provided and the fact that an annual review for the resident was been undertaken and stored in their primary day service. The registered provider was working to produce a care plan that would fit better with a respite service.

Healthcare plans for each resident were of a good standard. There were clear medical histories and comprehensive healthcare plans in place. Current information was taken from the plans, highlighting last appointments and any recommendations arising. These were implemented as described by the staff team and this was nurse led. The designated centre was observed to be clean and staff were implementing

Health Services Executive guidelines to reduce the risk of infection. The designated centre had adequate stocks of personal protective equipment for staff.

The kitchen and dining areas were well stocked with food. Residents had a choice of diet and residents' likes were catered for. Residents preference for take away food was also facilitated. The kitchen, dining room, fridges, larders and utility room were well maintained. A qualified nurse was rostered for any resident that had a requirement for enteral feeding. Feeds administered were accurately recorded on a newly devised chart, specific to that purpose.

Fire precautions were in place by the provider, ensuring the safety of residents. Staff training was up to date. Fire systems were checked and documented by staff. All equipment was subject to certification by a recognised contractor. Records of fire drills undertaken demonstrated that all residents could be evacuated in the event of a fire at periods of maximum and minimum staffing levels. While the fire drill records did highlight one resident who would adamantly refuse to take part in a fire drill, this residents' personal emergency evacuation plan indicated that the number of staff present in the designated centre could ensure the removal of the resident to a place of safety, in the event of a fire. All residents had a personal emergency evacuation plan in place and instructions on how to respond to a fire alarm or evacuation were on display. The inspector noted two doors without self closure devices and another door required repair to its beading and fire resistant seals. The registered provider committed on the day of inspection to address these issues.

There was appropriate storage in place for medicines. All record systems relating to medicines were accurate. Residents medicines were recorded on the first day of respite and unused medicines were returned to families when residents were returning home.

There was a resident guide in place which outlined a summary of services and the terms and conditions to residents. Residents were involved in the running of the centre through a residents services forum. These meetings were facilitated and recorded on a monthly basis by staff.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with their wishes.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident received appropriate care and

support based on their assessed needs and wishes.
Judgment: Compliant
Regulation 17: Premises
The registered provider ensured that the premises was designed and laid out to meet the needs of residents, however, some areas of the centre required painting.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
Each resident was provided with properly and safely prepared food that was adequate and wholesome.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider ensured that there were systems in place in the designated centre for the assessment, management and ongoing review of risk.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider ensured that residents were protected from the risk of healthcare infections.
Judgment: Compliant
Regulation 28: Fire precautions
The registered provider had an effective fire safety management system in place,

however, two doors required self closing devices as well as fire resistant sealant.
Judgment: Substantially compliant
Regulation 29: Medicines and pharmaceutical services
The registered provider had in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Each resident had a comprehensive personal care plan in place, however, some plans were not subject to an annual review and recommendations arising from the review were not recorded.
Judgment: Substantially compliant
Regulation 6: Health care
The registered provider ensured that each resident had in place an appropriate healthcare plan.
Judgment: Compliant
Regulation 7: Positive behavioural support
Positive behaviour support plans were facilitated through the registered providers day services or by an independent provider engaged by the registered provider. This process was slow and ineffective for residents whose behavior was impacting significantly of other residents.
Judgment: Substantially 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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for St. John of God Kerry Services - South Kerry OSV-0003790

Inspection ID: MON-0025023

Date of inspection: 01/10/2019

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
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Two nurses have commenced employment in the Arches since Oct. 1st 2019. A Social Care Worker who was part-time will now commence full-time hours from November 4th 2019. The PIC interviews took place November 4th 2019 and one successful candidate identified. There is an ongoing recruitment process in place by HR for the Arches.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: An NF30A was submitted to HIQA on 02/10/19 and in the absence of the PIC the PPIM and the PIC from Abhaile will cover DC OSV-0003790. Successful candidate identified for the role of PIC in the Arches.	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose will have all correct information required under Schedule 1 by 31/12/2019.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The one incident which had not been reported to HIQA was formally conveyed in writing on 02/10/19 the day after the inspection. All future incidents will be reported in writing to HIQA.</p>	
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent: An NF30A was submitted to HIQA on 02/10/19 regarding the procedures and arrangements for the periods when the PIC is absent. PIC interviews took place 04/11/19 and one successful candidate identified. In the absence of PIC the PPIM's and PIC from Abhaile will cover the PIC role.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PPIM has requested a quote for the required painting in some areas of the DC and this will be completed by 31st March 2020.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The two doors requiring self-closing devices as well as a fire resistant sealant are now insitu since 18/10/19.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All individual assessments and personal plans will now be subject to an annual review and will be completed by 31st January 2020.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The PPIM and the PIC have linked with the Callan Inst. for Positive Behaviour Support for the children and have requested additional support from them to meet the childrens' needs. At present the Callan Inst. Positive Behaviour Support specialist runs a clinic for 2 hrs each month for Childrens Service and this will now be increased to on average 5 hrs per month from January 2020.</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
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	31/12/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2019
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details	Substantially Compliant	Yellow	02/10/2019

	responsibilities for all areas of service provision.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	18/10/2019
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	31/12/2019
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Not Compliant	Orange	02/10/2019
Regulation 33(2)(a)	The notice referred to in paragraph (1) shall specify the arrangements which have been or were made for the running of the designated centre during the absence of the person in charge.	Not Compliant	Orange	02/10/2019
Regulation 33(2)(b)	The notice referred to in paragraph (1) shall specify the arrangements that have been. are proposed to be,	Not Compliant	Orange	31/01/2020

	made for appointing another person in charge to manage the designated centre during that absence, including the proposed date by which the appointment is to be made.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2020
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	31/01/2020
Regulation 05(7)(b)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the rationale for any such proposed changes.	Substantially Compliant	Yellow	31/01/2020
Regulation	The	Substantially	Yellow	31/01/2020

05(7)(c)	recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Compliant		
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	31/01/2020