



# 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 - Forge Park
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	01 April 2022
Centre ID:	OSV-0002919
Fieldwork ID:	MON-0027814

## 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 - Forge Park, consists of one detached two-storey house and one semi-detached two-storey house, both located within the same housing estate, in a town. This designated centre provides a residential service for a maximum of 8 residents with mental health needs, intellectual disabilities and physical disabilities. Both male and female residents over the age of 18 reside in the designated centre. Each house can provide a home for four residents and each resident has their own bedroom, while other rooms in both houses include bathrooms, lounges, kitchens/dining areas and conservatories/sun rooms. Residents are supported by the person in charge, social care staff and nursing staff.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	8
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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 (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
Friday 1 April 2022	08:30hrs to 17:00hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The residents met during this inspection, generally provided positive feedback on living in this centre, although some did raise an issue with noise coming from a neighbouring house. Both of the houses provided for residents were seen to be very homely and were generally well maintained.

This designated centre was made up of two houses, each providing a home for four residents. As this inspection was announced four weeks in advance, all eight residents living in this centre, some with the support of staff members, had completed Health Information and Quality Authority (HIQA) pre-inspection questionnaires. In these, overall positive responses were given for all areas including general happiness, food and mealtimes, visitors, rights, activities, care and supports, staffing and complaints. It was noted that one resident indicated that they would like a bigger room, another resident said they wanted more space for their belongings and a third resident said they wanted their own bathroom. Two questionnaires also made reference to residents not liking noise from their neighbours.

On the day of inspection, upon arrival at the first house of this centre, all four residents living there were present. While some were finishing their breakfast and all were preparing to leave the house to attend day services. Three residents were going to stay with their families, after finishing at the day services. The residents present generally appeared comfortable with the staff member on duty and in each other's company. However, at one point the inspector did observe that as one resident was getting up to bring their dishes to the sink, another resident stopped them and took the dishes instead. While it appeared that this was done with good intentions, the first resident was unhappy with this and had to be reassured by the staff member, afterwards.

Aside from this, all residents appeared relaxed in their environment. Before the residents left for day services, the inspector did have an opportunity to meet with them. One resident told the inspector that they liked living in the house and could stay in the house on their own, for certain periods. The resident did highlight that they did not like the noise that came from a neighbouring house. This resident had a good awareness regarding their rights and requested that the inspector not go into their bedroom, or read any files relating to them, as the resident wanted to maintain their privacy. This request was respected by the inspector.

A second resident spoken with said that they loved living in the house, but added that they too did not like the noise that came from some neighbours. The resident said that they had complained about this and felt that their complaint was listened to. It was mentioned by the resident, that the person in charge visited the house regularly and that they had attended the house the night before this inspection, for a house meeting. When asked by the inspector what a house meeting was, the residents said that they took place on a regular basis and that issues like

safeguarding and fire safety were discussed. The resident then pointed out to the inspector where the fire assembly point for the house was.

When asked by the inspector how they liked to spend their time in the house, the resident said that they liked to relax in the evening and enjoy a few hours to themselves, but did go out for dinner sometimes. It was mentioned by the resident that they attended a day services Monday to Friday, which they enjoyed. They also kept in regular contact with their family. The resident did mention that they had been a bridesmaid at a relatives' wedding and showed the inspector a framed photograph of this, on their bedroom wall. This bedroom had its own en-suite bathroom and the resident told the inspector that they kept this clean themselves. The resident also spoke positively about the staff members supporting them.

Two other residents present in the house, did not engage verbally with the inspector, but it was observed that one resident generally appeared very happy and was seen to be regularly smiling, when the inspector was present. When asked if they liked living in this house, the remaining resident nodded. While the inspector asked this resident more questions, another resident answered on their behalf. The resident did not appear to mind someone answering on their behalf. Shortly after, all four residents left the house to attend their day services. As this house was empty, the inspector used the time to review some documentation and the premises in general.

It was observed that the house was presented in a very homelike manner and was generally well maintained and well furnished. It was observed that parts of the floor surface on the first floor of the premises were visibly worn. This included a staff room and a resident's bedroom. Some residents' bedrooms were noted to be personalised and provided with storage such as wardrobes and presses. After finishing in this house, the inspector visited the second house of the designated centre, which was located nearby. This house was also found to be very homely, well maintained and well furnished. An issue with mould in two residents' bedrooms, previously identified in a HIQA inspection, had been addressed. However, it was seen that one toilet area was being used for storing personal protective equipment (PPE) due to a shortage of storage space in the house.

When the inspector arrived at this house, no residents were present, as they were attending day services. All four residents were met by the inspector, on the residents return from day services. One resident indicated to the inspector that they had a good day and were going to relax for the evening ahead. A second resident also made similar comments. This resident showed the inspector their bedroom. This had been one of the bedrooms where mould had been an issue previously. A new vent had been installed. The resident said that they were happy the issue had been resolved. The remaining two residents greeted the inspector, but did not engage further with the inspector. It was observed that both residents appeared comfortable in the house and staff members present were seen to interact positively with the residents, providing appropriate care where necessary.

In summary, residents were seen to be comfortable in the presence of staff members in both houses, all of whom engaged appropriately with residents. The

houses provided for residents had homely environments. Generally, positive feedback was received from residents on the day of inspection. Pre-inspection questionnaires completed by residents, also reflected positive feedback on the services they were in receipt of.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The provider has increased the staffing support to residents in one house, to better support the residents living there. There were monitoring systems in place, which were effective in the monitoring of some areas of regulation. However, it was found that contracts for the provisions of services did not accurately reflect the fees and contributions that residents were paying. Checks on aspects of residents' finances, were not being carried out, in line with the provider's written policies.

This designated centre is registered until September 2022 and last inspected by HIQA in September 2021, where most of the inspection focused on one of the two houses, that made up this centre. That inspection found an overall good level of compliance and since that time, the provider had submitted an application to renew the registration of the centre, for another three years. To inform this application, the inspection of the centre focused primarily on the other house, of the designated centre.

As part of the registration renewal application, the provider had submitted a copy of the most recent statement of purpose for the centre. This is an important governance document which should describe the services to be provided to residents and which also forms the basis for a condition of registration. Under the regulations, the statement of purpose must contain specific information relating to the running of the centre. On reviewing this statement of purpose, it was seen that it contained all of the required information, including details of the staffing arrangements in place to support residents.

The level of staffing support in the centre had increased since the previous inspection. This was influenced primarily by the needs of residents and for safeguarding reasons, as will be discussed further, elsewhere in this report. At the time of this inspection, the centre did have one staff vacancy amounting to 0.5 whole-time equivalent (WTE) of the staffing complement outlined in the statement of purpose. It was indicated that this vacancy was being filled, through the employment of regular relief and agency staff. Staff rosters were maintained, but it was noted that the rosters for one house did not include some staff who worked in the house, at certain times. A sample of staff files were reviewed during this inspection, which contained all required information, such as evidence of Garda

Síochána (police) vetting.

The registered provider had a monitoring system in place, to review staffing. This included a provider unannounced visit to the centre, that had been carried out in January 2022 and had been reflected in a written report. An annual review had also been completed for 2021, which included feedback from residents and families, which overall was positive in nature. While such monitoring systems were in effect, when reviewing the provider's policy on residents' finances, it was noted that the policy specified daily and weekly checks of residents' finances, that should be conducted by staff. From a review of documentation in one house and after speaking with the person in charge, it was evident that such checks were not being carried out, in line with the registered providers policy.

The fees which residents are to pay, while living in a designated centre, should be stated in residents' contracts for the provision of services. The inspector reviewed a sample of such contracts, which had all been agreed during 2021, and noted that they outlined the services to be provided and included some details around the fees residents were to pay. However, during the inspection, it was noted that these contract did not accurately reflect the fees residents were paying. For example, the rent residents paid had increased in 2021, but contracts had not been updated to reflect this. In addition, when comparing some of the details and fees outlined in these contracts, differences were noted in other agreements that were in place. All of the fees, that residents were paying, were not outlined in the contracts. The matter had not been identified as part of the registered providers own review of the service or through their established monitoring systems. This is discussed below, in further detail.

### Regulation 15: Staffing

The level of staffing support in the centre had increased. The centre did have one staff vacancy amounting to 0.5 WTE of the staffing complement, as outlined in the statement of purpose. Staff rosters were maintained, but it was noted that the rosters for one house did not include some staff who worked in the house. A sample of staff files were reviewed during the inspection and were seen to contain all of the required information.

Judgment: Substantially compliant

### Regulation 22: Insurance

Appropriate insurance arrangements were in place for this designated centre.



Judgment: Compliant

### Regulation 23: Governance and management

Monitoring systems in place for this designated centre included annual reviews and provider unannounced visits, although some issues relating to residents' personal finances had not been identified. It was noted that the provider was making efforts to support the residents of this centre and had addressed the issues highlighted during the previous HIQA inspection.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

While contracts for the provision of services were in place and agreed by residents and their representatives, the contracts did not accurately reflect the fees and contributions that residents were paying.

Judgment: Not 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.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The provider was not fully implementing its policy on residents' finances, particularly in relation to the daily and weekly checks that were to be conducted.

Judgment: Substantially compliant

## Quality and safety

Residents were supported to participate in various activities, to maintain contact with their families and to be involved in their personal plans. While residents were given information and kept informed of some key areas, there were instances where residents' choice in their own home, could be impacted. Improvement was needed in the processes and supports for residents' personal finances.

All residents had personal plans outlining the supports they needed in various areas. These plans had been developed with input from residents and their families and it was seen that specific goals were identified for residents to achieve. Review meetings had recently taken place, to help identify new goals for residents, although it was noted that for one resident, there had been an unexplained delay in conducting their most recent review meeting. Documentation regarding identified goals, indicated that residents were being supported to achieve goals. Residents' personal plans also indicated that they were supported to maintain the best possible health. For example, there were records of residents being supported to attend various health and social care professionals such as general practitioners and dentists. Inconsistencies were noted in the monitoring of one resident's weight.

Personal plans also contained information relating to the safeguarding of residents. There had been a noticeable increase in the amount of safeguarding notifications received from this centre in 2021, compared to previous years, with some received in the month before this inspection. Most of the notifications came from one house of this centre and involved some negative interactions between residents. On this inspection, it was found that the provider was making efforts to prevent such interactions from happening and to support the individual needs of residents. These included, providing guidance on supporting residents to engage in positive behaviour, one resident being supported to receive their day services in their home, relevant safeguarding plans being reviewed regularly and increasing the staffing provided to this house.

Despite these, there were still occasions where interactions between residents in this house could negatively impact on residents and their rights, within their home. For example, the inspector noted one occasion, where a resident wanted to make their own cup of coffee, but was prevented in doing so, by another resident (staff later made the first resident coffee). The inspector was informed that there were times when all residents got on well with each other and all residents living in the house had expressed a wish to continue to live in the house, together. It was noted that one resident was being supported to engage the services of an external advocate, to help in expressing their choice around such issues. The outcome of this engagement was not known at the time of this inspection. No similar issues were found in the other house of the centre.

It was also found that the provider was providing the residents with information and helping them with their wishes. In one of the houses, residents had complained about the noise from some neighbours. While the reasons for this were beyond the control of the provider, efforts were being made to find a long term solution for this, which might involve these residents moving to another house. The process for

finding a new house had commenced, but before doing so, records reviewed indicated that the impacted residents had been asked if they wanted to move, with residents indicating that they did. It was indicated that the residents were being kept informed of developments in relation to this.

There was evidence that residents were being supported to maintain contact with their families. Residents also availed of day services run by the provider, with some residents spoken to indicating that they liked their day services. Residents were also facilitated to participate in various activities. Records reviewed indicated that residents attended races, had coffee out with friends, went to the cinema, did crochet, took up photography, did Zumba and participated in gardening. Some of residents' personal finances were used to pay for some of these activities. However, as highlighted above, the provider was not fully implementing its policy on residents' finances.

Other areas were also identified on this inspection, where the processes and supports for residents could be improved upon. For example, the provider did not have access to some residents' bank statements even though, the residents lived in the centre full-time. Additionally, some receipts for cash transactions using residents' money were not maintained. This made it difficult to verify how residents' personal finances were being spent. The inspector was also informed that all transactions in the log books were to be signed by a staff member and individual residents, but from the sample reviewed, the majority of transactions were signed by only one staff.

When reviewing these cash log books, the inspector noted reference to residents paying a weekly provisions fee. However, these fees were higher than the equivalent fees that were listed in both residents' contracts and in separate agreements, where it was indicated that residents had agreed to pay specific provision fees. Some of these agreements had been reviewed as recently as December 2021. Residents' contracts for the provision of services did outline the specific fees that residents paid for weekly shopping, grocery bills and general upkeep. Despite this, cash log books indicated some residents were paying an additional €5 weekly fee for a cleaner, which was not referenced in the contracts. It was also seen that there was some contradictory information in residents' contracts and in their separate agreements as to who residents paid for utilities.

## Regulation 12: Personal possessions

There were inconsistencies in contracts for the provisions of services and separate agreements, an absence of receipts for a number of cash transactions, transactions not being signed for by residents and bank statements not being available to some residents. The inspector was not assured that residents retained control over their personal finances, nor were they appropriately supported to manage their own finances.

Judgment: Not compliant

### Regulation 13: General welfare and development

Residents were supported to participate in various activities and to maintain contact with their families.

Judgment: Compliant

### Regulation 17: Premises

The two houses seen by the inspector were generally very homely, well-furnished and well-maintained. an issue with mould, previously identified in one house, had been addressed. It was noted that some of the flooring in one house, was visibly worn.

Judgment: Substantially compliant

### Regulation 20: Information for residents

A residents' guide was in place, that contained all of the required information, such as how to access HIQA inspection reports.

Judgment: Compliant

### Regulation 27: Protection against infection

On arrival at both houses of this centre, the inspector was directed to sign in and to check their temperature. Staff present were seen wearing respiratory masks, even when residents were not present. While both houses were seen to be clean, it was observed in one house that some personal protective equipment was being stored in a toilet area.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Residents had individual personal plans in place, which outlined their assessed needs and how these would be supported. Residents and their families were involved in these plans and in identifying goals for residents to achieve. For one resident, there had been an unexplained delay in conducting their most recent review meeting, of their personal plan.

Judgment: Substantially compliant

## Regulation 6: Health care

Information regarding the supports to residents with their healthcare needs, was outlined in personal plans. Support were given as required, to access particular health and social care professionals, such as general practitioners, chiropodists and dentists. While residents' health needs were being monitored, some inconsistencies in the recording of one residents' weight, were noted.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Guidance was available on how to support residents to engage in positive behaviour and staff spoken with were aware of this guidance.

Judgment: Compliant

## Regulation 8: Protection

Active measures were being made to safeguard residents. These included relevant safeguarding plans being put in place and reviewed regularly, along with an increase in the staff provided. It was also seen that residents' personal plans contained guidance on how to support residents with intimate personal care.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were being consulted and given information regarding aspects of the running of the house. However, there were times when residents' choice in one house could be impacted, while in some instances, residents were paying higher fees than they had agreed to.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Saint John of God Kerry Services - Forge Park OSV-0002919

Inspection ID: MON-0027814

Date of inspection: 01/04/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Regulation 15(4) The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>Registered Provider has a recruitment plan in place and recruitment open organized to advertise vacancies within the organization. Completed 09/04/2022</li> <li>PIC and PPIM will liaise with the HR Officer to plan for the recruitment of suitably qualified staff from this recruitment campaign to fill vacancies within the DC. To be completed by 31/05/2022</li> <li>PIC to ensure all staff working within the designated centre to be recorded on the staff roster. Completed 01/04/2022</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Regulation 23(1)(c) The registered provider shall ensure that management systems are</p>	

in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

#### Action Plan

- PIC to ensure that all service agreement contracts are updated and reflect the specifics of finances relating to residents within the designated centre.

Completed by 20/05/2022

- The financial passport will be updated to reflect the will and preference of the resident in relation to the management of their finances and will accurately outline their contribution to rent, utility fee, cleaner cost and provisions.

Completed by 03/05/2022

- PIC to ensure that all residents' money books are managed in accordance with Saint John of God Policy and Procedure. PIC to develop a protocol now in place for proper auditing of residents money books by staff and PIC including correct procedures for evidencing all transactions.

Completed by 25/04/2022

- PIC to ensure residents have co-signed money books.

Completed by 25/04/2022

Regulation 24: Admissions and contract for the provision of services	Not Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

Regulation 24(4)(a) The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.

Our Organization supports The Assisted Decision-Making (Capacity) Act and recognizes that, as far as possible, all adults have the right to play an active role in decisions that affect them. These decisions can be about their personal welfare, including health and social care, and their property and affairs.

The Act require healthcare workers to do the following:

Presume every person has the capacity to make decisions about their life

Support people as much as possible to make their own decisions

Don't assume a person lacks capacity just because they are making, have made or are likely to make an unwise decision

Only take action where it is really necessary

Any action should be the least restriction on a person's rights and freedoms  
Give effect to the person's will and preferences

#### Action Plan

- PIC to ensure that all service agreement contracts are updated and reflect the specifics of finances relating to residents within the designated centre.  
Completed by 20/05/2022
- The financial passport will be updated to reflect the will and preference of the resident in relation to the management of their finances and will accurately outline their contribution to rent, utility fee, cleaner cost and provisions.  
Completed by 03/05/2022
- If required the PIC will submit a referral to Social Worker to support residents to with their financial will and preference and where necessary meet with families of individuals to discuss the will and preferences.  
Completed by 30/07/2022

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

Regulation 04(1) The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.

#### Action Plan

- PIC to ensure that all residents' money books are managed in accordance with Saint John of God Policy and Procedure. PIC to develop a protocol now in place for proper auditing of residents money books by staff and PIC including correct procedures for evidencing all transactions.  
Completed by 25/04/2022
- PIC to ensure residents have co-signed money books.  
Completed by 25/04/2022

Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Regulation 12(1) The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.</p> <p>Our Organization supports The Assisted Decision-Making (Capacity) Act and recognizes that, as far as possible, all adults have the right to play an active role in decisions that affect them. These decisions can be about their personal welfare, including health and social care, and their property and affairs.</p> <p>The Act require healthcare workers to do the following:</p> <p>Presume every person has the capacity to make decisions about their life  Support people as much as possible to make their own decisions  Don't assume a person lacks capacity just because they are making, have made or are likely to make an unwise decision  Only take action where it is really necessary  Any action should be the least restriction on a person's rights and freedoms  Give effect to the person's will and preferences</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>• PIC to ensure that all service agreement contracts are updated and reflect the specifics of finances relating to residents within the designated centre. Completed by 20/05/2022</li> <li>• The financial passport will be updated to reflect the will and preference of the resident in relation to the management of their finances and will accurately outline their contribution to rent, utility fee, cleaner cost and provisions. Completed by 03/05/2022</li> <li>• Once a will and preference has been completed with each resident and where it has been identified that it is the residents will and preference to manage their finances independently of their families, the PIC will ensure a referral is submitted to the Social Worker to support the resident with communicating to their family their will and preference to have full control over their finances and facilitating this change to occur. Completed by 30/07/2022</li> <li>• PIC to ensure that all residents' money books are managed in accordance with Saint John of God Policy and Procedure. PIC to develop a protocol now in place for proper auditing of residents money books by staff and PIC including correct procedures for evidencing all transactions. Completed by 25/04/2022</li> </ul>	

- PIC to ensure residents have co-signed money books.  
Completed by 25/04/2022

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
Regulation 17(1)(b) The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.

Action Plan

- The PIC to submit a request to the SJOG Housing Association to approve and commence identified works.  
To be completed by 31/10/2022

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:  
Regulation 27 The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Action Plan

- PIC to ensure that all personal protective equipment that was stored in the downstairs bathroom to be relocated and stored in a new press purchased for storing this equipment.  
Completed by 27/05/2022

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:  Regulation 05(6)(b) 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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>• PIC to put in place a new tracking template that records the dates of planning meeting, review meeting and due dates for further review meetings for all residents living in the designated centre.  Completed by 30/04/2022</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:  Regulation 06(1) The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.</p> <p>Action Plan</p> <ul style="list-style-type: none"> <li>• PIC to develop and implement a new protocol that each residents weight will be recorded on a monthly basis.  Completed by 30/04/2022</li> </ul>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	

Regulation 09(2)(a) The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.

Regulation 09(2)(b) The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.

#### Action Plan

- PIC to submit a rights referral to SJOG Human Rights Committee for all residents living in house identified by the Inspector as having choices impacted in order to receive independent advice and recommendations.

Completed by 30/05/2022

- Case conference scheduled to discuss resident identified as impacting on rights of peers and identify appropriate actions.

Completed by 17/05/2022

- PIC to ensure that all service agreement contracts are updated and reflect the specifics of finances relating to residents within the designated centre.

Completed by 20/05/2022

- The financial passport will be updated to reflect the will and preference of the resident in relation to the management of their finances and will accurately outline their contribution to rent, utility fee, cleaner cost and provisions.

Completed by 03/05/2022

- Once a will and preference has been completed with each resident and where it has been identified that it is the residents will and preference to manage their finances independently of their families, the PIC will ensure a referral is submitted to the Social Worker to support the resident with communicating to their family their will and preference to have full control over their finances and facilitating this change to occur.

Completed by 30/07/2022

## 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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	30/07/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	31/10/2022



	kept in a good state of repair externally and internally.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	20/05/2022
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	30/07/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	27/05/2022

	associated infections published by the Authority.			
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	25/04/2022
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/04/2022
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	30/04/2022
Regulation 09(2)(a)	The registered provider shall	Substantially Compliant	Yellow	30/07/2022

	ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/07/2022