



Office of the Chief Inspector

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

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:	02 April 2019
Centre ID:	OSV-0002919
Fieldwork ID:	MON-0023349

About the designated centre

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

This Designated Centre Provides care and support for residents with Mental Health, Intellectual and Physical Disabilities. This is an adult service with both male and female resident's ages ranging between 32 to 57 years of age. Nursing staff cover the needs of residents with Epilepsy, Diabetes and Coeliac Disease. The designated centre is located in a large town in Co. Kerry. The houses are within walking distance from the town centre. There is also a Peoples Bus public transport. Each house has a parking space at the front of the house and a back garden with shed. Each Resident has their own bedroom, sharing lounge, kitchen and sunroom areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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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
02 April 2019	08:30hrs to 19:30hrs	Lisa Redmond	Lead
02 April 2019	08:30hrs to 19:30hrs	Lucia Power	Support

Views of people who use the service

On the day of inspection, inspectors had the opportunity to meet and interact with six of the residents currently residing in the designated centre. Inspectors observed residents getting ready for the day ahead and it was evident that supports provided were carried out in a positive and supportive manner.

On arrival to the designated centre, residents spoke with the inspectors and informed them that they were happy and that they felt safe in their home. Residents discussed going out at weekends and showed the inspectors photographs which were displayed within the designated centre. Residents informed inspectors that staff treated them well and that they were aware they could tell staff members if they had a problem. Residents were aware of the procedures relating to fire.

Residents were also given the opportunity to complete questionnaires about their individual care and supports. Inspectors received seven questionnaires from residents. Overall, residents were happy with the supports provided within the designated centre. One resident identified that they would like to paint their bedroom and that they would like some flexibility around meal times. This was discussed with the person in charge who committed to discussing the feedback with residents at the next residents' meeting.

Capacity and capability

Inspectors reviewed the capacity and capability of the designated centre and found that improvements were required. The registered provider had ensured the appointment of a person in charge to the centre. This person possessed the necessary skills, knowledge and experience to fulfil their role. The registered provider had also ensured that the number and skill mix of staff was appropriate to the number and assessed needs of the residents.

The person in charge had not ensured that staff had access to appropriate training as part of a continuous professional development programme. Staff in the designated centre had not received first aid training, despite this being identified as a requirement every two years within the organisation. It was also noted that not all staff members had received training in cardiopulmonary resuscitation as per their training matrix.

The registered provider had not ensured that the designated centre was resourced to ensure the effective delivery of care and support. A listing of emergency lights

which had failed a recent service test was discussed at a capital expenditure meeting two weeks prior to the inspection, and this issue had remained unresolved. On the day of inspection, these emergency lights were not working. This was rectified on the day of inspection however; the current systems in place had not ensured that this was rectified in a timely manner.

A statement of purpose had been prepared for the designated centre. However, it did not contain all of the information set out in Schedule 1. The registered provider had not ensured that the policies and procedures referred to in Schedule 5 were reviewed and updated at intervals not exceeding three years.

The registered provider had ensured that an effective complaints procedure was in place for residents which was in an accessible and age appropriate format. A copy of the complaints procedure was displayed in a prominent position within the designated centre. A complaints log was maintained within the designated centre.

Improvements were required to ensure all incidents occurring in the designated centre were notified to the chief inspector in line with regulatory requirements.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a person in charge to the centre. This person possessed the necessary skills, knowledge and experience to fulfil their governance role.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had not ensured that staff had access to appropriate training as part of a continuous professional development programme.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. The directory included the information specified in paragraph (3) Schedule 3.

Judgment: Compliant

Regulation 21: Records

The registered provider had ensured that records of the information and documents in relation to staff specified in Schedule 2 were maintained and available for inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had not ensured that the designated centre was resourced to ensure the effective delivery of care and support. Faults identified with the

emergency lighting had not been rectified in a timely manner.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had ensured that an agreement in writing was completed with each resident or their representative. This agreement contained details of the service to be provided to each resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose however, it did not contain all of the information set out in Schedule 1.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Improvements were required to ensure all incidents were notified to the chief inspector in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The registered provider had ensured that an effective complaints procedure was in place for residents which was in an accessible and age appropriate format. A copy of the complaints procedure was displayed in a prominent position within the designated centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had not ensured that the policies and procedures referred to in Schedule 5 were reviewed and updated at intervals not exceeding three years.

Judgment: Substantially compliant

Quality and safety

The inspectors reviewed the quality and safety of care and supports in the designated centre and found that some improvements were required. The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. The premises were clean, warm and suitably decorated. Residents showed inspectors their bedrooms and it was evident that they had been decorated in line with their individual likes and preferences.

The registered provider had provided opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs. Residents were being supported to access training. One resident was completing work experience in the local community. Residents were supported to identify goals and were supported by staff members to achieve those goals. However, the registered provider had not ensured that the personal plan in relation to residents' goals was reviewed in a timely manner, some goals remained outstanding and were carried over from year to year.

The registered provider had not ensured that effective systems were in place to ensure that residents were protected against infection. It was evident that when suspected infectious symptoms were suspected, some measures had been taken to protect other residents from potential infection. However, the organisational infection control policy had not been followed to ensure the effective management of these symptoms.

The registered provider had not ensured the provision of appropriate health care for each resident. Inconsistencies were noted within the documentation regarding individual residents' identified health conditions throughout their personal file. An internal review had also identified that one resident did not have any existing health conditions, despite such health conditions being diagnosed and identified within the resident's personal plan. A health plan had not been developed for all identified health care needs. One health care plan required review to ensure that the care and support provided met the resident's current health needs.

The registered provider had not made arrangements for staff to receive suitable training in relation to fire. It had been identified that such training was required

annually in the first two years of employment, and following that every two years. It was identified that all staff members required mandatory fire safety training.

The registered provider had ensured that each resident, in accordance with their wishes, age and nature of their disability, had the freedom to exercise control in their daily life. Residents were provided with information about their rights, including their rights in relation to consent and decision making. All residents were provided with information to support them to access advocacy services.

Regulation 13: General welfare and development

The registered provider had provided opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the needs and objectives of the service and the number and needs of residents. The premises were clean, warm and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had ensured that each resident had access to food and drinks which are nutritious and wholesome and are consistent with residents' individual dietary needs and preferences.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre for all residents.

Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider had ensured that there were systems in place for the assessment, management and ongoing review of risk.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider had not ensured that effective systems were in place to ensure that residents were protected against infection.
Judgment: Not compliant
Regulation 28: Fire precautions
The registered provider had not made arrangements for staff to receive suitable training in relation to fire.
Judgment: Not compliant
Regulation 29: Medicines and pharmaceutical services
The person in charge had ensured that the designated centre had 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
The registered provider had not ensured that the personal plan in relation to

residents' goals was reviewed as stated in the organisational policy.
Judgment: Substantially compliant
Regulation 6: Health care
The registered provider had not ensured the provision of appropriate health care for each resident. Inconsistencies were noted within the documentation regarding individual residents' identified health conditions. A health care plan was not developed for all identified health care needs. One health care plan required review to ensure care and support was provided as required.
Judgment: Not compliant
Regulation 8: Protection
The registered provider had ensured that systems were in place to protect residents from all forms of abuse.
Judgment: Compliant
Regulation 9: Residents' rights
The registered provider had ensured that each resident, in accordance with their wishes, age and nature of their disability, had the freedom to exercise control in their daily life.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	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	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
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	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0023349

Date of inspection: 02/04/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The person in charge to ensure that staff had access to appropriate training as part of a continuous professional development programme:-</p> <p>Action by PIC Discuss staff training at PDR and Supervisors Meetings Forward training identified by staff to HR. Record as an Action Plan in the Quality Enhancement Plan Discuss identified Training at Management Meetings.</p> <p>The PIC identified the training needs of her staff through PDR process and highlighted this to Human Resource Department. Two staff has completed CPR Training since inspection. The PIC sought advice from HR and it was confirmed that this is not mandatory training.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider to ensure that the designated centre is resourced to ensure the effective delivery of care and support.</p> <p>Action Plan:- When faults are identified with the emergency lighting though Master Fire (contractor)</p>	

they should be immediately reported by Master Fire to the Operations Manager7 Health and safety co ordinator.
 The operations Manager should then ensure that these lights are scheduled to be replaced .
 A Report should be forwarded to the Designated Centre that all lights have been replaced in timely manner

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 The registered provider is to ensure that writing a statement of purpose, contains all of the information set out in Schedule 1 as per regulation.
 Action Plan:- PIC has Included in the Statement of Purpose The Specific Care and Needs of the Residents in the Designated Centre as per regulation and a copy has been sent to HIQA.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 The registered provider to ensure Improvements on the reporting of all incidents notified to the chief inspector are in line with regulatory requirements.
 Action Plan
 Notifications are sent to HIQA using the Portal System by PIC.
 PIC to ensure that she identifies the correct Designated Centre according the notification by using a dropdown box which highlights the correct Designated Centre. This will stop delays in Notifications reaching HIQA Regulator.
 The PIC also has a HIQA Notification Folder, where there are hard copies of all notifications sent to HIQA are kept.

Regulation 4: Written policies and	Substantially Compliant
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procedures	
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The registered provider is to ensure that the policies and procedures referred to in Schedule 5 are reviewed and updated at intervals not exceeding three years. Action Plan:- :- The PIC ensured that all local Policies and Procedures were up to date and reviewed. The Programme manager has submitted an audit of the National Saint John of God Policies and Procedures to the board highlighting which Policies and Procedures need to be reviewed to be in line with schedule 5. Programme manager has discussed these Policies and Procedures under schedule 5 with Quality manager and has been given assurance that all will be reviewed and updated by December 2019.</p>	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The registered provider is to ensure that effective systems are in place to ensure that residents are protected against infection.</p> <p>Action Plan:-</p> <p>Ensure that staff have read and signed National Infection Control Policy and a Local Infection Policy and Procedure available in the Designated Centre.</p> <p>Contact HR with regards to providing training in Infection Control for staff.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The registered provider to make arrangements for staff to receive suitable training in relation to fire.</p> <p>Action Plan:</p> <p>APEX has been identified to provide Fire Training for all staff in the Designated Centre and dates have been allocated for staff in May and June 2019.</p>	

Ensure that all training of staff have been recorded on the Kerry Training Data Base.	
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:</p> <p>Action Plan:-</p> <p>Resident to have an annual assessment of needs. The PIC will ensure that Personal plans are completed in S.M.A.R.T. format, specific to the resident and reviewed in a timely manner. The PIC ensures that annual review of personal plan is completed in a timely manner. PIC also completes audit of each Personal plan in designated centre and will ensure that all staff support and communicate with residents as per their assessed needs.</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>This compliance plan response from the registered provider did not adequately assure the office of the chief inspector that the actions will result in compliance with the regulations.</p> <p>The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.</p> <p>Action Plan:</p> <p>All residents to have robust Health Care Plans for all identified health care needs for example,</p> <ul style="list-style-type: none"> • Management of Cholesterol • Management of Ceoliac • Management of Weight loss • Management of hypothyroidism <p>Diabetic and epilepsy plans are already in place for residents in the DC. PIC will ensure all plans are reviewed in a timely manner.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	28/06/2019
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	16/04/2019
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.	Not Compliant	Orange	30/09/2019
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape	Not Compliant	Orange	28/06/2019

	routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.			
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	16/04/2019
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.	Substantially Compliant	Yellow	30/04/2019
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Substantially Compliant	Yellow	30/04/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/12/2019
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	Substantially Compliant	Yellow	31/10/2019

	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.			
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	31/10/2019
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/10/2019
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Substantially Compliant	Yellow	31/10/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	31/03/2020