



# 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:	Unannounced
Date of inspection:	08 November 2019
Centre ID:	OSV-0002919
Fieldwork ID:	MON-0027914

## 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:	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 - 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
08 November 2019	10:00hrs to 14:00hrs	Lisa Redmond	Lead
08 November 2019	10:00hrs to 14:00hrs	Lucia Power	Lead

## What residents told us and what inspectors observed

The purpose of this inspection was to follow up on the findings of a previous inspection in the designated centre. The inspectors had the opportunity to speak briefly with one resident. At the time of the inspection, the resident was being supported to stay in the designated centre independently and have a day off from their day service. The resident indicated to staff members that they were happy to follow their own routine on the day of the inspection. This decision was respected by the inspectors.

## Capacity and capability

The inspectors reviewed the capacity and capability of the designated centre and found that significant improvements had been made since the last inspection. It was evident that the registered provider was responsive to the previous inspection findings, and used this information to improve the quality of service provided to residents. The registered provider had ensured that there was a clearly defined management structure in the designated centre that identified the lines of authority and accountability for all areas of service provision. The person in charge had ensured that all incidents were notified to the office of the chief inspector in line with regulatory requirements.

The designated centre had a statement of purpose, which clearly outlined the care and supports provided to residents. The statement of purpose contained the information required under Schedule 1.

The inspectors reviewed the training records for staff members working in the designated centre. It was evident that staff members had been supported to complete mandatory training in fire safety, managing behaviour that is challenging and the safeguarding of vulnerable adults. As a result of the previous inspection, staff members had also completed training in cardiopulmonary resuscitation and first aid. Staff spoken with told the inspectors that staff training in infection prevention and control was currently being scheduled.

One resident had recently moved to the designated centre. It was evident that the resident and their family had been provided with opportunities to visit the designated centre before they moved there. The resident was also provided with opportunities to meet, and spend time with the residents already living in the designated centre. It was evident that the resident was supported to move to the designated centre, in line with their wishes and assessed needs.

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. It was evident that residents living in the designated centre had been supported to make a complaint in line with organisational policy. The outcome of these complaints were documented, which indicated that appropriate action had been taken by staff members in the designated centre to ensure that residents were satisfied with the outcome of the complaint.

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. This action was identified in a previous inspection. However, it is noted that the time line for this action is consistent with the time line provided to HIQA in the compliance plan submitted to HIQA following the previous inspection of the designated centre.

### Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

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

The person in charge had ensured that each prospective resident and their family or representative were provided with an opportunity to visit the designated centre before admission to the prospective designated centre.

Judgment: Compliant

<b>Regulation 3: Statement of purpose</b>
The registered provider had prepared in writing a statement of purpose which contained the information set out in Schedule 1.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge had ensured that all incidents were notified to the office of the chief inspector in line with regulatory requirements.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The registered provider had ensured that an effective complaints procedure was in place for residents which was in an accessible and age appropriate format.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
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
<b>Quality and safety</b>
The inspectors reviewed the quality and safety of care and supports provided in the designated centre and found that significant improvements had been made since the last inspection.

The designated centre comprised of two community houses. The inspectors visited one of the community houses on the day of the inspection. It was evident 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.

A comprehensive assessment of the health, personal and social care needs of each resident was carried out to inform their personal plan. There was also evidence of multidisciplinary input and review, in line with each resident's assessed needs. It was evident that residents had access to appropriate health care. Residents had access to a general practitioner of their choice. Residents who were eligible for national screening services, were made aware of, and supported to access these services in line with their wishes.

It was evident that residents were supported to develop and maintain personal relationships and links with the wider community. Residents were supported to access opportunities for employment, training and education. It was evident that residents' goals were regularly reviewed by staff members, to ensure that residents were supported to achieve their goals in line with their wishes.

A safeguarding plan had been put in place for one resident, to ensure that they were protected from all forms of abuse. However, it was noted that the plan had not been reviewed as outlined in the safeguarding plan. An intimate care plan been developed for residents to ensure that staff providing intimate care to residents who required this support, were guided to do so in line with the residents' personal plan.

A number of practices had been put in place to prevent the spread of infection in the designated centre. Colour coded systems for cleaning had been adopted by staff members. Residents and staff members also had access to personal protective equipment including gloves and aprons as required. Staff spoken with told the inspectors that infection prevention and control training was currently being scheduled for staff members working in the designated centre. There were adequate facilities for hand washing provided in the designated centre.

### Regulation 17: Premises

The registered provider had ensured that the premises were 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 27: Protection against infection

The registered provider had ensured that effective systems were in place to ensure that residents were protected against infection.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that effective fire management safety systems were in place.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social needs of each resident had been carried out.

Judgment: Compliant

### Regulation 6: Health care

The registered provider had ensured that residents were provided with appropriate health care, having regard to the individual's personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills appropriate to their role, to respond to behaviour that is challenging and support residents to manage their behaviour.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had not protected all residents from all forms of abuse as a safeguarding plan was not updated as per their own review dates.

Judgment: Substantially 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
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0027914

Date of inspection: 08/11/2019

## 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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>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 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 31 2019.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>There was an interim safeguarding plan in place up until October 31 2019. There is a full safe guarding plan now in place to be reviewed in 6 months' time. The day Services already have a full safe guarding plan in place which the safeguarding protection team have been updated on.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	13/11/2019