



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

Issued by the Chief Inspector

Name of designated centre:	St. John of God Kerry Services - Beaufort Campus Units Area 1
Name of provider:	St John of God Community Services CLG
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	25 May 2023
Centre ID:	OSV-0003630
Fieldwork ID:	MON-0034799

About the designated centre

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

St. John of God Kerry Services - Beaufort Campus Units Area 1 consists of eight units on a campus setting located in a rural area but within short driving distance to a number of towns. The centre primarily provides a full-time residential service for adults with an intellectual disability and complex medical care needs including dual diagnosis, high physical support needs and challenging behaviour support needs. One unit of the designated centre does support respite services while another unit provides COVID-19 isolation if required. In total the centre has a maximum capacity of 36 residents of both genders and all are over the age of 18. Each resident has their own bedroom and other facilities including bathrooms, living rooms, dining rooms, visitors rooms and kitchens. Staff rooms and offices are also available. Support to residents is provided by a person in charge, nursing staff, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	32
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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
Thursday 25 May 2023	09:15hrs to 18:00hrs	Deirdre Duggan	Lead
Thursday 25 May 2023	09:15hrs to 18:00hrs	Lucia Power	Support

What residents told us and what inspectors observed

From what the inspector observed and from speaking to staff and management, residents who received supports in this centre were offered a good quality service tailored to their individual needs and preferences. This was an unannounced inspection to monitor the provider's compliance with the regulations. Overall, the service provided was seen to be safe and effective. However, the provider had identified a placement issue in the centre and this was impacting on some residents. This inspection found that some improvements were ongoing in relation to updating the premises.

The designated centre was located in a campus setting in a rural area. The campus was observed to be very peaceful, with large open green areas populated with wildlife, and accessible walks and pathways. The inspector saw that some of the units had nicely appointed patio areas and family supporters had recently installed pergolas in some parts of the centre and there was outdoor furniture available for the use of residents.

This large designated centre comprises seven units in total. One of these was a day service facility converted to an isolation unit during the COVID-19 pandemic that was not in use at the time of the inspection. Two of the units also had a single occupancy apartment attached. Some of the units were bungalow type houses spread across the campus and some were located on the ground floor of the main building, which also housed administration offices.

At the time of this inspection, this designated centre was home to 31 full time residents and one respite resident who had been admitted on an emergency basis. The centre could also accommodate up to four residents for infection prevention and control isolation purposes. The centre had no vacancies at the time of the inspection, aside from the four isolation unit beds. Residents in this centre had a diverse range of support needs, including a number of residents with specific mobility and /or communication needs.

Following an introductory meeting with the person in charge, an inspector had an opportunity to take a walk around the centre and meet with a number of residents and staff and later in the day another inspector also visited parts of the centre and met with residents and staff also. Inspectors visited all of the units in the centre that were accommodating residents on the day of the inspection.

Many of the individual units had originally been purpose built and were specifically designed or had been adapted to cater for residents with additional mobility or sensory requirements. Equipment such as hoists and shower chairs were available to residents if required and since the previous inspection overhead hoists and accessible baths had been installed in one unit of the centre. Also, a group made up of family and friends of residents had been involved in fundraising and had purchased furniture and outside awnings for units in the centre and an inspector

observed some residents enjoying time in the courtyard of their unit.

Some of the units were seen to be modern, with recent refurbishment noted, while others were seen to have some features that could be considered institutional in nature. For example, in one unit a glass fronted office area was located inside the entrance door and a partial partition with a number of doors in it was seen in a bathroom that had once been divided into cubicles. The person in charge told an inspector about the plans in place to remove some of these features in the future. Some minor maintenance was observed to be required also in some units but overall, it was observed that the centre was being well maintained on an ongoing basis. One unit was seen to be sparsely decorated due to the responsive behaviours of a resident that lived there. There were a number of locked doors in this unit and residents' personal effects were kept stored out of sight or in locked presses. Staff in the centre were seen to have made efforts to reduce the impact of this on residents as much as possible and the introduction of touch points on some bedroom doors had enabled some residents to access their rooms independently in a manner that was accessible to them. This placement will be discussed in further detail in the quality and safety section of this report.

Residents were seen to receive person centred care. Inspectors had an opportunity to meet with a number of residents during the day of the inspection and a number of staff and management. Staff were observed to treat residents with respect and to interact positively and in a person centred manner with residents. Staff spoken to were very knowledgeable about residents and their support needs. For example, staff were knowledgeable about the choices that residents made in relation to food and activities.

Residents communicated in a variety of methods including verbal speech, gestures, vocalisations, LAMH signs and other augmentative communication methods. Residents were observed to have meaningful day schedules and some of these were displayed in residents' bedrooms or other areas that residents enjoyed spending time in. Some residents had access to sensory rooms or areas and there were a number of residents who enjoyed the use of sensory water beds and enjoyed spending time in areas that had been adapted with sensory equipment for these residents.

Residents met with during the inspection provided positive feedback about living in the centre and the staff that supported them. One resident told the inspector about the choices that were available to them while in the centre, such as a choice of food and activities. Residents were observed to be supported to attend activities. A number of residents were not present when the inspector completed the walk around of the centre and the inspector was told that they were attending activities such as swimming and external activities with the social and recreation team. A number of residents had recently been away for overnight trips and staff told the inspector that they had enjoyed this. One resident provided positive feedback to the inspector when this was mentioned to them.

A family member spoken to also provided very positive feedback in relation to the service provided to their relative. They stated that their relative loved living in the

centre and that they felt the resident was very happy living in the centre. They were very satisfied with the communication with the centre and were confident that any concerns they raised would be acted upon in a timely manner. They spoke about the positive impact that the reduction in the number of residents in the centre had on their relative. For example, this resident had at one time shared a bedroom with four individuals but now had a bedroom and living space of their own. This had a positive impact for the resident in that the resident now had a personalised area of their own and residents were not impacting on each other if they awoke at night.

Staff of all units presented with a very positive attitude towards residents and the care provided to them in the centre and were very aware of their interests and capacities. For example, the inspector observed a resident outdoors in a patio area of one of the units enjoying a gardening activity. It was clear from what the inspector observed that the resident was enjoying this activity and that staff had made efforts to facilitate the resident to take part in this activity by providing a raised planter filled with compost and positioning the residents' wheelchair in a position to afford him access to the activity. Staff were sitting with the resident and other residents were also enjoying the sunshine in this area. This resident did not communicate using verbal speech and had required assistance with their mobility and it was evident that staff had made efforts to identify what type of activities this resident would enjoy. In other units, residents were observed during the walk around listening to the radio, enjoying refreshments, watching TV, reading magazines and enjoying visits with family members.

Overall, this inspection found that there was evidence of good compliance with the regulations in this centre and this meant that most residents were being afforded safe and person centred services that met their assessed needs. However, some residents were being adversely affected by an inappropriate emergency placement in the centre. 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

Management systems in place in this centre were ensuring that the service being provided to residents was overall safe and appropriate to their needs. Provider oversight was maintained in the centre through systems of auditing and reporting and inspectors were told senior management were present on site regularly, with a number of administration offices located on site also. An isolation unit for the purposes of infection control had been added to the footprint of this centre during the COVID-19 pandemic. Some amendments were required to the statement of purpose to ensure that it accurately reflected the services provided in this unit when it was not in use as an isolation facility.

A number of members of management were present on the day of the inspection and made themselves available to the inspectors as required. The inspector saw that the person in charge maintained a presence in the centre and maintained good oversight of the service provided in the centre. The person in charge who was also a clinical nurse manager 3 (CNM3), was supported in their role by two persons participating in the management of the centre, a director of nursing and a general manager, and also by three CNM2's who supervised the direct care and support received by residents. The person in charge was full time in their role and there were appropriate arrangements in place for oversight of the centre in the event that the person in charge was absent.

The provider had completed an annual review in respect of this centre and this included consultation from residents and their representatives and some of this was presented in an easy-to read format. Overall, the feedback provided for the purposes of this review indicated that residents and family members were satisfied with the service provided in the centre. The provider had also arranged for six monthly unannounced visits to the centre to review the care and support provided to residents and were taking action on issues identified. Management meetings, team meetings and resident meetings were taking place and records of these showed that important issues were discussed such as safeguarding concerns, risk and staff training.

During the introductory meeting, management of the centre told inspectors about some of the positive things that were happening in the centre, as well as some of the challenges faced. This included some difficulties with consistent access to a particular allied health professional due to unplanned leave and the steps that the provider had taken to mitigate against this.

The person in charge told inspectors about the recruitment challenges faced by the provider. Some staffing issues had also been highlighted in the providers' annual review of the centre and some family members had provided feedback that indicated that at times in the previous year staff shortages had been noted. Although there were some staff vacancies in the centre at the time of this inspection, these were filled by regular relief or agency staff and also by some part time staff working additional hours and this was mitigating against any impact on residents.

Staffing levels in the centre were seen to be good at the time of the inspection. Units were appropriately staffed to meet the needs of the residents living in the centre and there were sufficient staff were observed to be on duty on the day of the inspection. A number of residents were supported on a 1:1 basis and one resident was observed to be supported on a 2:1 basis in line with their assessed needs. The provider six monthly report detailed that six new posts had been created in the social and recreation department and there was evidence that this was having a positive impact on residents in the centre.

The person in charge was maintaining oversight of staff training. Some agency staff training records were viewed on site. At the time of the inspection, training in human rights was being rolled out for the staff team. Assurances were requested in

relation to the garda vetting of agency staff and these were provided following the inspection. The person in charge told inspectors about the arrangements in place to supervise staff and their own supervision arrangements.

There were ongoing plans to transfer some residents out of the centre to community based homes, in line with residents' own preferences, and inspectors were told that there was a plan for three residents to transition to homes in the community in 2024. Inspectors were also told that the provider had identified that another residents' living environment was not suitable for their assessed needs and that they hoped to transition this resident to a community based property also. It was hoped that this would better meet their needs and discussed how the funding for this had recently been secured. Another resident had been admitted to the centre full time as an emergency admission in 2021 and the provider was taking steps to identify actions that were required in relation to this placement.

An inspector viewed records relating to complaints in the centre. There were two open complaints at the time of the inspection and the provider was taking action in relation to these. Records viewed indicated that the provider was responding appropriately to complaints received in respect of the centre. An easy-to-read complaints procedure was available to residents. A number of compliments were also recorded in the providers' annual review.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge. This individual was full time in their role.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements in place were appropriate to the the number and assessed needs of the residents in this centre. There was a sufficient number and appropriate skill mix of staff to provide care and support in line with residents assessed needs. Nursing care was available to residents if required. A regular core staff team worked in the centre providing continuity of care to residents and there was ongoing recruitment to fill any identified vacancies. A planned and actual staff rota was maintained in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records viewed showed that staff working in this centre had access to appropriate training, including refresher training and there was evidence of oversight of the training needs of staff. Training was overdue in fire safety and the management of potential and actual aggression for some staff. Where gaps in training occurred, these had been identified and training was planned accordingly. There was a schedule in place for formal staff supervisions.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and was made available to the inspector. This contained the required information specified in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

Local management systems in place were providing good oversight in this centre. The registered provider had ensured the centre was adequately resourced to provide for the effective delivery of care and support. An annual review had been completed and provider six monthly unannounced visits were occurring as appropriate and there was an appropriate auditing system in place that was identifying areas for improvement. Identified issues were acted upon and addressed in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose. Some amendments were required to ensure that this accurately reflected the services provided in the centre. An updated statement of purpose was submitted by the provider following

the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

An easy-to-read complaints procedure was available for residents. Staff spoken to were aware of their responsibilities in this area. A complaints log was maintained in the centre. Complaints were seen to be responded to and taken seriously.

Judgment: Compliant

Quality and safety

The wellbeing and welfare of residents was maintained by a good standard of evidence-based care and support. Overall, on the day of this inspection, the inspector saw that safe and good quality supports were provided to the 31 residents that availed of services in this centre. However, the provider had identified that they were not meeting the assessed needs of one resident. Despite efforts to mitigate against the impact of this, this was seen to be impacting on other residents in the centre also.

This centre is located in a large campus based congregated setting. This did have the potential to impact on some residents' lived experiences, such as residents' opportunities to live ordinary lives in ordinary places. However, this inspection found that there were ongoing and sustained efforts to reduce and remove institutional practices and that, overall, residents were supported to live meaningful lives and the care and support of residents was good. Residents were observed to be content in this centre and residents that spoke to the inspectors indicated that they were happy and well cared for in the centre.

Overall, the premises was seen to be suitable to the residents using the centre. The premises of the designated centre was seen to be of sound construction and kept in a good state of repair externally and internally. One unit was seen to be undergoing some refurbishment works and during the walk about the person in charge spoke about some other planned works to improve the overall layout of some units. Ongoing changes were being made and were planned to bring about positive changes for residents such as larger bedrooms and the adaptation or removal of some aspects of some units that were institutional in nature.

One unit in the centre was observed to be stark in appearance and there were numerous locked doors in this unit also. This was due to the responsive behaviour of a resident living in this part of the centre. Ongoing efforts were being made to

reduce the impact of this on the other residents that lived in this unit. For example, some residents had touch points or keypad access at their bedroom doors to allow them to access their bedrooms independently or with staff support. Two residents did not use this technology and were restricted in how they could decorate their bedroom due to the responsive behaviour of their peer.

This resident had been availing of part time respite supports in this centre for a period of time but had begun receiving full time supports since late 2021 on an emergency respite basis. The provider had identified that this placement was not suitable in the long term. The provider was making good efforts to provide an appropriate service to this individual in the interim including significant input from allied health professionals. Since the previous inspection, measures had been put in place to reduce the impact of this placement on the resident and their peers, such as 1:1 staffing for the resident. However, documentation viewed and notifications submitted to the chief inspector provided evidence that this resident was continuing to impact on their peers on some occasions, and one resident in particular was seen to be affected. For example, documentation viewed showed that this peer did not feel safe in their home and this had impacted on their sleep and general wellbeing at times. Concerns in relation to this had been raised by their psychiatrist and the staff that worked with them. Inspectors were told that the issues identified around this placement were being continually highlighted and escalated by the local management to the provider, who in turn were linking with the funder to identify how this residents needs could be appropriately met.

Residents' rights were discussed during the introductory meeting and inspectors were told that the provider had sought the advice of a legal professional to ensure that specific rights were being upheld in light of recent legislative changes.

A sample of personal plans were viewed. Personal plans in place were comprehensive and contained guidance for staff about how best to support individual residents. This inspection found that there was good evidence to show that, overall, residents' assessed needs were being met in the centre. Inspectors saw that residents were supported to set and achieve goals that were meaningful to them. For example, one resident told an inspector about their experience of visiting a local radio station and taking part in a radio broadcast. Residents had goals that included reconnecting with family members, visiting places of interest, gaining work experience in specific areas, and going on holidays.

Residents took part in a variety of activities including swimming, social farming, work experience, sensory baking, day trips, beach walks and table-top activities. Inspectors viewed photographs of residents enjoying some of these activities. Activity boards were observed in some units that displayed what activities were planned morning and evening and staff were knowledgeable about the types of activities that residents preferred. A sample of documentation viewed for one resident showed that they did not attend external activities on a regular basis. However, it was documented that these were regularly offered and declined by the resident.

Healthcare plans were in place that provided good guidance for staff to support

residents with their healthcare needs. Residents were supported to access appropriate healthcare, including allied health services and mental health supports. Specific supports were available to residents with dementia. Comprehensive healthcare support plans were in place for residents with specific healthcare concerns. Support plans were viewed for residents in relation to areas such as eating and drinking, skin integrity and care, personal care, sleep, communication and any other areas as required. Consideration was given to residents' future needs including end-of-life care, where appropriate.

Inspectors had sight of recently reported incidents in the centre. It was seen that these were generally minor in nature and were recorded as appropriate. Given the size of this centre, the records viewed indicated that overall peer-to-peer safeguarding was well managed, with only one peer-to-peer incident recorded in a two month period in one unit reviewed. There were safeguarding plans in place and a sample of these were viewed and these were seen to be appropriate and respond to identified safeguarding concerns. However, as mentioned above, the assessed needs of one resident were not being met and this was having an impact on the peers that they shared a home with.

An inspector visited a single occupancy apartment for one resident attached to one of the units. The resident was not present at the time but the inspector saw that this apartment was personalised to them and provided a pleasant and peaceful space for the resident to live in. The manager of this unit told the inspector about the positive changes and increase in independence that had come about for this resident when they had moved into their own apartment. They also spoke about the efforts that were being made to build on this residents skills for daily living in areas that they might not previously have had an opportunity to take part in. For example, a washing machine had recently been installed in the apartment and there was ongoing skills education for the resident to support them to manage their own laundry. Previously, all of this residents' laundry would have been managed in the providers' central laundry.

Inspectors were told about and saw evidence that residents were provided with supports from social and recreation staff to access the community and take part in a variety of activities. For example, some residents had recently been on a day trip to Killarney where they had went on a boat ride and enjoyed dinner out. Residents were also enjoying more frequent overnight trips and some residents continued to enjoy regular visits home as well as visits from family members.

Regulation 10: Communication

Residents were assisted and supported to communicate in accordance with their needs and wishes. Guidance was available to staff in relation to supporting residents to communicate and staff were familiar with and respectful of residents' communication methods and styles. Residents had access to media such as television, newspapers and radio and residents were supported to communicate with

family members and supporters by telephone if desired.

Judgment: Compliant

Regulation 12: Personal possessions

All residents had their own bank accounts. However, a small minority of residents did not have access to their own monies, in that family supporters managed their financial affairs.

Most residents had access to adequate storage and could retain control over their personal possessions. Storage in some units was noted to be an issue. Some bedrooms were small with limited storage available, although the provider had plans in place to address this by making some rooms larger. Continence wear was observed to be stored in a bathroom in one unit. Residents' laundry was managed through a central laundry. One resident had recently had a washing machine installed in their apartment to facilitate them to manage their own laundry in accordance with their wishes.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Overall, the registered provider was ensuring that each resident was provided with appropriate care and support, having regard to their assessed needs and wishes. Residents were supported to maintain personal relationships. Residents were provided with opportunities to participate in activities in accordance with their interests and capacities and some residents had taken part in work experience in the local community. Since the previous inspection, the addition of staff on the social and recreational team meant that residents had increased opportunities for community access and overnight breaks.

Judgment: Compliant

Regulation 17: Premises

The premises was accessible to the residents that lived there. The provider was upgrading the premises on an ongoing basis. Some works were planned. Some units required some maintenance. For example, some painting was required in areas, and some kitchen units were seen to be in need of repair or replacement.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were risk management procedures in place in the centre that overall identified and mitigated against risk. Systems were in place for the assessment, management and ongoing review of risk and risk was appropriately escalated if required. Risk assessments were subject to regular review.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control procedures in place in this centre to protect residents and staff were overall good. The premises was observed to be clean and appropriate hand washing and hand sanitisation facilities were available. Appropriate guidance was available to staff. Monthly IPC audits were completed in all units. Some issues in relation to the premises that could impact on effective cleaning are covered under Regulation 17.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans in place were comprehensive and contained good guidance. However, the provider had identified that a residents' assessed needs were not being met in the centre at the time of this inspection.

Judgment: Not compliant

Regulation 6: Health care

Healthcare plans were in place that provided good guidance for staff to support residents with their healthcare needs. Residents were supported to access appropriate healthcare, including allied health services.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices in place in the designated centre. Efforts had been made to reduce or remove restrictions where possible. For example, touch points had been installed on some bedroom doors in one unit and residents had been educated on their use to allow for independent access to their bedroom and full access to their own belongings. Positive behaviour support plans were in place and were subject to regular review. Staffing levels were appropriate to implement positive behaviour support plans for residents.

Judgment: Compliant

Regulation 8: Protection

Staff and management were clear on their responsibilities in relation to safeguarding in this centre and were familiar with safeguarding procedures. Staff had taken part in appropriate training in this area. Where incidents of a safeguarding nature had occurred, appropriate action was taken to ensure that residents were protected and that concerns were responded to. Some residents were adversely impacted by another resident living in their home and some safeguarding concerns had been reported in respect of this. The provider had taken steps to reduce this impact until alternative living arrangements could be provided for a resident. This included 1:1 staffing for that resident.

Judgment: Compliant

Regulation 9: Residents' rights

A resident had been supported to access an external advocate. Resident choice was respected in this centre in many areas and residents and staff told the inspector about how choices were facilitated. Residents were provided with choices in relation to their meals and activities. However, all residents were not provided with meaningful choices in relation to the individuals that they lived with. Residents did not participate in, or consent to, some decisions in relation to the individuals that they shared their homes with and some residents continued to be impacted by other residents that they lived with. The provider had put in place some controls to limit the impact but the lived experiences of residents living in this unit continued to be adversely affected by these living arrangements. For example, two residents could not have personal effects on display in their bedrooms or communal areas and

communal areas were sparsely decorated and stark in appearance. One resident was reported to have disturbed sleep and expressed fear about living in their home and there were also a number of restrictions in place in this unit for one resident that impacted all residents.

Judgment: Not 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
Capacity and capability	
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 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St. John of God Kerry Services - Beaufort Campus Units Area 1 OSV-0003630

Inspection ID: MON-0034799

Date of inspection: 25/05/2023

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: Since the Inspection four staff have completed CPI/MAPA training and eight staff have completed Fire training. Completed 19/08/2023</p> <p>The remainder of staff who require training will be scheduled in for CPI/MAPA and Fire training for 2023. Complete 15/12/2023</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions: The Social Worker and the CNM2 have commenced the process of linking with families for all residents to have access to their monies.</p> <p>Complete 04/03/2024</p> <p>One bedroom will be renovated to give one resident a larger bedroom.</p>	

Complete 30/10/2023

The CNM2 in all areas through their Team meetings will request staff to store all incontinence wear in the residents' bedrooms.

Complete 01/09/2023

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Painting schedule is in place for the year ahead.

Complete 08/04/2024

A request for an upgrade of fitted kitchens to be submitted to the Director of Nursing for approval from the Operations Manager.

Completed 10/08/2023

The unit considered to be institutional in nature will be reviewed with a view of upgrading same .

Complete 30/11/2023

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

Alternative accommodation is being planned for the resident who is having an impact on the peers they share a home with.

Complete 16/09/2023

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Director of Nursing has been in regular contact with the HSE Disability Manager regarding a suitable placement for the individual who is having an impact on the peers they share a home with. This will continue until a permanent placement is sourced.

Alternative interim accommodation is being planned for the resident who is having an impact on the peers they share a home with. Complete 30/09/2023

The CNM2 and staff in conjunction with Positive Behavior Support will continue to review restrictions with a view of reducing same.
Completed 18/12/2023

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(3)(d)	The person in charge shall ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.	Substantially Compliant	Yellow	30/10/2023
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	15/12/2023
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	Substantially Compliant	Yellow	08/04/2024

	internally.			
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	16/09/2023
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.	Not Compliant	Orange	18/12/2023