



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

## Issued by the Chief Inspector

Name of designated centre:	Beaufort Campus Units Area 2 - St. John of God Kerry Services
Name of provider:	St John of God Community Services CLG
Address of centre:	Kerry
Type of inspection:	Announced
Date of inspection:	20 and 21 May 2024
Centre ID:	OSV-0002905
Fieldwork ID:	MON-0034762

## About the designated centre

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

The service is based on a large campus in proximity to a rural village. The service is currently registered to provide residential care for up to 29 residents with moderate or severe intellectual disability. Services are also provided to residents with dual diagnosis and significant medical conditions. Adults both male and female are supported in the designated centre. Three of the residents currently avail of shared care. Many of the residents have lived in the designated centre since they were young children. Accommodation is provided in five separate houses or units and an apartment. Between three and six residents reside in each of the five houses. All accommodation is at ground floor level. All residents have their own bedrooms when availing of services in the designated centre. Communal spaces in each unit include sitting room, dining room, kitchen and bathroom facilities. There are additional facilities including a swimming pool located on the campus. The staff team comprised of nurses and care assistants providing support to residents both by day and night. The designated centre is closed to future external admissions.

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

Number of residents on the date of inspection:	25
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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
Monday 20 May 2024	10:00hrs to 17:30hrs	Elaine McKeown	Lead
Tuesday 21 May 2024	09:30hrs to 16:40hrs	Elaine McKeown	Lead
Tuesday 21 May 2024	09:30hrs to 16:40hrs	Laura O'Sullivan	Support

## What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The designated centre had previously been inspected in May 2023. The provider had adequately addressed most of the actions identified in that inspection. This included upgrade works to the kitchens, storage facilities and flooring. Additional actions as outlined in the provider's compliance plan response had also been completed which included oversight by the person in charge of staff training and timely review by the staff team of residents personal plans. The provider had made progress with the acquisition of a house in the community to support the transition of up to four residents as part of the de-congregation of the campus. However, due to circumstances outside the provider's control the completion of the required works to enable the new premises to be registered as a designated centre had not been completed as expected. This resulted in the provider having to revise the time line for this action to 30 March 2025. This will be further discussed in the capacity and capability section of this report.

The inspection took place over two days and each of the five houses and the apartment were visited by an inspector at times that did not adversely impact on the routine of the residents. The inspectors were introduced and met with a total of 20 residents during the inspection. The remaining residents were either attending planned social activities with the social and recreational team or attending their day service. One inspector also met with relatives of one resident who was in receipt of a shared care service in the designated centre. The resident was observed to respond to both their relatives and familiar staff with smiles as the conversation focused on the resident. In particular, how they liked the recently decorated bedroom that they used during their time in the designated centre. The inspector was also informed that the resident enjoyed spending time with their peers. The resident had recently been provided with a new seating mould for their wheelchair which had improved their overall posture and positioning according to the resident's relatives and staff that were present.

It was evident that each of the houses were decorated to reflect the personal preferences and choices of the residents living in the houses. For example, the first house visited by an inspector was decorated with bright colours, had recently been painted and had upgrade works completed such as new furniture in both internal and external communal spaces and personal bedrooms. This house supported five full time residents and there were two residents who availed of shared care arrangements with the provider at the time of this inspection. The inspector completed a walk around of the house and observed the individuality and preferences of each resident. While one resident preferred minimal personal items in their bedroom another had numerous photographs and had been part of the decision making when purchasing new furniture for their bedroom.

Each house visited during the inspection demonstrated a person centred approach

for those living there. There was evidence of routines to suit individuals and flexible responses to changes in schedules for those residents who were known to enjoy social activities. For example, on the first day of the inspection two residents were offered the opportunity to join a community activity when other residents in another designated centre were unable to attend. Staff spoke of how the social and recreational team were very familiar with preferred activities of the residents and often contacted houses if there was availability in an activity which could be offered to one of the residents.

The inspectors were warmly welcomed into every area they visited. Staff spoke enthusiastically about the positive achievements residents had made in the previous 12 months. For example, one resident who had impaired vision liked to spend time outside near scented plants that were growing in a flower bed which also had a water feature. This is where the inspector was introduced to the resident. Staff supporting the resident explained, while including the resident in the conversation about the different scented oils the resident liked. This was confirmed by the resident themselves to the inspector. The resident was also observed to be enjoying listening to traditional Irish music being played on an accordion by a visitor in the patio area in front of the house as the inspector arrived.

In another house, staff spoke of the ongoing supports in place to encourage a resident to participate in activities outside their home. The resident currently chooses to remain on the campus and does engage in some activities such as attending mass. Staff from both the house and the social and recreational team were working together to support the resident to access a transport vehicle without causing them anxiety. There had been progress documented and spoken about by the staff team in the previous 12 months for this resident who regularly sat on the transport vehicle using a stepped goal approach, The overall goal was to encourage progression for the resident to be able to enjoy a spin outside of the campus.

Inspectors viewed a social story that had been developed by a member of the staff team to assist the residents to understand the reason for the inspectors visit. This was present and available in a few houses to the residents. The inspectors were informed that where staff had particular skills or had attended training courses they were encouraged to share these skills and knowledge among the staff team. One staff member had attended a social story course, others had attended social role valorisation courses. Other staff members enjoyed interior design and collaborated with residents when decorating personal and communal spaces within the designated centre.

An inspector met with four residents currently living in one of the houses on the second day of the inspection. These residents had many plans for the day ahead which included Zumba classes, participating in a local community tidy towns group and going for a walk. Another resident had already left to attend their day service in another nearby town. It was evident the importance of family and religion to this group of residents was supported by the staff team. Regular attendance at Mass on the campus for one resident was very important to them and this was supported by the staff team. The inspector was informed they had a special song which they asked the priest to participate in. The resident sang a verse of the song for the

inspector. Another resident who had died since the previous HIQA inspection was remembered by their peers. There was a framed remembrance in the house that had been presented by the resident's family to the residents. The sun room in the house had also been named after the resident.

The staff teams in each of the houses supported residents, in line with their wishes and preferences, to engage in community activities frequently. This included going to hair dressers, barbers, art therapy, concerts and other social outings such as having preferred drinks in cafes. Staff also spoke of the increase in contact between some residents and their family representatives. Through effective and ongoing communication a number of residents had enjoyed overnight stays in other counties with relatives that would have not previously occurred. One inspector was informed of two such events having taken place since the last inspection in May 2023. Staff outlined the background work and preparation that had been completed to ensure the success of these visits for the resident and family members. Other family orientated activities included bringing a resident to visit an elderly relative in a nursing home. Residents were also supported to meet with family representatives in social settings in the community. In all of these events staff spoke of the importance to ensure the privacy and space required by the resident was afforded to them when engaging with their relatives, while providing support as/when required.

The staff team present in each of the houses visited were observed to advocate for the residents for whom they were supporting. For example, one resident had required admission to hospital due to the sudden onset of an unknown illness. On discharge their assessed needs had changed and the staff team and provider ensured the resident was provided with a larger bedroom space to better suit their assessed needs. This is reported to have had a positive impact for the resident, who was reported to be sleeping better and regularly spending time relaxing in their larger bedroom which would not have previously been something they would have had adequate space to do.

Staff informed the inspectors that at least two other residents living in the designated centre would benefit if they had larger bedrooms. The provider was actively progressing with a plan to move four residents from this designated centre into a community house. The person in charge and unit heads were regularly reviewing each of the houses to ensure those residents remaining in the designated centre would be provided with the personal space they required.

The staff team explained that each resident had a key worker. This person ensured ongoing monitoring of daily activities that the resident actively participated in and were consulted in decision making such as decorating personal spaces. They were also responsible to ensure regular review of personal plans with the resident whom they supported. The progression of personal goals was also documented. The residents were also supported to maintain their independence where possible. For example, the staff team outlined the rationale for the requirement at times to lock the doors on the main hallway of one house. These restrictions were documented and the length of time the restriction was in place was consistently recorded. However, three residents were provided with a system to independently access their own bedroom. At the time of this inspection the fob system required further

enhancements to ensure it consistently worked as required for each of the individuals. The staff team spoke positively of the impact for these residents and their independence accessing their own rooms as they wished, without requiring assistance from any staff member.

Staff spoke about the individual residents interests and preferences, from cycling and baking to staying in hotels overnight and enjoying afternoon tea. Staff ensured each resident had access to activities that were meaningful to them such as gardening or swimming, in line with individual preferences. These activities were also supported by the social and recreational team that worked on the campus. There was regular communication and consultation between the core staff team and the social and recreational team to assist residents to achieve personal goals, access community activities and engage in regular meaningful activities.

The inspectors spoke with 19 members of the staff team throughout the inspection. This included the person in charge, three unit heads, nurses, social care and household staff. Some of these staff had worked for many years with the provider and spoke of the positive changes for the residents. All staff demonstrated that they were familiar with the assessed needs of the residents for whom they were supporting. The inspectors were informed that there were a number of residents who had complex medical needs and required ongoing monitoring and support. This included vision and hearing deficits, assistance with mobility in conjunction with medical conditions that in some cases were unpredictable and required input from consultants in healthcare and clinical nurse specialists. Nursing supports were available to the residents by day and night in the designated centre.

One inspector spoke with a family representative of one resident on the phone. The inspector did not get to meet this resident during the inspection as they were actively engaged in planned activities either at their place of work or in their day service on both days of the inspection. The inspector was informed the resident was very happy with their living accommodation and their access to social activities which included being part of a drama society musical performance in the community recently. The family had noticed an increase in the resident's confidence, independence and overall happiness since they moved into their apartment during 2023, to name but a few of the positive outcomes for the resident. The resident also had paid employment in the community. The relative also expressed how well the staff team supported, cared for and encouraged the resident in all aspects of their life. In their opinion the staff team worked above and beyond what would be expected in their roles.

The staff team also spoke of the positive impact for the same resident. They engaged more with peers living near them, which included going to sporting fixtures in the community or calling into their peers for a chat and hot drink. The resident was excited to try new experiences which included going on a helicopter ride during 2023. The resident was also very proud of their home and had recently been supported by staff to complete some gardening and planting after expressing a wish to have flowers in their garden.

The inspectors were informed of many improvements for residents throughout the



designated centre which included improved health and meeting the changing assessed needs of residents. For example, one resident was observed to be happy to use a transfer aid with one staff that allowed them to be supported with mobilising from one part of the designated centre to the other. Another resident was experiencing an improved quality of life with the successful management of a long standing medical issue that had been fully resolved in recent months.

Five resident questionnaires had been completed and submitted via post for review in advance of this inspection taking place. Three residents required assistance completing the questionnaires, two residents family representative completed the form on their behalf. All responses were mostly positive in nature relating to their living environment, staff support, contact with friends and family. There were a number of individual comments regarding specific issues such as a resident would benefit from a quieter, less busy house or another who would like to part take in more social outings. All completed questionnaires outlined the positive impact of the care and support provided by a dedicated staff team.

In addition, five compliments had been recorded since the start of January 2024 for this designated centre. These outlined the dedication and support provided to the residents by the staff team. Compliments were received from relatives reflecting their appreciation of the dedication and caring nature of the staff team. Nine compliments had been recorded during 2023, all with similar positive comments.

In summary, all residents required ongoing supports from staff members familiar with their assessed and changing needs. At the time of this inspection the residents were been supported by a consistent team knowledgeable of their assessed needs with regular input from members of the multi disciplinary team (MDT). There was evidence of ongoing review of the residents assessed needs and consultation with residents and their family representatives. There was evidence the provider had made progress in addressing the actions found on the previous inspection of this designated centre. In addition, the provider was actively working with other agencies to complete the required works to a community house which is planned to support up to four residents from this designated centre. This is part of the provider's over all de-congregation plan for the campus.

The next two sections of this report will 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 provided.

## Capacity and capability

Overall, this inspection found that residents were in receipt of person centred care and support. This resulted in good outcomes for residents in relation to their

personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of oversight and monitoring in the management systems of this designated centre to ensure the residents received a good quality service.

The provider was actively progressing with their services operational plan 2021. This included purchasing houses in community settings as part of the de-congregation of the campus. At the time of this inspection a house had been purchased. The provider had begun recruiting staff with a plan to continue to develop the blended skill mix within these residential locations to support the assessed needs of the residents who would be transitioning to these new community homes.

The provider had identified areas within the designated centre which would be further improved once the community house was registered as a designated centre with the Health Information and Quality Authority (HIQA). At the same time ensuring the residents who wished to move to these new locations in a local town were successfully after settling into their new homes. The provider had to revise the time line for completion of the works required to these new homes due to delays encountered with other agencies and contractors to get the required upgrade works completed. Following the previous HIQA inspection in May 2023 the provider had informed the chief inspector that the expected date of compliance with Regulation 9 : Residents rights would be attained by 30 June 2024. In advance of this inspection taking place the provider had submitted an updated compliance plan indicating that this date was not attainable. The provider expected to have completed the successful transition of residents who choose to re-locate to the community by 30 March 2025.

While progress had been made by the provider including the purchase of one house and sale agreed on another house in the locality, the required upgrade works and delays outside of the provider's control had impacted on completion of the projects. The inspectors acknowledge that some issues remain with the premises in this designated centre relating to some residents personal living space. However, it was evident staff teams were working together to ensure best possible outcomes for all residents. For example, the provider had a quality enhancement plan in progress which ensured ongoing review by members of the governance team with actions which included internal works to be completed in some of the houses. There were plans for a quarterly review of the annual planning meeting which the person in charge would be monitoring.

In addition, a review of the staff resources available to residents in two of the houses after 18:00 hrs was in progress at the time of this inspection. Two meetings had taken place prior to this inspection which had also been attended by members of the social and recreational team to look at ways to increase support in the evenings for the residents in these houses so they could access meaningful activities if they wished to do so. This was also consistent with what both inspectors were told by members of the staff teams during their visits to these houses during the inspection.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

## Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. The person in charge remit was over this designated centre. They were available to the staff team by phone when not present in the designated centre.

They were supported in their role by three staff members who were appointed in the role of unit head who worked full time in this designated centre. Each had delegated responsibility for specific houses within the designated centre. These staff members was present on the day of the inspection and observed to be very familiar with the assessed needs of the residents. They demonstrated their knowledge of the regulations and accessed all documentation that was requested during the inspection by the inspectors in a timely manner.

The inspectors were informed and saw documented evidence of duties being delegated and shared including the staff rota, audits, supervision of staff and a review of personal plans between the unit heads and the person in charge.

The person in charge and unit heads demonstrated their ability to effectively manage the designated centre. They consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management.

Judgment: Compliant

## Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. Front line staffing resources were in line with the statement of purpose. Changes required to be made to the rota in the event of unplanned absences were found to be accurately reflected in the actual rota. In addition, staff demonstrated their flexibility in changes to their planned shifts, sometimes at short notice, to support the assessed needs of the residents.

The actual rotas that were reviewed detailed if staff were attending training or supporting residents on social activities in the community.

The person in charge ensured staff on duty had the necessary skills and up-to-date training to adequately support those residents in their care such as the administration of emergency medication. If a situation arose that the staff on duty did not have the required training such as the safe administration of medicines, there were staff available on the campus to assist on the occasions when this occurred.

At the time of this inspection there were some vacancies in the staff team which included nursing and social care roles. The provider was actively engaged in a recruitment campaign since October 2023 with some posts having been commenced by new team members and more due to be filled in the weeks following this inspection. There was a consistent core staff team who were supporting the residents to deliver person-centred, effective and safe care. There were also regular relief staff available who were familiar to residents to support them as required.

Staff attended regular team meetings which discussed a number of topics including, staff training, safeguarding, restrictive practices, fire safety and infection prevention and control measures.

The inspectors met with 19 members of the staff team over the course of the day. This included management, and front line staff including household staff. All were observed and demonstrated during the inspection that they were familiar with the residents they were supporting and their likes, dislikes and preferences.

The provider also had additional staffing resources to complement the supports being provided to residents to engage regularly in meaningful activities. The staff employed on the social and recreational team assisted this and worked in conjunction with the core staff team to ensure each resident who wished to part take in social activities would be supported to do so regularly.

The provider was also actively reviewing the staffing resources in the evening time in two of the houses at the time of this inspection. The staff team and social and recreational team were tasked to look at ways to increase resources during the evening time to desirable levels between core hours of 18:00- 20:00 hrs and to report back to the provider in June 2024. The aim of this review was to enhance further access for residents to meaningful activities in the evening time if they wished to participate, in particular during the summer months when the days were longer.

Judgment: Compliant

Regulation 16: Training and staff development

The core staff team comprised of a total 51 staff members which included the person in charge and three unit heads, at the time of this inspection.

The person in charge had a training matrix in place which was subject to regular review. Each unit head was responsible to ensure oversight of the training requirements for the area under their remit. Documentation provided for review during the inspection outlined almost all staff had completed the required training to support residents living in this designated centre, both mandatory and centre specific. This included dysphagia training. Only one staff required refresher training in managing behaviours that challenge and another in manual handling at the time of this inspection. There were planned scheduled training for the year ahead for the staff team.

All staff in the designated centre had completed a range of other training courses to ensure they had the appropriate levels of knowledge and skills to support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, infection prevention and control.

The provider had also reviewed the skill mix of the teams working in each of the houses in this designated centre. The provider was actively building the skills of the core staff team where required, such as training in the safe administration of medications.

The staff team had completed training modules in human rights and supported decision making as requested by the provider.

Staff supervision was occurring in-line with the provider's policy and scheduled in advance.

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and the insurance was valid for the current year.

Judgment: Compliant

### Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a management structure in place, with staff members reporting

to the person in charge who had the support of three unit heads working in the designated centre. The person in charge was also supported in their role by a senior managers.

The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose.

The provider had ensured that an annual review and internal six monthly audits had been completed within the designated centre as required by the regulations. The provider had also ensured the annual review reflected the views of the residents and the positive outcomes and achievements during the period of review from January to December 2023.

The provider also ensured ongoing oversight with additional audits being completed including medication management, fire safety and finance.

There were also centre specific audits completed by the staff team which included a monthly review of social outings attended by each resident to ensure meaningful and frequent activities were being offered and enjoyed by residents. There was also a system in place to monitor the progress of residents personal goals within the designated centre.

Each house within the designated centre had an action plan which supported ongoing monitoring of actions being addressed /completed which had been identified on audits. For example, in one area it was recommended to add additional furniture to regular cleaning schedules including wheelchairs. It was evident improvements had been made in this area at the time of this inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations. A number of minor changes were made in advance of the inspection taking place and re-submitted by the provider.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints at the time of this inspection. Residents and staff

were aware of the provider complaint's policy. The current policy "Your service your say was scheduled to be reviewed again in November 2025 as part of the provider's policy review programme.

Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was.

One inspector reviewed complaints records that were stored in a electronic format and that had been made in the designated centre since the previous HIQA inspection in May 2023. A total of three complaints had been made and all had been resolved in a timely manner to the satisfaction of the complainant. For example, an action to improve communication between a family and the staff team was introduced in the format of a communication template which ensured a more detailed handover at the end of a shared care stay for one resident.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences. However, not all residents were provided with bedrooms that met their assessed needs at the time of this inspection. The inspectors acknowledge that the provider was actively progressing with planned works on a community dwelling which would ultimately assist with residents who were remaining on the campus to attain improved personal space.

The staff team outlined actions taken to reduce the noise levels in some of the larger houses to enhance the lived experience for all residents. While some residents enjoyed spending time with their peers others preferred their own space and quieter environments. Staff scheduled activities throughout each day so that minimal number of residents were present where this benefitted particular residents. For example, some residents were engaged in morning activities and relaxed in the early afternoon in their home while their peers had the opposite activity schedule. This assisted with providing additional time and support to residents in their own homes or to engage in community activities. The social and recreational team were constantly collaborating with the staff team. This ensured all residents were regularly supported to participate in their preferred activities. For example, on the second day of the inspection, one resident who had been unwell was being supported in their home by a staff member. Two of their peers had been offered the opportunity to join a planned activity in the community with the social and recreational team when other residents were unable to attend. This had facilitated a staff member to spend time with and support the resident in the afternoon in a

quieter environment.

The residents were consistently supported by members of the multi disciplinary team who visited the designated centre regularly. Residents were being supported with an person centred service to support their assessed needs which was having a positive impact on their lives. Each resident was enjoying engaging with staff in meaningful activities frequently. For example, volunteering in tidy town committees, working in a local garden centre or enjoying social outings in the community.

One inspector spent some time during the inspection speaking with the behaviour support clinical supervisor. This person was very familiar with the assessed needs of each of the residents, was actively involved in the development of the behaviour support plans of the residents and also provided expert input. They ensured the staff team were familiar and had up-to-date knowledge while supporting each of the residents. This included regular relevant data collection regarding individual residents to inform future plans of care. Such as the use of monthly behaviour incident reports and scatter plots to record if behaviours of concern had occurred. For example, one resident had a total reduction in a shouting behaviour during 2023. In January there had been 20 recorded incidents, with ongoing and consistent supports from the behaviour support specialists and the staff team these had reduced to zero in December 2023.

## Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes in their home or arrange to meet in community locations.

Visitors were frequently welcomed into each of the houses. It was evident family representatives and the staff team collaborated to ensure residents were supported to enjoy quality time with their relatives in different locations. For example, one resident went to a shopping outlet and spent time with their relative there. Another regularly went on holiday with their family. Other arrangements included weekend visits to family for some residents. On the first day of the inspection one resident had just returned from a planned visit with relatives which they indicated to the staff and inspector that they had enjoyed .

Judgment: Compliant

## Regulation 17: Premises

Overall, the inspectors observed evidence on ongoing review of maintenance and consultation with the residents of planned works/repairs in advance. In addition future planning to meet changing needs of the residents as they aged was also given consideration. For example, one bathroom was scheduled to be upgraded to



better suit the assessed needs of a resident who would benefit from a particular shower enclosure.

All of the houses and the apartment were found to be clean, comfortable and well maintained. On the day of the inspection the weather was very good and all areas in the houses were well ventilated. Areas were observed to be decorated to reflect the individual preferences and interests of the residents.

Where actions relating to premises had been identified on internal audits it was evident these had been addressed in a timely manner. For example, the most recent provider led internal audit in February 2024 had identified issues relating storage of personal possessions within reach of residents which was reviewed. Improvements regarding cleaning in an area had been identified by the auditors and addressed by the staff team.

The provider had adequately addressed the actions relating to the premises from the previous HIQA inspection in May 2023 which included upgrade works to kitchens, flooring and providing additional storage for personal possessions.

The provider was aware that the room size in some of the bedrooms was limited. There were plans to address this issue as progress with the over all service operational plan is made.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had ensured fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems. The provider had protocols in place for fire safety checks to be completed which included daily, weekly and monthly checks.

The provider had ensured an effective fire evacuation plan was in place which included a pre-written text message that was sent to identified responders in nearby locations on the campus.

The provider had ensured a site specific audit had been completed by the quality department as part of the actions outlined following the previous HIQA inspection in May 2023.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. These plans detailed the supports required by each resident to evacuate the building, in particular if a resident had issues with mobility and required additional support. Objects of reference were also available to help reduce anxiety levels for some residents in the event of the requiring to

evacuate in an emergency situation.

All staff had attended training in fire safety. Staff spoken too during the inspection were aware of the fire evacuation plan and had participated in fire drills. Residents had also participated in regular fire drills. While regular fire drills including minimal staffing drills were completed in the designated centre, it was not always documented which fire exit was being used. The documentation did include scenarios and other relevant information including timely evacuations beyond the point of the fire. There was evidence of ongoing review by persons competent in fire safety, with suggestions being made which included staff to consider role play of a situation where a resident refused to evacuate. Recommendations had also been made following learning from fire drills which included at least two staff should be present in one of the houses to help reduce the anxiety that may be experienced by the residents living there. In addition, the provider had installed additional lighting on the campus to assist staff responding from different locations during the hours of darkness, when the issue was raised by staff members following another fire drill.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Inspectors reviewed 11 personal plans over the course of the inspection. Each resident had an assessment of need and personal plan in place. These plans were found to be well organised which clearly documented residents' needs and abilities. There was evidence the residents had actively participated or were consulted in the development of their personal plans. For example, one resident reviewed their plan every three months with their key worker. Another resident had regular meetings with their key worker to form a plan for upcoming activities and progression of their goals.

Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals, in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews. All residents' goals and the progress made in achieving these were subject to regular review. Details were documented if a goal was not attained, such as when a resident displayed declining interest in the activity. Goals were reflective of personal interests, such as gardening, sensory integration and community integration such as joining local groups.

Residents had their favourite activities included in their weekly plan such as going into the local community and visiting cafes, beaches, and local scenic. Residents had copies of their personal plans and outlines of their goals which were available in a format that was accessible to them.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge. The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed.

Positive behaviour support plans were in place where required for residents and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use. For example, trigger controls, rewards contracts and positive acknowledgement for a job well done. The person in charge and staff team were supported by the use of consistent communication responses to support residents' understanding of routines and to help in anticipating next steps in routines.

There was evidence of regular review of support plans by the staff team and members of the MDT. This included the behaviour support clinical supervisor.

There were a number of restrictive practices in use in the centre and these had been assessed for and reviewed by the provider when implemented. There was also evidence of ongoing review and monitoring. For example, a restriction was in place in one of the houses to lock the doors in the hallway when a resident displayed behaviours of concern. This adversely impacted three other residents who could mobilise independently. However, a review of the amount of times and the duration of the restriction being in place demonstrated that the restriction was only used for the shortest time and in the days prior to this inspection had not been required for 22 or 23 hours over two 24 hour periods. In addition, there was system in place to support the independence of these three resident with the introduction of the fob system to access their own personal space. This was being adjusted at the time of the inspection by the contractor to ensure it consistently worked when required by each of the residents.

Judgment: Compliant

### Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. There were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing

discussions and develop consistent practices.

At the time of this inspection there were no open safeguarding concerns in the designated centre. The inspectors were informed staff team had processes in place for the ongoing monitoring of closed safeguarding concerns. There were however, no risks identified at the time of this inspection.

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

Judgment: Compliant

## Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspectors found that the rights and diversity of residents were being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through their meetings and discussions with staff.

At the time of this inspection, the provider had resources in place to support residents to engage frequently in preferred activities either on the campus or in the community. This included attending day services, community groups such as tidy towns, Mens shed groups or employment opportunities.

The social and recreational team collaborated with the residents and staff teams in each of the houses to ensure residents were supported to engage frequently in meaningful activities.

Each house had access to at least one transport vehicle with other transports available on the campus as required.

Over the course of the inspection, the inspectors observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Staff practices were observed to be respectful of residents' privacy. For example, keeping residents' personal information private, and to only share it on a need-to-know basis.

It was evident staff considered the assessed and changing needs of residents when supporting future planning of their service provision. Staff demonstrated how they were advocating for residents regarding their living arrangements and improvements to be made regarding the size of some bedrooms to better meet the needs of the individual residents. One resident had a positive outcome to their quality of life after they had returned to the designated centre after a sudden illness and required a larger bedroom space to support their assessed needs.

However, at the time of this inspection one resident required the use of a mobility

aid and the space in their bedroom was limited. As an interim measure the staff team had requested an adaptation to the resident's bed be made to assist with the positioning of the aid when supporting the resident into their bed. However, it was observed by an inspector that staff had very little space to manoeuvre the equipment in the bedroom at the time of this inspection.

Staff were very familiar with the preferences of the residents they were supporting and ensured the voice of the resident was heard, for example when promoting their independence and management of their finances.

Staff ensured each resident was provided with an individual and person centred service to meet their assessed needs. There was evidence of ongoing review and consideration given to exploring new activities and interests for residents who wished to engage in meaningful activities.

The inspectors acknowledge that the provider was actively progressing with the required upgrade works to a house located in the community which it is planned to support four residents from this designated centre if they wish to transition to a community dwelling. However, due to delays outside the provider's control this had been delayed.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
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	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Beaufort Campus Units Area 2 - St. John of God Kerry Services OSV-0002905

Inspection ID: MON-0034762

Date of inspection: 21/05/2024

## 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 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:            For the resident with the mobility aid, the maintenance department have reviewed the floor space of the adjoining room and will organise with the procured building contractors to knock the wall which will result in a bedroom that is double the size of the existing bedroom for the resident. Once completed the resident will be supported to decorate the new bedroom to the residents own personal preference.            Timeframe for completion: 30 October 2024</p> <p>As per Action Plan from Previous Inspection:            Sale of house in Killarney has been completed. HSE Estates and SJOG Housing association are jointly progressing the project. Procurement competition for design team must be sourced to make adaptations to the house. Initial plans and scope of works have been completed for the house. Awaiting on confirmation on funds to carry out works from Kerry County council and HSE capital funding. Once design team is in place a high-level cost report can be prepared and works can go out to e -tender process to secure contactor. Estimated timeline of when house will be complete is Q3 2024. This house has been identified for 4 residents who wish to move from campus to the community.</p> <p>Timeframe for overall completion: 30 March 2025</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 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/03/2025