



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:	Announced
Date of inspection:	20 May 2024
Centre ID:	OSV-0003630
Fieldwork ID:	MON-0034775

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:	31
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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	Deirdre Duggan	Lead
Tuesday 21 May 2024	09:25hrs to 16:40hrs	Deirdre Duggan	Lead
Monday 20 May 2024	11:00hrs to 17:00hrs	Laura O'Sullivan	Support

What residents told us and what inspectors observed

From what inspectors observed and from speaking to staff and management, residents who received supports in this centre were offered a safe and responsive service tailored to their individual needs and preferences. Overall, an effective service was being provided to residents in this centre, and residents were seen to be receiving good quality and person centred supports from the staff and management team in place in this centre. Some ongoing incompatibility issues in the centre did continue to impact on residents. However, the provider was seen to be responding robustly to this issue and this will be discussed in further detail in this report.

While an inappropriate placement and incompatibility issue in one part of the centre continued to impact on some residents, significant work had been completed in relation to this and at the time of this inspection, the provider evidenced that advanced plans were progressing for one resident to transition from the centre.

This designated centre is located in a large campus setting in a rural area. The campus has large open green areas populated with wildlife, and accessible walks and pathways. Some of the units are purpose built bungalows spread across the campus and some are located on the ground floor of the main building, which also houses administration offices. Two of the units have a single occupancy apartment attached. There is one other large designated centre on this campus also as well as school, day service, pool and administration buildings. The residential units have patio and courtyard areas and outdoor furniture available for the use of residents. The inspection took place during a period of warm weather and inspectors observed many residents enjoying time in the gardens, patios, and courtyard areas of their homes as well as moving about freely and using the walkways on the campus.

This large designated centre comprised seven units in total at the time of this inspection and was registered for 36 residents. However, one of these units is a day service facility that converted to a four-bed isolation unit during the COVID-19 pandemic. This unit was not in use at the time of the inspection and was being removed from the footprint of the centre as part of the application to renew the registration of the centre.

At the time of this inspection, this designated centre was home to 31 residents including a respite resident who had been admitted on an emergency basis in 2021 and remained living full-time in the centre at the time of the inspection. The centre had one full-time vacancy at the time of the inspection, aside from the four isolation unit beds, which were being removed from the centre. Residents living in this centre have a wide range of support needs, including a number of residents with specific mobility needs, communication needs and residents who required behavioural supports.

During the inspection, inspectors had an opportunity to take a walk around all areas of the centre that were being put forward for renewal of registration and meet with

residents and staff. Overall, 29 residents were met with or observed in their homes by inspectors during this inspection. The isolation facilities were not visited during the inspection.

Some areas in the centre 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 some more overhead hoists and accessible baths had been installed in some units of the centre. Some work had also been completed in one unit to provide a larger bedroom for a resident and this was reflected in the current application submitted by the provider.

As seen on the previous inspection, some of the units were seen to be modern, and some areas had been recently refurbished, while other areas were seen to retain some features that could be considered institutional in nature. However, since the previous inspection, efforts had been made to reduce the impact of some of these features and overall, most areas of the centre were observed to be homely and decorated in line with residents preferences. Some general maintenance and refurbishment was observed to be required in some units but overall, given the size of the centre and the number of buildings it contained, it was observed that maintenance was being completed as required.

In the previous inspection, one unit was seen to be sparsely decorated due to the responsive behaviours of a resident that lived there and there were significant restrictions in place such as locked doors and presses. While some restrictions remained and some issues remained in this unit, some improvements were also noted. During the period that this inspection took place, it was observed that efforts had been made to reduce the restrictions in place for residents and that further efforts had been made to decorate this unit. A large wall of memories in one room displayed hundreds of laminated photographs of residents, painting had been completed, and murals had been painted that contributed to a more homely atmosphere in this unit.

Inspectors also had an opportunity to meet with a number of staff and management during the inspection and one family member was met with also. As seen on the previous inspection, staff were observed to treat residents with respect and to interact in a caring and positive person centred manner with residents. Staff spoken with were very knowledgeable about residents, their support needs and their preferences in relation to their environment, activities and food.

Residents in this centre had meaningful day schedules and, depending on residents' preferences and communication styles, 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 within their homes and some areas of the centre had equipment, such as specialised padding of floor and furniture to allow them to safely navigate areas in their home with a degree of independence. Residents also had the use of a variety of specialised equipment, including custom seating, hydrotherapy baths, water-beds and moulded bean bags.

Given this centre was campus based and a congregated setting, consideration was being given to residents' rights to access ordinary places and experiences. Staff told inspectors about how the service was providing new choices to some residents-for example, one resident had recently commenced work experience in a local community based shop and staff told the inspector that this would not have been considered for this resident before but was having a very positive impact on their life and self-esteem. Other residents were attending the local hairdresser and other appointments that might previously have been offered on campus.

Some residents met with during the inspection provided positive verbal feedback about living in the centre and the staff that supported them. Other residents, who either chose not to interact with the inspectors or did not communicate verbally were observed to be content in their homes and with the staff that supported them and from what the inspectors saw during this inspection, all residents were being well cared for. Some residents spoke with inspectors about aspects of living in the centre, such as food, activities and how staff cared for them. During the inspection, inspectors saw residents leaving and returning to their homes for planned activities both on and off the campus. Residents were observed relaxing in communal areas or outside areas, listening to music or the radio and engaging in sensory activities and enjoying meals and refreshments in their homes. When an inspector visited one unit, residents were observed outside with staff engaging in a sensory water and bubble activity and one resident was playing a ball game with staff. One resident was keen to show inspectors new decorative garden lights they had selected recently for the patio area of their home and these were seen to be a lovely addition to this area. Residents enjoyed activities off campus including shopping, refreshments in local restaurants, pubs and cafes, beach visits, walking and scenic drives, with these provided by the staff supporting residents and also the on-site social and recreation team. Three residents also had access to day services on campus and there was access to the on-site swimming pool also, although inspectors were told that availability to the pool could be limited due to demand.

A family member spoken to during the inspection also provided very positive feedback in relation to the service provided in the centre and told the inspector how important the centre is to the resident and their family. They stated that their relative loved living in the centre and was 'so well looked after' and they felt the resident was very happy living in the centre, cared for by staff that knew them well. They mentioned that communication with the centre was good and that staff would contact them if there were any concerns about their relative.

Resident questionnaires were completed by 14 residents with the assistance of staff and family supporters. These were viewed by the inspectors on the day of the inspection. Overall, the feedback contained in these surveys was positive. One resident wrote 'I want to live here', while another expressed a wish to live in the community with people of a similar age and with similar interests. One survey mentioned the assistance of an external advocate. As this was an announced inspection, family members had been informed of the visit and one family member communicated that they wished to meet with an inspector during the inspection.

Overall, this inspection found that there was evidence of very 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. Some ongoing issues remained in relation to resident compatibility in one unit. However, the provider had taken significant efforts to address this and continued to do so. 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 overall, the service being provided to residents was safe and appropriate to their needs. Provider oversight was maintained in the centre through a comprehensive auditing system and inspectors saw that significant efforts had been made since the previous inspection to address any regulatory non-compliance identified during that inspection.

The provider had submitted an application to renew the registration of this centre. At the time of this inspection one unit in the centre could accommodate up to four residents for infection prevention and control isolation purposes but the capacity and footprint of the centre were reducing to remove these isolation facilities as part of the application to renew the registration of the centre.

This was an announced inspection to assess the providers progress with their most recent compliance plan following the previous inspection of the centre in May 2023 and to inform the decision relating to the renewal of the registration of this centre. This inspection took place at the same time as an inspection of the other designated centre on this campus. This inspection found that action had been taken to address the issues identified during the previous inspection. While some issues were not fully resolved, progress was ongoing and the provider was making significant efforts to fully meet the assessed needs of all of the residents living in the centre.

There was a clear management structure present in this centre and the systems in place were ensuring that overall residents were being provided with a good quality service in the centre. The statement of purpose set out how the person in charge was supported in their role by two persons participating in the management of the centre, a programme manager and a regional director, and also by a three frontline CNM2s, who supervised the direct care and support received by residents in the centre. There were suitable arrangements in place for oversight of the centre in the event that the person in charge was absent. A governance schedule was in place that set out these arrangements and this was circulated weekly to each unit.

Senior management were present on site regularly and local management in the centre worked from administration offices located on site and maintained a strong presence in centre. The person in charge had remit over this designated centre and

one other smaller designated centre. It was evident during the walk-around of the centre that residents and staff were very familiar with the person in charge and that this individual was very familiar with all of the residents living in the centre, and their specific care and support needs. The person in charge was supported by a strong local management and staff team that complemented the role of the person in charge and ensured strong local oversight was present in the centre. Unit leaders were met with during the inspection and these individuals presented as very competent and capable in their roles and were very knowledgeable about the residents that they cared for and the management systems to support oversight in the centre.

This inspection found that there was a very robust system of auditing and reporting in place in the centre that meant that any issues were being identified and addressed in a timely manner and supported the ongoing safety and wellbeing of residents in. Complaints were seen to be responded to and taken seriously in the centre, staffing was well managed, there was good oversight of staff training needs, and the provider was addressing issues that had been raised during previous inspections of the centre. For example, a meeting had been held on 09/05/2024 to prepare for this announced inspection and the action plan documented ongoing progress around the area of residents' finances, with steps being taken to ensure that all residents' had access to their own money, including input from a social worker and consultation with family members.

An annual review, reports on six monthly unannounced visits to the centre to review the care and support provided to residents, management meetings, team meetings and resident meetings were all taking place and records of these showed that important issues were discussed and considered by the management team. 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 vacancies were being filled by regular relief and agency staff where required. As noted in the previous inspection, there were six staff assigned to the social and recreation department and this continued to have a positive impact across the campus.

A front-line staffing mix review had been completed in the previous year and there was evidence that the provider was taking steps to build the capacity of the staff team and considering the future needs of the service. For example, additional staff were being trained in the administration of medication. A working document was viewed that showed that the provider had oversight of, and was managing, vacancies in the centre.

There were longstanding plans to transfer some residents out of the centre to community based homes, in line with residents' own preferences, and on previous inspections inspectors were told that there was a plan for at least three residents to transition to homes in the community. While this had not yet occurred, some progress had been made with this plan, and the provider had sourced accommodation for this purpose. Another resident had been admitted to the centre full time as an emergency admission in 2021 and the provider had worked towards securing an alternative placement for this resident, with that transfer due to happen

in the months following this inspection.

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.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of this centre and this was submitted within the required time frame. This information was reviewed by an inspector and found to contain the appropriate information.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a suitable person in charge. The registered provider had submitted appropriate documentation as part of the application to renew the registration of this centre to show that this person possessed the required qualifications, experience and skills for the role. This was reviewed by an inspector. The person in charge of the centre, a clinical nurse manager 3 (CNM3), had held this role for a number of years and this inspection found that this individual continued to maintain very good oversight of the service provided in the centre. The person in charge was full time in their role as is required by the regulations and had remit over this large designated centre only.

Judgment: Compliant

Regulation 15: Staffing

Staffing arrangements in place were seen to be appropriate to the the number and assessed needs of the residents in this centre. The statement of purpose outlined that over 91 whole time equivalents staff posts were in place in the centre. Household staff also supported in each unit and this meant that the staff assigned to each unit could dedicate their time to the direct care and support of residents. Sufficient staff were observed to be on duty on the day of the inspection to meet the needs of residents.

A planned and actual staff rota was maintained in the centre and an inspector reviewed the rosters in place for each unit and spoke with the management team about the staffing arrangements in place in the centre. The staff rota for each unit

was managed by the unit head with oversight from the person in charge. Staffing in each unit varied depending on the number and assessed needs of residents. A number of residents were supported on a 1:1 basis as per their assessed needs. 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. Some units were nurse led to provide for more complex medical needs, and others were social care led.

A regular core staff team worked in the centre providing continuity of care to residents and staff met with during the inspection were familiar with the residents they supported. While there were some staff vacancies, the provider was actively recruiting at the time of the inspection and usually gaps in the rotas were filled by regular relief and agency staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were reviewed for all staff in the centre and showed that staff working in this centre had access to appropriate training and that the person in charge maintained good oversight of the training needs of the staff team. Staff had access to refresher training as required. Where gaps in training occurred, these had been identified and training was planned accordingly.

The provider had received assurances in respect of agency staff that mandatory training was completed and that all individuals were appropriately Garda vetted. As part of the induction process into the centre all staff including core staff, relief staff and agency staff were required to review information about the area they were working in, their roles and responsibilities and specific policies the provider had in place.

Judgment: Compliant

Regulation 22: Insurance

The provider had submitted evidence as part of the application to renew the registration of the centre that showed they had in place insurance in respect of the designated centre as appropriate.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the centre was adequately resourced to provide for the effective delivery of care and support. Staffing levels were appropriate to meet the needs of residents, transport was available to residents and overall, the premises was appropriate to meet the needs of residents and was maintained to a good standard.

There was a clear governance structure in place in this centre as set out in the capacity and capability section of this report and this inspection found that local management systems in place were providing very good oversight in this centre. An annual review had been completed and provider six monthly unannounced visits were occurring as appropriate and there was an appropriate and comprehensive auditing system in place that was identifying areas for improvement. These documents were reviewed by inspectors as part of the inspection process.

Identified issues were being acted upon and addressed in a timely manner. For example, a local pharmacy audit reviewed by inspectors had been completed in March 2024 and action had been taken since then to address any issues identified. Also, each unit within the centre had a house specific action plan to track progress with the actions identified. This action plan consolidates actions from all of the monitoring systems in place including previous HIQA inspections, pharmacy audits, medication audits, and monitoring of maintenance works. This was seen to be reviewed by the person in charge and the unit leader on a quarterly basis.

The annual review in respect of this centre included consultation from residents and their representatives. 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. 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 learning from incidents.

The future needs of residents was being considered. The provider had in place an operational plan for 2024 and a person participating in the management of the centre discussed this with inspectors. This included plans for the decongregation of some residents, as mentioned in previous inspections, and the reconfiguration of the centre following this to better meet the needs of the residents that remained living in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose. The statement of purpose contained all of the information as specified in the regulations. This

document was submitted as part of the application for the renewal of the registration of the centre and was reviewed prior to inspectors visiting the centre. Some minor amendments were required and these were completed by the provider during the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had in place an appropriate complaints policy and this was reviewed by an inspector and seen to be in date. This set out the stages of the complaints process including timelines, staff responsibilities and the arrangements in place for independent review of complaints. An easy-to-read complaints procedure was available for residents and was viewed on display in some areas of the centre. Staff spoken to were aware of their responsibilities in this area and the provider had appointed a complaints officer.

An inspector reviewed records relating to complaints that had been made in the centre. A complaints log was maintained in the centre and this was reviewed. Three complaints were recorded since the previous inspection and two of these were close with the satisfaction of the complainant recorded. There was one open complaints at the time of the inspection and the provider was taking action in relation to this. Records viewed indicated that the provider was responding appropriately to complaints received in respect of the centre. Four compliments were also recorded in respect of the centre.

Judgment: Compliant

Quality and safety

The well-being and welfare of residents was maintained by a very good standard of evidence-based care and support. This inspection found that safe and good quality supports were provided to the 31 residents that availed of services in this centre. A previous inspection had found that the provider had identified that were not able to fully meet the assessed needs of one resident living in this centre. While this resident remained living in the centre at the time of this inspection and an escalated risk in relation to this remained open, further efforts had been made to reduce the impact of this and there were very advanced plans in progress for this resident to transition to a more suitable service.

This centre is located in a large campus based congregated setting. As noted on the previous inspection, this centre is a congregated setting and this did have the

potential to impact on some residents' lived experiences, such as residents' opportunities to live ordinary lives in ordinary places. However, as found on that inspection, there were ongoing and sustained efforts to reduce and remove institutional practices. Residents were being supported to live meaningful lives and the care and support provided to residents at the time of this inspection was seen to be very good. The wishes of residents was being considered in relation to living in the centre and there was progress in the plans for some residents to move into community based settings, although these had been delayed by factors outside the providers' control.

Inspectors met with a large number of staff throughout this two day inspection. Many staff had worked in the centre for a number of years. In some units, residents and staff were heard to engage in friendly banter and from what inspectors observed, it was clear that there were strong positive relationships between staff and residents. Some staff were interviewed about specific aspects of care and support being provided in the centre, and others spoke briefly with inspectors about the residents they were supporting during the walk around of the centre. All of the staff met with and observed in this centre interacted very positively about the centre, the care provided to residents' and the management team that supported them. Staff were seen to be keen to tell the inspector about all of the positive things that were happening for residents and were very familiar with the residents that they supported. For example, keyworkers were familiar with the goals of residents and staff were able to tell inspectors about the preferences and dislikes of residents and guide inspectors in relation to residents behaviour support needs and communication needs. Also, staff told the inspectors about positive changes that had occurred for residents and progress that residents had made, and staff were seen to be very proud of residents' achievements.

One resident living in the centre 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 and the previous inspection had found that due to the placement issues in this unit, the provider was unable to fully meet the assessed needs of all of the residents living there, despite additional staffing and supports in this unit. The provider had outlined plans to transition this resident from the centre as part of the compliance plan from that inspection. At the time of this inspection, this resident remained living in the centre. Since the previous inspection, a number of alternative placements had been proposed for this resident. However, following various assessments completed, most of these placements had been deemed unsuitable for this resident. At the time of this inspection, the provider had identified a suitable placement for this individual with another provider. An inspector reviewed the documentation in place around this transition and saw that this had been carefully considered to take into account the residents' needs and wishes. Representatives of the provider had visited the proposed centre to ensure it was suitable and there was advanced plans for the resident and their family to visit also. It was anticipated that this transition would occur in the months following the inspection. In the interim the provider was making good efforts to mitigate against the impact of the resident remaining in the centre, including significant input from allied health professionals and 1:1 staffing for the resident, with an effort to keep

the staff team consistent. Incidents in the centre directly related to this placement had decreased since the previous inspection.

The provider had also identified that this unit would benefit from a further reduction in residents and that there were some other incompatibility concerns in this unit. The inspector was told about plans to then move some of the residents from this unit to other areas of the campus or community placements once suitable placements were identified and available to them and this was being regularly considered and discussed at provider level.

Inspectors reviewed a large amount of documentation in place in the centre including some information held about residents. A sample of personal plans, multi element behaviour support plans, daily records and records relating to health and social care supports provided to resident was reviewed, among others. The documentation viewed was seen to be comprehensive, guided by available information about the residents, such as input from allied health professionals and was up-to date. This documentation showed that residents had access to a variety of allied health professionals as required and that residents' needs were being considered on an ongoing basis.

Overall, the evidence found on this inspection showed that residents were in receipt of safe and good quality services in this designated centre, that it was a good place to live, and that residents living in this centre were happy and content in their homes, supported by a committed and consistent staff and management team.

Regulation 10: Communication

Residents were assisted and supported to communicate in accordance with their needs and wishes. Guidance was viewed in residents' documentation to guide staff in supporting residents to communicate in their preferred manner. Staff were observed to be very familiar with and respectful of residents' communication methods and styles. Residents were seen to have access to media including television, newspapers, radio, telephone and the internet.

Residents in this centre communicated in a variety of methods including verbal speech, gestures, vocalisations, LAMH signs and other augmentative communication methods. A resident was also observed being supported with new assistive communication and in one unit, the use of LAMH, an augmentative communication method, was being encouraged by displaying common signs and a "word of the week". In another unit, staff were introducing Irish language phrases that were on display in a residents' bedroom, in keeping with their Gaeltacht background. This showed that residents' were being supported to communicate in a variety of ways and in line with their own preferences and needs and that enhancing residents' communication skills was encouraged in this centre.

Judgment: 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 and this is discussed in further detail in other sections of this report. Residents were provided with opportunities to participate in activities in accordance with their interests and capacities and some residents were taking part in work experience in the local community. An inspector met with one resident in the company of a staff member supporting them who told the inspector that they had recently commenced work experience in the local community, as a progression from working in the on-site laundry. It was clear that efforts had been taken to identify this residents' capacities and interests in order to offer meaningful occupation to this resident. The social and recreational team in place also provided residents with opportunities for community access and overnight breaks. Records of the activities completed by residents were recorded and some of these records were viewed by inspectors. A sample of two months residents meeting minutes were viewed for two units that showed that residents were supported to visit home, attend parties, visit the cinema and local pub, and go on trips to the beach and local areas of interest.

Also residents met with told inspectors about different activities they enjoyed including attending a local men's shed, line dancing, Tidy towns volunteering, music and concerts and meeting with friends in other units. Since the previous inspection, a number of residents had been away for overnight trips. Inspectors were told that due to some residents' complex medical and support needs, not all residents' went on overnight trips.

Residents were supported to maintain personal relationships. Inspectors were told about how residents were supported to maintain contact with their family and other important people in their lives. Records viewed showed that staff in the designated centre maintained contact with family members about any issues of concern and a family member spoken with told the inspector that they were always welcomed in the centre and that they visited very regularly. Some residents were facilitated to visit their families at home or to meet with family members both in the centre and in the community.

Judgment: Compliant

Regulation 17: Premises

The premises was accessible to the residents that lived there, was clean and overall well maintained. Inspectors completed a walk-around of six units of the centre and the two apartment areas. The provider was upgrading the premises on an ongoing

basis. For example, some works had recently been completed in one unit to increase the size of a bedroom and add an external patio area leading off a resident's bedroom, more overhead hoists and an accessible bath had been installed and existing equipment in the centre, including hoists, mechanically operated beds and accessibly bathtubs were clearly labelled as being serviced regularly. Painting had been completed and all areas of the centre were observed to be very clean. Efforts had been made to further personalise some areas and improvements were noted in the homeliness of some units. Some works were planned and some units required some ongoing maintenance. For example, some damaged flooring was present in some areas, and some kitchen and utility units were seen to be in need of repair or replacement. A store room in one unit was observed to have storage units present also that required some attention to ensure that they could be effectively cleaned.

One bungalow was observed to provide limited space for the five residents that lived there. Bedrooms were small and when all staff and residents were present in the communal areas, these could be crowded. However, there were plans for some of these residents to move out and the provider planned to reduce the capacity and reconfigure this unit following this. This was outlined in the providers' 2024 operational plan. There was also plans to extend one apartment area to provide for enhanced facilities for the resident that lived there. An inspector viewed a planning notice displayed in respect of this work.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge was ensuring that the discharge of a resident from this designated centre was taking place in a planned and safe manner and was in accordance with the resident's needs and the resident's personal plan. One resident was in the process of transitioning from the centre to a new designated centre and new service provider. An inspector viewed the documentation in place pertaining to this transition and planned discharge and this showed that comprehensive efforts had been taken to ensure that this transition would meet the assessed needs of the resident. There was evidence that key people in the residents' lives were consulted in relation to this process and that the transition was planned to occur in a manner that would suit the needs of the resident and would be led by the resident. For example, a number of placements had been deemed unsuitable following assessments.

Some other residents were anticipated to transition from the centre in the coming year and there was also ongoing consideration of these residents' changing needs in this process.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place and had taken precautions against the risk of fire in the designated centre and made arrangements for the maintaining and testing of fire equipment and review of fire safety precautions. Fire safety systems such as emergency lighting, fire alarms, fire extinguishers and fire doors were present and observed by the inspector during the initial walk-around of the centre. Labels on the fire-fighting equipment such as fire extinguishers and fire blankets viewed identified that there was regular servicing and checks carried out to ensure this equipment was fit for purpose and appropriately maintained. Individualised personal emergency evacuation plans were in place for residents and a small sample of these were reviewed and also provided evidence that evacuation drills were being completed in the centre. Deep sleep simulation drills were being completed and inspectors were told that when it was identified as necessary external fire safety expertise had been commissioned by the registered provider. The registered provider had ensured that staff were provided with training in the area of fire safety and training records viewed confirmed this.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Personal plans in place were comprehensive and contained good guidance. Inspectors reviewed a sample of six personal plans. Goals were in place and there was evidence in most plans that these were being achieved. One plan reviewed did not evidence if the goals set were being achieved or any rationale for a resident not achieving their goals. Personal plans were being regularly reviewed and annual person centred planning meetings were taking place to set and monitor goals. Support plans viewed contained relevant guidance for staff about the assessed needs of residents and these were being updated as required to reflect any change in circumstances. This meant that the care and support offered to residents was evidence based and person centred.

As identified on the previous inspection, this designated centre was not suitable to fully meet the assessed needs of one resident, although significant progress had been made to transition this resident to a placement that would better suit their assessed needs. Inspectors reviewed the ample documentation that was in place to demonstrate the providers' progress with this planned transition, including details of engagement with the funder and a number of other service providers.

A summary profile was reviewed that included background information, outlined the negative impact of the prolonged nature of the placement on the residents lived experience and that of her peers, the interim measures in place, and the progress to

date in relation to a long term solution.

The documentation viewed evidenced the efforts the provider was making to fully meet the needs of this resident and there were advanced plans for this resident to transition out of the service in the coming months. This is discussed in further detail under the quality and safety section of this report.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were a number of restrictive practices in place in the designated centre and these were in place to ensure the safety and wellbeing of the residents living in the centre. Where restrictions, such as environmental restrictions, had been identified, rationale was provided for these and rights restoration plans were in place. There was evidence of ongoing review of the restrictions in place in the centre. Efforts had been made to reduce or remove restrictions where possible.

Positive behaviour support plans were in place and were subject to regular review. An inspector reviewed four multi-element behaviour support plans and these provided very good guidance for staff about how residents should be supported to manage, and reduce the impact of, responsive behaviours. An external specialist in the area of behaviour had carried out observations in one unit and made nine recommendations that the provider was considering as part of the future planning for the residents living in this unit.

The provider had identified that a very consistent staff team was particularly important to one resident, who had very specific needs and required specific protocols to be carefully followed to ensure they had a successful and meaningful day. An inspector was told about how this had been planned for and implemented and the significant benefits this had for this resident and reviewed the protocols in place. A staff member working with this resident spoke with an inspector. The inspector also had an opportunity to observe this resident in their home and being supported by this staff member and saw that this resident was being supported in line with the protocols in place.

On the previous inspection, one unit 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 and inspectors saw that some improvements had been made to enhance the living environment for the residents living in this unit and to reduce the restrictions in place. For example, some doors were no longer locked and a number of pictures were observed on display in residents' bedrooms.

Judgment: Compliant

Regulation 8: Protection

The registered provider had systems in place to protect residents from abuse. Staff and management spoken with on the day of the inspection were clear on their responsibilities in relation to safeguarding in this centre and were familiar with safeguarding procedures in place. All staff spoken with about safeguarding confirmed that they would be comfortable to report a concern. A review of staff training showed that staff had taken part in appropriate training in this area. A number of safeguarding plans were reviewed by an inspector and these showed that where incidents of a safeguarding nature had occurred, appropriate action was taken to ensure that residents were protected and that concerns were responded to.

Intimate care plans and support plans were viewed in some residents' personal files and during the inspection and staff were observed to attend to residents' intimate care needs in a respectful manner. For example, staff were observed to indicate when a bathroom was occupied for intimate care, to offer care in a respectful and dignified manner, and two staff provided care where appropriate.

Documentation was reviewed regarding one resident who tended to present with regular bruising. It was seen that there was comprehensive review of this on a regular basis. All bruises were recorded and cross checked against information such as scatterplots, body charts, incident reports and daily notes. A profile was in place for this resident about this and a meeting with the residents' family had been documented also. This showed the provider was responding robustly to any potential concerns that were being raised.

In one unit in particular, residents' continued to be adversely impacted on occasion by other residents' living in their home, and some safeguarding concerns had been reported in respect of this. The provider had good oversight of this and had taken steps to reduce this impact until alternative living arrangements could be provided for some residents. This included additional staffing in this unit and regular input from allied health professionals including behaviour support, occupational therapy, speech and language therapy, psychiatry and psychology.

Judgment: Compliant

Regulation 9: Residents' rights

From what the inspectors observed and the documentation viewed during the inspection, residents in this centre were consulted with regularly about decisions in their life and things that might impact them. For example, a social story had been developed to inform a resident about a change in the unit leader in their area.

Residents were offered choices in relation to food, activities and how they were supported. Since the previous inspection, significant efforts had been made to reduce the impact on residents in one unit of an incompatible peer group. Inspectors saw that residents were now able to display personal effects in their bedrooms and that efforts had been made to personalise communal areas, with the result that these were not as stark in nature as identified on the previous inspection. While some issues remained, the provider had plans in place to offer this resident group further choices in relation to their living arrangements, once suitable accommodation was available.

Ongoing efforts were being made to offer some residents in the centre the opportunity to live in a community setting, rather than a congregated setting. There were plans for some residents to move into a new home in the community and although significant delays had been encountered with this process, these were progressing at the time of this inspection. On speaking to staff and residents about this, inspectors were informed that ongoing consideration and consultation was taking place with residents to determine if their needs or wishes changed during this process. For example, one resident told an inspector that they wished to remain living with a peer that they had a close relationship with and the inspector was told by staff and management in the centre that this would be facilitated.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	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 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0034775

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The provider has updated the planned maintenance schedule to include areas highlighted within the report:</p> <p>The flooring identified for repair has been sent for costing through planned maintenance and will be replaced. Completion Date: 23rd November 2024</p> <p>The replacement of a Fitted Kitchen in one location has been sent for costing to the contractor with site visit completed. Completed 24th June 2024</p> <p>The replacement of the Fitted Kitchen will be complete as part of the planned maintenance schedule. Completion Date: 23rd November 2024</p> <p>The Fitted Kitchens in two additional locations in the Designated Centre will be repaired and repainted as part of the planned maintenance schedule. Completion Date: 26th October 2024</p> <p>The Provider will re-configure, extend one bedroom to meet the changing needs of one resident. Completion Date: 23rd November 2024</p> <p>The storeroom identified in the body of the report has been reviewed and can now be cleaned effectively. Completed 30th May 2024</p>	

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The PIC will audit the Meaningful Day activities of the resident identified in the report to ensure goals identified are being achieved and the plan is updated to reflect the rational for any goals not achieved to date.</p> <p>Completion date 20th July 2024</p> <p>The PIC will complete an audit of residents` Meaningful Day activities within the designated centre and ensure the rational for any unachieved goals is documented and goals updated in line with residents` preferences.</p> <p>Completion date 30th September 2024</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	23/11/2024
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).	Substantially Compliant	Yellow	30/09/2024