

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 Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	09 November 2021
Centre ID:	OSV-0002905
Fieldwork ID:	MON-0034245

About the designated centre

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

The service was based on a large campus in proximity to a rural village. The service provided residential care for up to 29 residents who had moderate or severe intellectual disability. Some residents had a dual diagnosis and significant medical conditions. Residents were male and female and four of the residents availed of shared care and respite. Many of the residents had lived in the designated centre since they were young children. Accommodation was in five separate houses or units and an apartment. Between three and eight residents resided in each of the five houses. All accommodation was at ground floor level. The campus grounds were generally well maintained. The service was nurse led and the staff team comprised of nurses and care assistants. The designated centre was closed to future external admissions.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	28
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 November 2021	09:00hrs to 16:00hrs	Michael O'Sullivan	Lead
Tuesday 9 November 2021	09:00hrs to 16:00hrs	Lucia Power	Support
Tuesday 9 November 2021	09:00hrs to 14:00hrs	Finbarr Colfer	Support

What residents told us and what inspectors observed

The primary focus of this inspection was in three adjoining houses that accommodated 20 residents. One inspector initially reviewed all five houses and one apartment in the company of the registered providers staff. The team of three inspectors then spent time individually with the residents and staff. Each inspector attended one house for the purposes of reducing footfall and in the interests of infection prevention control. All inspectors wore face masks and attended to hand hygiene, as did the staff on duty. Direct interactions were limited to periods of time under 15 minutes in areas that were well ventilated. All residents and staff had been in receipt of a coronavirus vaccination and there was no active outbreak of the virus at the time of inspection. Inspectors temperatures were taken on arrival at the campus and prior to entering each house.

All residents that were met appeared happy and content. Private and communal spaces within houses had been upgraded and were clean, bright and homely. Residents had more space to take part in activities of choice and houses presented with a quieter atmosphere with the exception of one house that accommodated eight residents. Two twin bedrooms meant that four residents were subject to sharing. One house that accommodated five male residents had a number of small bedrooms that provided limited space and storage, however the greater proportion of bedrooms inspected were spacious, suitably decorated and met the assessed needs of the residents using them. The registered provider had a transition plan in place that identified fifteen residents living on the campus who could be supported to transition to bespoke accommodation if a funding application was successful. All residents were availing of day services within the campus as well as accessing activities in the wider community. Records and photographic evidence demonstrated higher levels of social activation for residents and demonstrated that the recruitment of activation staff was having a positive and meaningful impact for residents. Staff working in each house were also seen in the grounds supporting residents walk, cycle and play outdoor musical instruments.

Staff that inspectors met with were proud to outline recent developments that demonstrated a person centred focus on the support and care given to residents. Some residents had been directly involved in the redecorating and upgrading of their bedrooms and personal living space. Input from external organisations was sought to provide sensory input to some of these alterations. One resident who was visually impaired had a feature wall covering of fabric. Visual aids to assist residents identify staff as well as planned activities were also evident.

One resident told inspectors that they go on lots of outings and that they could determine where they wished to go. They could also change their mind on where they wanted to go. It was evident that some residents had previously set goals regarding social activities that they wished to be supported in. After these goals had been achieved, staff supported residents to continue with the specified activity by incorporating it into the residents daily and weekly routine. Records reflected that

over half of the residents were registered as participants in a social and recreation programme provided by staff specifically recruited for that purpose.

Five residents families were spoken with by telephone during the inspection. All described the difficulties presented by the current pandemic and restrictions. Many noted what they regarded as a significant change in their family members overall presentation. Families noted that episodes of self injurious behaviour had reduced and people appeared more content and happy. Families indicated that they had confidence in the support and services provided. Additional time and staff allocated to meaningful recreation, activities and outings were apparent to families. Families gave examples of residents taking part in art lessons and winning an art competition. One resident had moved from only painting with dark colours to painting with pastels and a variety of mediums.

Some families described the significant efforts made by staff that were over and above their job description. One example cited related to the efforts made by staff and the multidisciplinary team to educate family members on the importance of COVID-19 vaccination when they had reservations regarding the need to vaccinate. Another family member mentioned how their family members appearance had improved and in general how their health had improved.

Some staff spoken with had worked for the registered provider for a considerable period of time. These staff were knowledgeable regarding protecting residents and what actions to take in relation to any suspicion of abuse. Staff were familiar with the the triggers that could cause residents to exhibit behaviours of concern. It was evident that staff interactions were both gentle and respectful. One resident who demonstrated self injurious behaviour was seen to be supported calmly by staff who encouraged them to self soothe, was suitably distracted and provided with familiar items of comfort.

Food available to residents was presented and offered to residents in line with preferences and dietary requirements. A resident who had requested dinner and subsequently refused it, was supported by staff to make a sandwich that they ate. Some residents when offered a choice, choose both items. Staff were seen to encourage residents to pick one food item and provide them with the second choice once the first was finished. Mealtimes were observed to be relaxed and social. Staff provided direct support to residents who all used plates and crockery specific to their needs. Residents expressed satisfaction with the food eaten. Residents who were engaged in social outings had food retained for them and this was reheated on their return. Kitchen areas were observed to be clean and bright and had been extensively upgraded since the previous inspection. One resident had their own coffee machine and enjoyed making coffee with staff support.

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 to each resident living in the centre.

Capacity and capability

The inspectors found there had been further improvement with regulatory compliance since the previous inspection. The registered provider had secured additional staff resources to increase the levels of service provision to residents. The inspectors found that the focus of support to residents was person centred in a homely environment. Residents had purposeful engagement with their families and access to meaningful activities as well as day services. The designated centre was well managed to meet the assessed needs of residents. The person in charge and staff demonstrated a good understanding of the residents needs. Residents appeared and stated that they were happy and families spoke of residents been well supported. Residents appeared relaxed and staff were very open in their engagement with inspectors as well as strongly advocating on residents behalf.

The registered provider had in place a team of staff that were trained to meet the assessed needs of residents. Additional staff resources had been applied to the designated centre which supported the direct provision of social activities and the community integration of residents. Four staff had been allocated to provide activities to residents and two more staff were awaiting appointment. Staffing levels observed in each house allowed for residents to choose activities of choice. The person in charge was a senior manager within the organisation and was discharging the role while a staff member was on extended leave. Nurse managers facilitated frequent staff meetings and provided direct staff supervision, supporting staff through performance review.

The registered provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was not effected by the current COVID-19 restrictions. The training matrix records of staff were reviewed. Regulatory training relating to safeguarding, fire safety and managing behaviours that challenge had been completed and all records were in date. All staff had undertaken hand hygiene training and infection prevention and control. Respiratory hygiene and the proper use of PPE training was also undertaken. All nurse managers had undertaken training in relation to their responsibilities as the lead worker representative pertaining to COVID-19. Staff had also undertaken additional training to meet the assessed needs of the residents with courses relating to manual handling, fire safety and specific health conditions.

There was evidence that team meetings, management meetings and multidisciplinary meetings were taking place and properly recorded. The registered provider had conducted two unannounced audits of the service which focused on interviews with the person in charge, residents rights and a review of restrictive practices. The annual review of the quality and safety of the service took place in 2020. Actions arising in relation to the compliance of regulatory areas were highlighted with a named person responsible to address. The person in charge was the named designated person with responsibility to address the issues and the inspectors reviewed an action plan. Areas identified for improvement were seen to be addressed. These included the increase of activities, with an increase in

meaningful activities and respect for the will and preferences of residents. Residents and families views were included in the review. Managers appeared to have a greater direct input and presence in houses.

All notifications had been made to the Chief Inspector within the required three day period. All reported incidents to the Health Information and Quality Authority (HIQA) were consistent with the registered provider's records on their incident management system. In response to issues raised by staff, the registered provider undertook an extensive investigation and review of the provision of food and healthcare services to residents. Subsequently, the registered provider put in place a systems analysis review whose findings were awaited. There was no evidence of concern in relation to the information reviewed by the inspectors. Families also confirmed that they had been informed of the review process.

The registered provider had in place a directory of residents that contained the required information as specified by Schedule 3 for all residents availing of the service.

The inspectors reviewed a number of complaints that the registered provider had recorded and addressed since the previous inspection. Complaints related to the limited access to day services during the pandemic. The records reflected that complaints were adequately dealt with to the satisfaction of the complainant.

The registered provider had in place a statement of purpose that was an accurate description of the service provided. The conditions of registration were clearly outlined and a copy of the registration certificate was on display in the designated centre.

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to appropriate mandatory training.

Judgment: Compliant

Regulation 19: Directory of residents

The person in charge ensured that an accurate directory of residents was maintained and in date.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified of all adverse incidents within the specified time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents.

Judgment: Compliant

Quality and safety

The findings on the day of inspection were based on conversations with residents, family members and staff, documentary evidence provided by the registered provider and general observations as residents went about their daily routine with staff supports. The inspectors found that the overall care and support for residents was properly resourced. A significant development from the previous inspection had been the resourcing of the service to have dedicated staff to support residents with meaningful activities of choice and greater social integration. This greatly improved residents lives. Individual care plans and person centred planning were further enhanced to improve residents lived experience. The effectiveness of previous care plans were assessed and findings incorporated into current care plans. Management of the designated centre were focused on providing smaller dwellings for residents that respected the rights and wishes of residents. The registered provider also had a phased plan where some residents were identified as potential candidates for

transition to community based houses. This proposed transformation was funding dependant.

The designated centre was observed to be maintained to a good standard. Most residents had an individual bedroom and the practice of sharing bedrooms was confined to one house. The designated centre was observed to be very clean. Staff had organised cleaning schedules to include the increased rate of cleaning of frequently touched areas. There was sufficient storage units in each bedroom to store residents clothing and private possessions with the exception of one house where bedrooms were small. All residents finances had been subject to a financial audit. The spending of residents monies was supported by staff and directly linked to residents individual care plans. All monies spent were evidenced by receipts and a process of double signing by two staff members.

Staff had undertaken training in infection prevention controls, as well as hand hygiene. Staff practices and the use of personal protective equipment on the day of inspection was noted to be good. The risk assessment process was proactive and reflected at the time current public health guidelines and advice. The registered provider had a contingency plan in place to address the possibility of an outbreak of COVID-19 and had also completed a self assessment of preparedness to deal with an outbreak of COVID-19. A house on the campus was designated purely for the use of residents that may require isolation. Details regarding this house had previously been provided to HIQA and the house had been registered as part of another designated centre. The registered provider had appointed lead worker representatives and also had a staff contingency plan in place. Current advice from the Health Protection and Surveillance Centre was available on site and implemented. Residents had been in receipt of COVID-19 vaccinations. One family member described the significant work undertaken by the staff team to educate and persuade their family to the benefits of vaccination. The registered provider had extensive audits in place that detailed environment areas that required improvement to attain infection control prevention standards. It was evident that the service was working diligently towards compliance.

Substantial decoration and upgrading works had been undertaken since the previous inspection to kitchen and dining areas. Residents could observe food preparation in kitchen areas that had previously been shuttered. The designated centre had adequate supplies of fresh and nutritious foods and all meals were prepared daily on site and delivered to each house. Food supplies stored in each kitchen allowed residents the facility to request snacks or eat alternative food if they so wished. Residents had a choice of foods taking into account their dietary needs and meal choices were offered to residents a day in advance. The kitchen and food storage areas were very well maintained.

Information available to residents was in an easy to read format. Notice boards were uncluttered and many notices had pictures and photographs to aid understanding. Contact with families was maintained through correspondence, social media platforms and direct visiting in line with current public health guidelines.

The inspectors reviewed a sample of four residents person centred plans. All plans

were subject to recent review. A multidisciplinary review took place annually and family members were invited to take part. All residents had defined goals and achievement of these goals were recorded. Records did reflect residents taking part in meaningful activities during lockdown and presently, as restrictions to accessing the community were lifted. Residents had the direct support of a named keyworker that was known to them. Staff resources had been increased significantly since the previous inspection and this afforded residents greater staff supports to take part in one to one activities as well as having additional group activities put in place. Care plan activities had also been reviewed in regards to residents will and preference relating to the use of residents own funds. One residents file recorded that they had spent money on bedding plants. This was directly in keeping with a goal defined by the resident.

Residents had positive behaviour support plans in place that staff adhered to and were knowledgeable of. Functional assessments and triggers to behaviours were clearly described. This information also included current protocols, reactive strategies and scatter plots. Staff adhered to positive approaches to reduce behaviours that challenge and demonstrated the skills necessary to the early identification of issues through familiarity of residents. Residents files demonstrated that residents had meal protocols and seating arrangements in place to reduce the likelihood of adverse events. A behaviour support coordinator also advised staff regarding the increase of meaningful activities to residents to prevent incidents. Managers took an active role in determining that staffing levels also improved direct supervision. Scatter plots were completed daily by staff and were subject to monthly review and summarised to determine trends and improve outcomes for residents. Family information reflected a reduction in behaviours that challenge and this was attributed to an increase in meaningful activities as well as a reduction of the numbers of residents living in some houses.

Residents had in place safeguarding plans on foot of reported adverse incidents. These plans were put in place to protect the residents concerned and were subject to regular review, amended as required and closed appropriately when the issues of concern were resolved.

Each resident had a current healthcare plan in place and had access to a named general practitioner. Records reflected that residents had a current hospital passport. Residents whose presentation changed were also subject to dementia assessments. The management of complex medical issues had clear documented protocols in place that staff adhered to and understood. Sadly, one resident had recently died. This residents records reflected that they had been subject to hospitalisation and specialist medical review in the weeks leading up to their death. Healthcare plans had been subject to multidisciplinary review.

The registered provider had a restrictive practices log in place. Restrictive practices were as reported to HIQA. Restrictive practices were risk assessed and were employed for the shortest duration possible. Residents were trialling an electronic door access system that allowed only the occupier access to their own bedroom, respecting individuals privacy and dignity. Each resident had a rights awareness checklist in place and restrictive practices and how they impacted on residents were

clearly documented.

The registered provider had a risk register that was up-to-date and included specific assessments in relation to COVID-19 and also risk assessments specific to each resident. Risks determined by regulation were included on the risk register. Motor vehicles on site were subject to national car testing (NCT) and the vehicles used by the designated centre had valid NCT certification.

The houses had a fire alarm and detection system in place and all fire exits and fire escape routes were clearly labelled and illuminated with running man signs. All systems and equipment had been examined and certified by a fire competent contractor in the current year. Staff conducted fire safety checks on a daily basis to ensure that all fire exits were kept clear, fire doors were in good working order and fire extinguishers and fire blankets were in place. Fire drill records demonstrated the safe evacuation of residents within acceptable time frames and at times of minimum staffing levels. Each resident had a current personal emergency evacuation plan in place. If a resident experienced difficulty with a fire drill, a risk assessment was conducted for the purposes of learning and ensuring that future drills would impact less on the resident while assuring their safe evacuation. The registered provider had undertaken significant fire and safety works to completion. These works had been committed to on previous inspections. Works had been confirmed in writing as completed and were evident on inspection.

Regulation 12: Personal possessions

The person in charge ensured that the residents had access to and control to both their possessions and finances.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing through structured day services.

Judgment: Compliant

Regulation 17: Premises

Some houses were decorated and maintained to a good standard, however some

houses had shared bedrooms and small bedrooms that were not designed to meet the assessed needs of residents.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
The person in charge ensured that residents had access to a choice of foods that were wholesome and nutritious.
Judgment: Compliant
Regulation 26: Risk management procedures
The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.
Judgment: Compliant
Regulation 27: Protection against infection
The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines, however the registered providers own audits identified a large volume of minor repairs to surfaces that required completion to achieve regulatory compliance with infection prevention standards.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The registered provider had in place an effective fire and safety management system.
Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had a comprehensive individual care plan that they were involved in. This care plan was subject to regular review.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare plan in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that most residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life. Some residents were required to share bedrooms and were also subject to restrictive practices that limited their access to parts of their home on occasions.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	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-0034245

Date of inspection: 09/11/2021

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:</p> <ul style="list-style-type: none"> • De-congregation plan in place for OSV0002905. In OSV0002905, in the chalets where residents are currently sharing bedrooms, a review plan is in place to transition three residents to different locations in Saint John of God, Kerry Services. MDT meetings are taking place on a regular basis to assist in the transition of these residents from the chalets. Community transition coordinator has liaised with all families, residents and staff regarding this transition. • Social and Recreational team in place and supporting residents in the chalets with community activities to reduce overcrowding during the day. • New furnishings have been ordered and approved for purchase. Family forum group of Saint Mary of the Angels were contacted by Sheila M Fitzgerald (DON) and they have advised her that due to their fundraising they want to purchase significant amounts of furniture for all of the houses in Saint Mary of the Angels. • Maintenance schedule in place to address any decoration or maintenance required for the houses in OSV0002905. • One resident from Chalet two has transitioned to another house in November 2021. 	
Regulation 27: Protection against infection	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Action plan from internal IPC audit has commenced. Same is being updated by managers when work is completed. • All managers have advised staff of IPC finding in team meetings. • Maintenance schedule in place, to address outstanding requirements to comply with regulation 27. • Family forum group of Saint Mary of the Angels were contacted by Sheila M Fitzgerald (DON) and they have advised her that due to their fundraising they want to purchase significant amounts of furniture for all of the houses in Saint Mary of the Angels • DON and PIC have scheduled a review of IPC audit in January 2022. • IPC training is being rolled out for all staff by household coordinator. • DON has linked with public health consultant Dr. O Mahony. Following her advice a neutral detergent has been put in place called Taski Sprint 200 and the two step cleaning procedure has been updated. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • De-congregation plan in place for OSV0002905. In OSV0002905, in the chalets where residents are currently sharing bedrooms, a review plan is in place to transition three residents to different locations in Saint John of God, Kerry Services. MDT meetings are taking place on a regular basis to assist in the transition of these residents from the chalets. Community transition coordinator has liaised with all families, residents and staff regarding this transition. • Social and Recreational team in place and supporting residents in the chalets with community activities to reduce overcrowding during the day. • New furnishings have been ordered and approved for purchase. Family forum group of Saint Mary of the Angels were contacted by Sheila M Fitzgerald (DON) and they have advised her that due to their fundraising they want to purchase significant amounts of furniture for all of the houses in Saint Mary of the Angels. • Maintenance schedule in place to address any decoration or maintenance required for the houses in OSV0002905. • One resident from Chalet two has transitioned to another house in November 2021. 	

• All restrictive practices are reviewed three monthly and signed by Consultant Psychiatrist Dr. Abbie Lane. Rights restriction log in place. Rights committee in place in Saint John of God, Kerry Services.

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)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/04/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/07/2022

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	30/04/2022
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