



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

## Issued by the Chief Inspector

Name of designated centre:	St Augustine's Residential
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	18 November 2021
Centre ID:	OSV-0001465
Fieldwork ID:	MON-0026175

## About the designated centre

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

The designated centre is based in a suburban area of South Dublin and provides part-time residential services for up to four children. It operates for four days and nights each week during school-term times. The centre is comprised of one detached four bedroom house with a modest sized driveway to the front and a shared garden space to the rear. A staff team of social care workers provides care and support to residents and they are supported by a person in charge. The person in charge is responsible for one other designated centre and divides their working hours between this centre and the other centre.

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

Number of residents on the date of inspection:	4
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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
Thursday 18 November 2021	09:45hrs to 18:15hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

The designated centre provided a service to four young people, (who attend the organisation's school), for four days and nights a week during the school term to support them develop skills and interest for personal wellness and community participation in preparation for life after graduation. This inspection was carried out as part of the registration renewal process for this centre.

In September, due to COVID-19 restrictions, the service operated a pod system that was in line with the school the residents were attending and was open for day visits only until 30th November 2021. Two residents attended the service each day, for two days at a time. Overnight stays recommenced from 30th of November 2020 until 22nd of December 2020 and the centre was closed during the school Christmas holiday period and remained closed until 12th of April 2021.

At the time of inspection, four young people were attending the centre for four days and nights at a time. However, on the day of the inspection, the centre was closed for a week due to unexpected maintenance works relating to the heating system. As the residents were attending the school beside the centre, three of the residents visited the inspector in the house and stayed for a short chat to relay their views about the service provided to them. Conversations between the inspector and the residents took place, as much as possible, from a two metre distance, with the inspector wearing the appropriate personal protective equipment (PPE), in adherence with national guidance.

The residents enjoyed cakes and snacks provided by the staff during their chat with the inspector. Overall, the residents told the inspector that they enjoyed living in the house and were looking forward to returning to it the following week when the repairs were completed. Residents expressed how they liked to go to local community activities in the evenings such as the cinema or to a trampoline centre. The residents told the inspector about their involvement in the household activities and how it was linked to their goals. The residents said they felt supported by their staff and liked their staff. The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, jovial and caring interactions.

During their time in the house, the inspector observed that the residents appeared to be content and familiar with their environment. The residents viewed some of the new photograph collages which had been put on the dining room wall since they were last in the house. Residents appeared happy and jovial remembering the events relayed on the photographs such as the Halloween party games they had participated in. The talked excitedly to the inspector of how they enjoyed the games.

The inspector found that the residents were knowledgeable in the fire evacuation procedure and relayed how they would evacuate the house when several scenarios

were presented to the. The residents told the inspector that they knew who they could go to if they wanted to make a complaint or were unhappy about something. After their chat with the inspector, the residents were assisted to return to their school for the afternoon.

In advance of the inspection, three of the four residents each completed a Health Information and Quality Authority (HIQA) 'questionnaire for residents'. Overall, the residents relayed positive feedback about the service provided to them. For the most part, the questionnaires relayed that residents were happy with their house, their bedroom, the food and mealtimes provided, arrangements for visitors and the amount of choice they have. Residents relayed that they were happy with the choice of activities and that they felt they were getting the support they needed to allow them to achieve their goals and objectives. Most residents were happy with the support they got from staff and felt staff were easy to talk to and that they were listened to. All three residents also noted, that they knew who to speak to if they were unhappy with something in their centre.

On entering the premises of the designated centre, the inspector observed the house to have a homely feel. The inspector completed a walk-around of the centre with the person in charge and observed that the physical environment of the house was clean. The house was equipped with hand sanitising supplies throughout and for the most part, it was in good decorative and structural repair. There was a plan in place for the centre to be painted including a small number of maintenance tasks to be completed.

There were lots of framed photograph collages of the residents enjoying different activities with their fellow housemates hung on the walls in the kitchen and sitting room. On the wall in the dining room, there was a framed achievement board where residents could pin up any certificates of achievement they had received. One resident appeared proud when showing the inspector a certificate of achievement, relating to a presentation they delivered to their family and staff regarding one of their goals, which they had recently achieved.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. There were a variety of systems in place to ensure that residents, and where appropriate their families, were consulted in the running of the centre and played an active role in the decision making within the centre.

In summary, the inspector found that overall, the residents' well-being and welfare was maintained to a good standard and that there was a person-centred culture within the designated centre.

The inspector found that, through speaking with the residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents lived in an environment where they were empowered to live as independently as they were capable of.

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 inspector found that overall, a good quality service was being provided to the residents living in the designated centre. The service was led by a capable person in charge, supported by the operations manager, who were knowledgeable about the support needs of the residents and this was demonstrated through good-quality safe care and support. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. The inspector found that there had been a number of improvements since the last inspection which resulted in positive outcomes for residents. However, to ensure the safety of residents at all times, improvements were required to the fire safety management systems in place in the centre. In addition, some small improvements were needed to the areas of staffing, training, policies and procedures and infection control.

The provider had satisfactory governance and management systems in place within the designated centre to ensure that the service provided to residents was appropriate to their individual needs, consistent and effectively monitored. The centre was resourced in accordance with the centre's statement of purpose. There was a clearly defined management structure that identified the lines of authority and accountability and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. Team meetings were taking place regularly which promoted shared learning and supported an environment where staff could raise concerns about the quality and safety of the care and support provided to residents.

The provider had completed an annual report for the period of September 2020 to June 2021 of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. The centre's management had carried out six monthly unannounced visits to the centre as required and completed a written report on the safety and quality of care and support provided in the centre. There was a quality enhancement plan in place which identified actions, persons responsible and timeframes for the improvement of the quality and safety of the service. In addition, there was a comprehensive local auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents.

The centre was staffed by a team of skilled social care workers and, for the most part, the staffing arrangements were found to be appropriate in meeting the assessed needs of residents and in line with the centre's statement of purpose. An additional staff member had commenced working in the centre to support the assessed and changing needs of residents during the afternoon and evening times.

However, despite this enhancement to the staffing levels in the centre, the inspector found that a review of the staffing levels in place, to support residents during their morning routine, was needed.

The inspector reviewed a sample of staff files and found that they included all the Schedule 2 requirements. A core team of staff were employed in this centre and many had worked in the centre for a number of years. The inspector found that there were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted.

A new person in charge had commenced their role in the designated centre on May 2021. They divided their role between this centre and one other. The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge demonstrated sufficient knowledge of the legislation and their statutory responsibilities and complied with the regulations and standards. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

There were clear lines of accountability at individual, team and organisational level so that staff working in the centre were aware of their responsibilities and who they were accountable to. Staff spoken with were knowledgeable of the residents' care and support needs. There was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support. On the day of the inspection, when three of the residents called over to the house to meet the inspector, the inspector observed positive interactions between the staff and residents during this time.

There was a staff roster in place and overall, it was maintained appropriately. The staff roster clearly identified the times worked by each person. However, a small improvement was needed so that the roster clearly recorded when the person in charge, (who was responsible for this centre and one other), was working in this centre.

The training needs of the staff were regularly monitored and addressed by the person in charge to ensure the delivery of a quality safe and effective service to the residents. Staff were provided with training in Children's First, fire safety, managing behaviours that challenge, positive behaviour supports, safe medicine practices and infection control but to mention a few. Overall, training provided to staff was up-to-date including refresher training. For the most part, staff had been provided training that was specific to the assessed needs of residents, however, improvements were needed to ensure that training relating to Autism was provided to all staff members. The person in charge had identified this training need and was actively researching training in this area for their staff team.

Good quality supervision meetings, to support staff perform their duties to the best

of their ability, were taking place. Further enhancements to the supervision system were in line for 2022 following the completion of a new supervision policy.

There was a complaints procedure that was in an accessible and appropriate format which included access to a complaint's officer when making a complaint or raising a concern. This procedure was monitored for effectiveness, including outcomes for residents and endeavoured to ensure that residents received a good quality, safe and effective service. Overall, the inspector found that complaints had been dealt with in line with the centre's policy and procedures and where actions were required, the provider was endeavouring to follow up on them in a timely manner. However, some improvements were required to the recording and updating of final outcomes and satisfaction levels. For example, the inspector found that where two complaints had been made at the beginning of 2021, the complaint log noted that not all people who made the complaint were satisfied with the outcome. The director of the organisation had since followed up with the people who had made the complaint in an effort to find a more satisfactory outcome. The inspector was advised that a satisfactory outcome was reached however, the final outcome had not been recorded in the log.

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

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

#### Regulation 14: Persons in charge

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice.

Judgment: Compliant

#### Regulation 15: Staffing

To better support the assessed and changing needs of residents a review of the staffing levels in place, to support residents during their morning routine, was

needed.

A small improvement was needed so that the roster clearly recorded when the person in charge, (who was responsible for this centre and one other), was working in this centre.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

For the most part, staff had been provided training that was specific to the assessed needs of residents, however, improvements were needed to ensure that training relating to Autism was provided to all staff members. The person in charge had identified this training need and was actively researching training in this area.

Judgment: Compliant

### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre and it was made available to the inspector on the day of inspection. The directory included the information specified in paragraph (3) of Schedule 3

Judgment: Compliant

### Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had satisfactory governance and management systems in place within the designated centre to ensure that the service provided to residents was appropriate to their individual needs, consistent and effectively monitored. The

service was led by a capable person in charge, supported by the operations manager, who were knowledgeable about the support needs of the residents and this was demonstrated through good-quality safe care and support.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose containing the information set out in Schedule 1 of the regulations and had ensured that it was reviewed and revised when required and no less than an interval of one year. A copy of the statement of purpose was available to residents and their families.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

### Regulation 34: Complaints procedure

Overall, the inspector found that complaints were been dealt with in line with the centre's policy and procedures and where actions were required, the provider was endeavouring to follow up on them in a timely manner. However, some improvements were required to the recording and updating of final outcomes and satisfaction levels.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The registered provider had prepared in writing and adopted and implemented policies and procedures on the matters set out in Schedule 5. Overall, the registered provided was continuously reviewing and updating policies and procedures however,

on the day of inspection a number of policies and procedure required review and updating.

For example, policies relating to the following required review and updating;

The prevention, detection and response to abuse, including reporting of concerns and /or allegations of abuse to statutory agencies;

- Incidents where a resident goes missing
- Provision of behavioural support (in process)
- Recruitment and selection of staff
- The creation of, access to retention of, maintenance and destruction of records.

Judgment: Substantially compliant

## Quality and safety

The inspector found that overall, the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. Overall, the care and support provided to residents was of good quality. However, on the day of inspection improvements to the fire management systems were needed and in particular, regarding fire drills and fire containment measures.

For the most part, fire drills were taking place at suitable intervals in the centre however, the inspector found that fire drills or simulated drills had not included all possible scenarios. For example, no fire drill had taken place with the least amount of staff and most amount of residents, such as a night-time scenario where there was one staff member and four residents. This meant that the provider could not be assured of the safe evacuation of all residents at all times.

On the day of inspection, the person in charge and a staff member walked the inspector through the fire evacuation route from the house to the external assemble point. However, the signage for the fire assembly point was not in its usual place and at the time, its whereabouts was unknown. The inspector was later informed, (and observed), that the signage had been moved to another position (around the corner from where it was originally placed). The person in charge advised the inspector that they would notify all staff of the new position of the sign.

To support the needs and wishes of residents, a specific device to keep doors open during the day were fitted to a number of doors. These doors automatically released and closed when the alarm sounded in the event of a fire. However, on the day of inspection, the inspector observed that not all doors closed when the fire alarm sounded. In addition, not all devices to keep the door open were working. On the

day of inspection, the person in charge promptly addressed the matter and an external company was called out to the centre the next day to fix the device. However, the external company advised that the door closing system in the centre required upgrading and that this would take three weeks to complete. In the interim, and to ensure the safety of the residents, the person in charge increased the safety checks of the doors from weekly to daily. In addition, protocols were put in place to call the external company immediately if any door was not shutting properly. The external company had committed to fixing the devices until the new system was put in place.

Notwithstanding the above, the majority of staff had received suitable training in fire prevention and emergency procedures. Fire fighting equipment and fire alarm systems were appropriately serviced and checked. There were adequate means of escape, including emergency lighting. Fire safety checks took place regularly and were recorded appropriately. Residents were provided with personal emergency evacuation plans, which ensured their mobility and cognitive understanding was adequately accounted for.

The inspector looked at a sample of personal plans and found that each resident was provided with a personal plan which was continuously developed and reviewed in consultation with the resident, relevant keyworker, their parents and where required, allied health professionals. Residents were regularly consulted about, and fully participated in, updates and changes to their plan. This was through regular key working sessions which reviewed the progress of their goals and through review meetings with management, staff and their family to review their personal plan. One resident had been awarded an achievement certificate for delivering a presentation on one of their recently achieved goals. Overall, the inspector found that residents' personal plans demonstrated that they were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected.

The inspector found that staff had completed specific training in relation to the prevention and control of COVID-19. There were satisfactory contingency arrangements in place for the centre during the current health pandemic including self-isolation plans for residents, a COVID-19 response plan and protocols relating to the management of COVID-19 including risk assessments and checklists. The person in charge put systems in place to ensure the centre's contingency plan, including self-isolation plans, were effective. In November 2021, an unannounced COVID-19 contingency plan audit was carried out by the person in charge and the action plan from the audit had resulted in positive outcomes for the residents. For example, to provide residents with a better understanding of their self-isolation plan and to relieve any possible anxieties residents may have had around it, the person in charge ran through a COVID-19 mock scenario. Staff dressed up in full PPE and residents went to their rooms to play out the scenario to try understand what the experience would be like. When speaking with the residents about the scenario, the residents informed the inspector that it was a good thing to practice and that they now knew what to expect if such a situation arose.

The inspector observed there to be adequate supply of hand sanitizer, hand washing facilities and soap for staff and residents to use and there was access to an ample

supply of PPE. Overall, the house was clean and cleaning records demonstrated that staff were working in line with the cleaning schedules in place. However, the inspector found that a review of the day to day infection prevention and control measures in place was needed to ensure that they included mitigating the risk of infection in all areas used by the residents. For example, the inspector observed the seven seater car, which provided transport for residents to and from activities, to be unclean. In addition, the inspector found that improvements were needed to the allocation system in place of bath towels for residents. By the end of the inspection, the person in charge had ensured that new towels were purchased and a set was allotted to each resident for their own personal use only.

The person in charge and staff facilitated a supportive environment which enabled the residents to feel safe and protected from all forms of abuse. All staff had received training in child protection and safeguarding. Overall, the inspector found that the residents were protected by practices that promoted their safety. Staff treated residents with respect and personal care practices included in residents' personal plans, regarded their privacy and dignity. Overall, where incidents occurred they were followed up appropriately by the person in charge and where required, safeguarding plans were put in place and external services were contacted in line with the appropriate policy and procedures in place.

The inspector found that the provider and person in charge promoted a positive approach in responding to behaviours that challenge and endeavoured to ensure that evidence-based specialist and therapeutic interventions were implemented. There had been a recent increase in behaviours for a resident and to ensure their safety at all times, a number of restrictive practices had recently been put in place. However, the inspector found that a review of the positive behavioural supports in place for the residents was needed, and in particular, to ensure that there was sufficient guidance in place for staff to support the resident in a consistent manner.

The registered provider had ensured that there were systems in place in the centre for the assessment, management and ongoing review of risk. The centre's risk register was found to clearly identify the relevant risks in the house, in line with the assessed needs of the residents, including risks related to COVID-19. Details of the assessment of each risk and the control measures in place to mitigate it were clearly outlined. The inspector observed the centre's vehicles' tax, insurances and National Car Testing service (NCT) to be up-to-date. However, the systems in place to notify management of the status of repairs of vehicles required review. For example, on the day of the inspection, the car was not in use due to reported issues regarding the vehicle however, it was unclear if the issues had been fixed. The person in charge followed up on the matter and by the end of the inspection, the car was brought to the garage for repair.

## Regulation 17: Premises

The design and layout of the centre was in line with the statement of purpose.

There was adequate private and communal accommodation. The physical environment was clean and overall, kept in good structural and decorative repair. Required upkeep and repairs had been identified by the person in charge and there was plan in place for the work to be completed. Overall, the premises met the needs of all residents and the design and layout promoted residents safety, dignity, independence and wellbeing.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a risk register in place in the centre and it was regularly reviewed. Appropriate individual and location risk assessments were in place to ensure that safe care and support was provided to residents living in the centre and also during the current health pandemic.

Judgment: Compliant

### Regulation 27: Protection against infection

There were satisfactory and effective contingency arrangements in place for the centre during the current health pandemic including self-isolation plans for residents. Staff had completed specific training in relation to the prevention and control of COVID-19.

Overall, the house was clean and cleaning records demonstrated that staff were working in line with the cleaning schedules in place. However, the seven seater car, which provided transport for residents to and from activities, was unclean.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire drills or simulations had not included all possible scenarios, for example, no fire drill had taken place with the least amount of staff and most amount of residents, such as a night-time scenario where there was one staff member and four residents.

The signage for the centre's fire assembly point had been moved from its original place outside to another place however, the person in charge, staff or residents had not been informed of its new location.

Not all fire doors closed when the fire alarm sounded. For example, the utility room door. In addition, not all devices to keep doors open were working. For example, a resident's bedroom door.

Judgment: Not compliant

### Regulation 5: Individual assessment and personal plan

The inspector looked at a sample of personal plans and found that each resident was provided with a personal plan which was continuously developed and reviewed in consultation with the resident, relevant keyworker, their parents and where required, allied health professionals. Residents were regularly consulted about and fully participated in updates and changes to their plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The inspector found that the provider and person in charge promoted a positive approach in responding to behaviours that challenge. However, the inspector found that a review of positive supports in place for a resident was needed, and in particular, to ensure that there was sufficient guidance in place for staff to support the resident in a consistent manner.

Judgment: Substantially compliant

### Regulation 8: Protection

Overall, the inspector found that the residents were protected by practices that promoted their safety. Staff treated residents with respect and personal care practices, included in the residents' personal plans, regarded the residents' privacy and dignity.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St Augustine's Residential OSV-0001465

Inspection ID: MON-0026175

Date of inspection: 18/11/2021

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• The duty rota has been amended to include the Person in Charge (PIC) hours of work allocated to this designated center (DC). Time Frame: Completed.</li> <li>• The Person in Charge and the Programme Manager will review the use of a staff member to support one resident from 8am-9am. Time Frame: 20.01.22</li> </ul>	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: <ul style="list-style-type: none"> <li>• The Programme Manager has reviewed the complaints and all complaints are resolved. Time Frame: Completed</li> </ul>	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"> <li>• Whereas many of the Policies and Procedures have been produced by St. John of God</li> </ul>	

Services, which seeks to keep them updated and current, others were developed by the HSE and Department of Children and Youth Affairs. Examples of such are: Trust In Care (HSE, 2005); Safeguarding Vulnerable Persons at Risk of Abuse Policy (HSE, 2014); Children First: National Guidance for the Protection and Welfare of Children (Department of Children and Youth Affairs, 2017). The Provider understands that an updated National Safeguarding Policy will be launched by the HSE in early 2022; however we have no control over this. Meanwhile, the Regional Service has their own Local Operating Procedure which is currently aligned with National Policies. Time Frame: subject to HSE timeframe.

- Incidents where a resident goes missing procedure for St. Augustine’s Residential has been updated by the Programme Manager on the 15.12.21 and shared with the staff team. Time Frame: Completed.
- Provision of behavioral support, this policy is currently under review and in the interim this policy remains valid until the updated version is available to replace it. Time Frame: 30.04.21
- Recruitment and selection of staff is part of the Human Resource Policy in the Recruitment Policy is dated September 2020 and the Person in Charge shared it with the team. Time Frame: Completed.
- The creation of, access to retention of, maintenance and destruction of records is part of the Human Resource Policy in the Recruitment Policy is dated September 2020 and the Person in Charge shared it with the team. Time Frame: Completed.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- The vehicle for the DC was sent for a full car valet on the 19th Nov 2021 and it will be scheduled in for a valet every 6 weeks. Time Frame: Completed.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The Person in Charge has received the funding required to complete the ‘Fire Door’ System replacement. Master Fire will complete this required work on the 17.12.21. Time Frame 17.12.21
- The PIC has updated the Fire Safety Checklist to include weekly review by the PIC and Master Fire to be contacted to complete required repairs in the interim if the doors do not close during daily Fire Safety checks. Time Frame: 17.12.21

- All staff and residents have been made aware of the Fire Assembly Point signage Time Frame: Completed
- On the 25.11.21 a night time fire drill was completed with 1 staff member and 4 residents (1 resident was simulated by a staff member) and the PIC was the observer. Time Frame: Completed.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- The Person in Charge has organised a meeting with the psychologist and staff team on the 14th Dec 2021 to create Behaviour Support Guidelines. Time Frame: Completed

## 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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/01/2022
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	16/12/2021
Regulation 28(1)	The registered provider shall	Substantially Compliant	Yellow	16/12/2021

	ensure that effective fire safety management systems are in place.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	16/12/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	16/12/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	16/12/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in	Substantially Compliant	Yellow	16/12/2021

	paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	16/12/2021