Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Grancore
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	19 May 2021
Centre ID:	OSV-0001520
Fieldwork ID:	MON-0032679

About the designated centre

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

The statement of purpose describes the services as providing a home to five adult residents both male and female, with acquired brain injuries (ABI). The purpose is to provide specialist neuro-rehabilitation to the residents, readjustment to daily life and community living, regain or learn new skills to manage everyday life following an injury. The supports available are entirely based on each individuals need. There is access to specialist clinical supports via the local community services, national neurological services and ABIs own service including psychology and occupational therapy. The service is open and staffed on a 24/7 basis with high staff ratios to support the residents. The designated centre is a spacious, detached three story house on its own grounds in a rural setting. There were pleasant, large and private gardens to the front and rear of the house, including parking for several cars. There were ramps at the entrances to the house, and the corridors were wide so as to accommodate wheelchair users. Each person living there has their own bedroom and en-suite. The accommodation comprised two apartments containing a bedroom, bathroom and living room which were entered via the main accommodation. There were three further bedrooms, sitting room and en-suites for the residents on the second floor. The third floor is not used to accommodate the residents but contains office and storage space. There were various communal areas, including a large kitchen/dining room, living rooms, sun-room and a utility room. The lay-out of the accommodation is such that the residents can have communality access in the main areas as they wish, but also private time to engage in their own preferred activities in private if they wish.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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
Wednesday 19 May 2021	10:30hrs to 16:45hrs	Tanya Brady	Lead
Wednesday 19 May 2021	10:30hrs to 16:45hrs	Sarah Cronin	Support

What residents told us and what inspectors observed

This inspection took place during the COVID-19 pandemic and as such the inspectors adhered to national best practice with respect to infection protection and control. Review of documentation took place in a room removed from resident accommodation and inspectors took time over the course of the day to meet with all residents, staff and the person in charge.The regulations prioritised for examination were those which provided the best evaluation of what it was like for residents to live in this house and what level of safety and care was afforded to residents by the staff and the organisation supporting them.

This centre is set on a large standalone site and accommodation is arranged over three storeys. The centre is registered for a maximum of five residents however, currently there are only three residents living here. All residents receive one to one staffing and require higher levels of staff support during specific activities. Each of the residents had their own bedroom, living room and bathroom. They shared the kitchen and dining area in addition to having a communal living room available to them. The other two designated resident bedrooms were currently unoccupied but in use as a staff office and a medication room.

On arrival, one of the residents was having a coffee in the dining room. They greeted inspectors briefly and went on to state that they had been home with family. They were supported to have a lie down as they were tired from travelling back to the centre the night before. This resident told inspectors they were welcome to view their 'apartment'.

Another resident allowed inspectors to look at their room and was observed interacting with staff over the course of the day. Staff made a cup of tea and engaged with the resident in the kitchen and were observed to use clear communication and low arousal strategies when engaging in conversation. One of the inspectors joined the resident and staff in the kitchen for a conversation.

The third resident was observed relaxing in their sensory room and watching TV after lunch. They smiled and made eye contact when an inspector and staff entered their room. The staff member was observed to communicate in a respectful and caring manner towards this resident.

One of the residents went out for a walk with staff in the morning and went out to receive her COVID-19 vaccine later that afternoon. Another resident was supported to move around the house for a short walk. Overall the inspectors noted that the residents while well cared for, did not appear to be engaged in meaningful activities. While the person in charge and the staff team outlined skills they were supporting development of, they had less examples of engagement and activities other than walks or watching television.

One of the residents had been supported to complete a questionnaire in advance of

the inspection. It showed that the resident was satisfied with the centre, their bedroom, the food and exercising their rights. The resident reported that they found it difficult not being able to have visitors due to the COVID-19 pandemic. The resident reported that they enjoyed listening to music and chatting to staff. They reported to be bored and had no activities due to COVID-19.

The inspectors found that the centre was not clean and required maintenance. In addition the inspectors had concerns in relation to one resident and the suitability of the premises to meet their assessed needs. The inspectors issued urgent actions to the provider immediately following the inspection with respect to these concerns and these are outlined in subsequent sections of this report.

There were a large number of restrictive practices taking place in the centre such as locked doors, physical holds and chemical restraint and not all of these were identified. Inspectors were concerned that the provider had no systems of oversight in place outside of the specific centre and no review mechanisms of residents' human rights.

The following two sections of the report outline in more detail the specific regulations viewed by inspectors and their impact on the lived experience of residents.

Capacity and capability

Governance and management of this centre was found to be poor. While residents appeared (for the most part) content in their home, improvements were required by the provider to ensure residents rights were promoted and that residents were engaged in meaningful activities. Where issues impacted on the quality of life for residents, steps had not been taken to identify or address these issues.

The centre had a person in charge identified who was supported by a team leader (although this position was vacant on the day of inspection). There was no identified person participating in management for this centre however the provider had an area manager in post who provided support to the person in charge. The person in charge had responsibility for day services and community based services and reported to inspectors that they were present in the centre twice or three times a week.

Although there were management systems and structures in place, they were not effective in providing full oversight of the service. Staff members had areas of responsibility and were completing checklists and audits regarding these. Day to day checklists and monitoring systems were found to be ineffective as inspectors noted they were being ticked as completed when it was evident that actions had not been carried out. While audits were reviewed by providers management, they were not visiting all areas of the centre or had taken no action regarding the information provided. Fire audits and checks for example had not identified that a number of

emergency lights were not working. Staff were not consistently attending to the vacant or unused areas of the house. Infection prevention and control checklists indicated that water was being run in all taps when inspectors found showers dusty, dirty and filled with supplies. Given the findings of concern relating to the cleanliness and the infection prevention and control in this centre it was of concern to inspectors that this had not been identified as part of health and safety audits or other audits of care and support.

Staff were provided for the most part with relevant training to assist them in supporting residents. However, large numbers of staff required refresher training in specific behavioural support techniques which are used on a daily basis in the centre. The person in charge had taken steps in relation to staff training to prepare for a possible outbreak of COVID-19.

Staff members were observed by the inspectors to be warm, kind and respectful in interactions with residents. Each staff member who spoke with the inspectors was knowledgeable in relation to their responsibilities and residents' care and support needs.There were sufficient staff to meet the assessed needs of residents. Planned and actual rosters were maintained accurately. There was a core panel of relief staff used in order to ensure continuity of care. All staff worked day and night shifts in rotation.

There were policies, procedures and systems in place to report, manage and respond to complaints. There were a significant number of locked doors in the centre restricting residents free movement around their home and these had not been recognised, recorded or reported as restrictions or notified to the Authority as required.

Regulation 15: Staffing

There was a staffing vacancy for team leader position at the time of the inspection however, the person in charge outlined that this role had been recruited and they were waiting for the staff member to start.

There were sufficient staff, who were suitably qualified and experienced, to meet the assessed needs of residents. The person in charge maintained an accurate planned and actual roster, and effective workforce planning had ensured continuity of care for residents. There was a core panel of relief staff currently used for a number of shifts during the week and this ensured there was no agency staff required.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place for staff to receive supervision on a quarterly basis and staff also received formal performance management meetings three times a year and a schedule for these was in place and reviewed by inspectors. Records of formal supervision were maintained which were reviewed during this inspection. A number of staff reported that they felt supported in their role.

Training was provided to all staff working in the centre. Training records reviewed indicated that all staff had received up to date training in areas such as fire safety and safeguarding, although two staff were due Children First training. Additional training was also provided appropriate to residents specific support needs such as 'diabetes' management. Three new staff members had not yet been in receipt of training in this area and as such were not in a position to administer specialist medicines and work with a resident with these needs until they had been trained.

A number of staff however, required refresher training in areas relating to the management of behaviour that is challenging. This was of importance as strategies and practices such as 'holds' were used on a daily basis with the residents in this centre. Nine staff were due refresher training in the 'Management of Actual or Potential Aggression' (MAPA) some since June 2020 and 12 staff were due refresher training in 'Professional Management of Aggression and Violence' (PMAV) some since August 2020. It was acknowledged by inspectors that the COVID-19 pandemic had made securing practical training difficult and the PMAV training was scheduled for June and July 2021.

The person in charge had also taken steps in relation to staff training to prepare for a possible outbreak of COVID-19. Staff had completed training in areas such as hand hygiene, the donning and doffing of personal protective equipment (PPE) and infection prevention and control practices.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre had a person in charge identified who was supported by a team leader (although this position was vacant on the day of inspection). There was no identified person participating in management for this centre however the provider had an area manager in post who provided support to the person in charge. The person in charge had responsibility for day services and community based services and reported to inspectors that they were present in the centre twice or three times a week.

Although there were management systems and structures in place they were not proving effective as they did not ensure full oversight of the service. There was an annual review of the quality and safety of care and six monthly visits by the provider or their representative. While action plans had been developed arising from these

audits it was not evident that all areas for improvement had been identified. The centre specific day to day checklists and monitoring systems were also not found to be effective as inspectors noted they were being ticked as completed when it was evident that actions had not been carried out. Given the findings of concern relating to the cleanliness and the infection prevention and control in this centre it was of concern to inspectors that this had not been identified as part of health and safety audits or other audits of care and support.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose is an important governance document that outlines the service to be provided in the centre. On initial review inspectors noted that review of this document was required in order to accurately reflect the staffing complements and the purpose of the rooms. The person in charge reviewed this on the day of inspection and an updated version was available for inspectors review immediately following the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their remit to notify the Chief Inspector of any adverse incident occurring in the centre as required by the regulations. However, not all restrictive practices that were in place in the centre had been identified such as locked internal doors and as a result notified on a quarterly basis as required by the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were policies, procedures and systems in place to report, manage and respond to a complaint arising in the centre. There was one complaint on the centre record that had been made by a relative of a resident. Management had addressed the concerns highlighted in a timely manner in line with their policy and there was evidence that the complaint had been concluded to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

Overall the inspectors found that the registered provider and person in charge were trying to ensure that the residents in this centre were in receipt of a safe service. Inspectors noted that the residents they met presented as well cared for on the day of inspection. However, significant improvements were required in relation to premises, rights, fire and infection prevention and control.

All of the residents had complex healthcare and behaviour support needs. It was evident that staff and management were endeavouring to meet residents needs. Residents had access to a GP, neuropsychiatrist, rehabilitation consultants, a psychologist and behavioural consultant on a regular basis. These services were accessed through the National Rehabilitation Hospital. Access to other health and social care professionals was evident in line with residents' assessed needs.

The premises was in a poor state of repair internally and externally and some of the spaces were found to be dirty. One resident who resides on the first floor of the premises did not have freedom to access parts of their home because of their location in the centre. In order to keep the resident safe and prevent them from falling down the stairs, a physical barrier was in place. Inspectors were not satisfied that the provider had ensured the premises was suitable for this resident. Additionally, inspectors were not assured that the resident would be able to evacuate the centre in the event of a fire. An urgent compliance plan was issued post-inspection to the provider to assess the suitability of the premises for the resident.

While residents appeared well cared for, there was no evidence of residents engaging in any meaningful activities during the day. The person in charge and staff spoke of skills development (e.g. self-feeding), walks and watching television, but no other activities were made evident on the day.

Staff that inspectors spoke with reported that working with complex behaviours was one of the biggest risks in the centre. They were knowledgeable about physical restraints used and told the inspector how they ensure it is used as per care plans. Positive behaviour support plans were present and reviewed by a behaviour consultant. Task analysis was carried out and clearly documented to give staff clear guidance on how to support residents who required physical holds for some aspects of their care to be carried out. It was not apparent to inspectors if the residents rights were considered in light of the level of physical restraint which was required for certain aspects of their care.It was of concern, however, that many of the staff required refresher training in MAPA and PMAV and these were used on a daily basis.

There was a significant amount of restrictive practises in the centre including environmental, physical and chemical restraint. While all of the restrictive practices

were clearly prescribed and reviewed, there was not any evidence of attempting to reduce these restrictive practices for residents or of alternatives to the restrictions being considered, trialled or implemented. Not all of the restrictions present on the day of inspection were recognised as such by the provider.There was no human rights or restrictive practice committee to provide oversight and/or review of these restrictive practices at provider level.

Regulation 13: General welfare and development

On the day of the inspection, none of the residents appeared to be engaged in meaningful activities. While the person in charge and the staff team outlined skills they were supporting development of they had less examples of engagement and activities other than walks or watching television. Another resident had gone for a walk in the morning. However, inspectors did not observe residents engaging in meaningful activities or documentation to indicate that they were provided with opportunities to participate in activities. Notwithstanding the COVID-19 pandemic, inspectors were not assured that residents were engaging in activities of their choice in line with their wishes and assessed needs.

Judgment: Not compliant

Regulation 17: Premises

The centre is a 3 storey building on a large stand alone site. The premises was found to be in a poor state of repair internally and externally. Inspectors found that the unused spaces in the house were dirty. Two of the residents had self-contained spaces downstairs. These were made up of a bedroom, a bathroom and a sitting room. The third resident has their self-contained space upstairs on the first floor. Residents bedrooms and living areas were found to be spacious and clean. One resident had no light shades on the light bulb in their room and the flooring required review as sections moved and had large gaps between floorboards. In another area the resident's furniture was torn and the surface was worn. Inspectors noted that in another apartment there were no curtains and the window coverings were attached to the window by Velcro which was peeling away from the frames in areas. In addition, some of the residents en-suite bathrooms were dirty, with boxes of PPE or continence wear stacked in the showers. These were emptied on the day of the inspection.

There were a number of vacant rooms on the day of the inspection. Some of these were being used as storage areas for medication and personal protective equipment (PPE) others were in use as office space. These vacant rooms had a significant amount of dust and cobwebs and required cleaning, window blinds were torn and

stained and en-suite bathrooms required cleaning.

Outside the house, next to the kitchen was a designated smoking area and one of the residents also had a smoking area beside their sitting room, both of these were decked. They were littered in cigarette butts and were dirty. The gardens, while very spacious were overgrown and inaccessible to residents with the fence to the front of the property falling down. The person in charge was seeking someone to maintain the grounds on an ongoing basis however, the provider did not appear to have a system for overall property maintenance for the person in charge to access.

The registered provider failed to ensure that the premises was suitable for the specific assessed needs of the resident currently living on the first floor. An urgent compliance plan was issued post-inspection to the provider in order to assess the suitability of the premises for that resident.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had put appropriate measures in place in relation to COVID-19. Temperature checks were carried out on residents and staff each day and logs were made available to inspectors to view. There was an adequate amount of PPE and hand sanitiser available. There was an infection prevention policy and clear contingency plans in place.

In the two en-suites which were unused, staff signed a checklist to indicate that they had run the water to maintain water quality and prevent the presence of legionella. However, inspectors noted that this had not been done on the day of inspection despite the checklist marked to indicate it had been. In one of the unused showers, there were boxes of PPE stacked and the shower tray was dirty. Both bathrooms were dirty and dusty.

Judgment: Not compliant

Regulation 28: Fire precautions

On the day of inspection, the person in charge informed inspectors that the centre was getting a new hard-wired fire system installed. Issues which were identified in relation to fire containment on the last inspection had been addressed.

Fire detection and containment systems were in place and maintained. Fire audits and checks were not effective and had not identified that a number of emergency lights were not working. Two of the fire doors in one of the resident's apartment required replacement. However, it was noted that it was possible for them to close

and the person in charge reported that they were being replaced in the coming weeks.

In the main seating area, there was a stove in use. However, the chimney had not been cleaned since 2019. This had been identified on a health and safety audit by the staff. The person in charge reported that this was actioned.

Fire drills were carried out by day and evacuation was achieved within reasonable time frames. However,successful evacuation was not demonstrated with minimum staffing available. Inspectors were not assured that a resident would be able to safely evacuate the premises in the event of a fire. This was due to the presence of a locked stair gate at the exit point of their living accommodation which needed to be manually opened and the resident required assistance of two staff to descend the stairs.Inspectors issued an urgent action plan for the provider to address this issue.

Judgment: Not compliant

Regulation 6: Health care

All of the residents presented with enduring and complex healthcare needs. Residents had access to a GP, neuropsychiatrist, rehabilitation consultants, a psychologist and behavioural consultant on a regular basis. These services were accessed through the National Rehabilitation Hospital. Access to other health and social care professionals was evident in line with residents' assessed needs. It was evident that guidelines had been put into care plans.

Each resident had an individual rehabilitation plan which outlined their assessed needs and supports required. Residents had a 'portable profile' with up to date information about their condition, medications they were on and any health and social care professionals supporting their care. Each resident had a hospital passport in place in the event they required hospitalisation.

While residents were not accessing National Screening programmes, the reasons for this were documented by the team involved in the persons care.

Judgment: Compliant

Regulation 7: Positive behavioural support

All of the residents in the centre had complex behaviour support needs. Each of the residents had behaviour support plans in place with regular input from a Behaviour Consultant and other health and social care professionals if required.

There was a significant amount of restrictive practises in the centre including

environmental, physical and chemical restraint. While all of the restrictive practices were clearly prescribed and reviewed, there was not evidence of attempting to reduce these for residents. There was a restrictive practice log in place but no restrictive practice committee to provide oversight of these practices at provider level.

It was noted that there were a number of locked doors in the centre, although this was not recognised as a restriction by the provider.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Inspectors found one residents right to freedom of movement in their home was significantly restricted. In order for this resident to alert staff they wished to come down the stairs or they needed something, they needed to go through a fire door and stand on an alarm mat behind a stair gate which they were unable to open. As outlined earlier in the report, an urgent compliance plan was issued immediately following inspection.

For residents who required physical restraint, it was not evident from documentation that this was being considered as a human rights issue at provider level.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Grancore OSV-0001520

Inspection ID: MON-0032679

Date of inspection: 19/05/2021

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • 1 staff member completed Children's First training on 24.06.2021 and the other staff member is scheduled to complete this training on 23.07.2021. • Diabetes management training scheduled for 13.07.2021. Until this has taken place these staff will continue to not administer insulin and the rota will continue be organized to ensure trained staff members are available to administer insulin when required. • MAPA training for 6 of the 9 staff took place on 18.06.2021. MAPA training for remaining 3 staff members scheduled and to be completed by end August 2021. • 10 staff completed PMAV training on 21.06.2021, 25.06.2021, 05.07.2021 and 07.07.2021. 2 staff members are on sick leave and will be scheduled to attend the next available date on their return to work once date confirmed.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • Clarification on PPIM Status by June 27th 2021 • If required, submission for PPIM by August 14th 2021 • All actions from Reg 23 audit on 23.06.2021 will be completed by 31.08.2021. • The Reg 23 audit for the second half of 2021 will be an on-site inspection. • From 03.06.2021 the Team Leader will be on-site in the designated center 5 days per week. • The center specific and day to day checklists pertaining to IPC, health and safety and	

fire checks will be reviewed and signed off daily by the Team Leader or nominated staff member from 28.06.2021
• From 28.06.2021 the Team Leader/PIC will conduct and document a random weekly audit/spot check of the cleaning of the center.
• From 28.06.2021 the Team Leader will complete the monthly Health and Safety checks in conjunction with the Health and Safety Officer, and provide monthly update to LSM
• The Team Leader and PIC will meet monthly to discuss issues in relation to governance and management commencing June 2021
• The National Services Manager will meet with the LSM on a 6 weekly basis from 31st May 2021, to review the identified actions and monitor on an ongoing basis.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• All current restrictive practices will be reviewed on 14.07.2021 by the multi-disciplinary team.
• All restrictive practices will be reviewed quarterly from the 14.07.2021 by the multi-disciplinary team.
• The PIC will continue to notify HIQA of all agreed restrictive practices on a quarterly basis.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
• Each resident's Individual Rehabilitation Plan (IRP) Keyworker reviewed 01/07/2021
• Clinical IRP review on 20/08/2021. These clinically led IRP's consider each resident's interests, goals, needs and progress every 3 months and quarterly as per schedule.
• Any additional relevant clinical input will be attained by 31/08/2021.
• Daily/weekly schedule which is determined by their complex support needs, interests, goals, OT assessments, BSPs and IRPs will be reviewed by 15/08/2021.
• Multi-disciplinary review has taken place of the needs of the resident on the first floor with a Compliance Plan was submitted on 17.06.2021 following assessments by all relevant clinical and operational staff.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• Detailed maintenance assessment & proposed schedule of works by 21.07.2021
• Vacant rooms were rooms cleaned on day of inspection and have been added to the daily/weekly cleaning schedule: 28.06.2021.
• The center specific and day to day checklists pertaining to IPC, health and safety and fire checks will be reviewed and signed off daily: 28.06.2021
• A random weekly documented audit/spot check of the cleaning of the center, which will include the running of unused taps/showers by 28/6/2021
• A replacement TUS scheme gardener by 31.08.2021
• Repair to fence and trim overgrown trees by 31.08.2021
• New blinds installed by 09.07.2021
• Light shade in resident's bedroom replaced 21/06/21.
• The 2mm floorboard gap repaired 14/06/21.
• New sofa purchased 14/06/21.
• Velcro on window coverings has been replaced 21/06/21.
• Inappropriately stored items removed 19/05/21.
• Smoking areas added to daily cleaning schedule 19/05/21.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• Unused en-suite bathrooms were cleared out and cleaned on day of inspection 19/05/21 and weekly thereafter.
• Weekly checks to ensure no items are stored correctly from 19/05/2021
• Incontinence wear and PPE transferred to an alternative permanent storage location on day of inspection 19/05/21
• The cleaning of all unused rooms has been added to the daily task list/cleaning schedule from 28.06.2021.
• The center specific and day to day checklists pertaining to IPC will be reviewed and signed off daily by the Team Leader from 28.06.2021
• Random weekly audit/spot check of the cleaning of the service, which will include the running of unused taps/showers, commencing 07/06/2021 and will continue weekly.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Full assessment of the service by the external Fire Safety Consultant by 22.07.2021.
• Fire doors in resident's apartment will be replaced on 26.07.2021.
• All emergency lights checked and are in full working order 19/05/2021
• Exit illumination sign on the second floor replaced 05/07/2021

Detailed Compliance Plan:

• A multi-disciplinary review has taken place of the needs of the resident on the first floor with a detailed Compliance Plan which was submitted on 17.06.2021 following assessments by all relevant clinical and operational staff.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
• All restrictive practices will be reviewed by the multi-disciplinary team on 14.07.2021 and quarterly thereafter.
• 2021 HIQA Quarter 2 and subsequent notifications of restrictive practices will include all locked doors from 30.6.2021

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• All restrictive practices will be reviewed by the multi-disciplinary team on 14.07.2021 and quarterly thereafter.
• A multi-disciplinary review has taken place of the needs of the resident on the first floor with a Compliance Plan which was submitted on 17.06.2021 following assessments by all relevant clinical and operational staff.

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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	01/07/2021
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	30/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate	Substantially Compliant	Yellow	30/08/2021

	training, including refresher training, as part of a continuous professional development programme.			
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.	Not Compliant	Red	21/06/2021
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.	Not Compliant	Orange	31/07/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	28/06/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with	Not Compliant	Red	21/06/2021

	reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	28/06/2021
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.	Not Compliant	Orange	28/06/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where	Not Compliant	Red	07/06/2021

	necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/07/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	31/08/2021
Regulation 07(2)	The person in charge shall ensure that staff receive training in the management of behaviour that is challenging including de-escalation and	Not Compliant	Orange	31/08/2021

	intervention techniques.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	14/07/2021
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	14/07/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Red	21/06/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in	Not Compliant	Orange	14/07/2021

	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.			