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:	Blossomville
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	01 February 2022
Centre ID:	OSV-0001822
Fieldwork ID:	MON-0031515

About the designated centre

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

This designated centre is located in a large rural town. The service provides full-time residential care to six adult males with an intellectual disability. The provider's vision for the quality of care in this centre is that residents are provided with a nurturing home where their ever changing needs are met by staff who support each other to make this a reality. The centre is a purpose built single storey bungalow. Accommodation comprises six bedrooms, two sitting rooms; a spacious well equipped kitchen and utility room; a bathroom and a shower room; storage cupboards for linen and household equipment and an office for staff. The bungalow is set in mature and secure grounds, which is planted with shrubs, trees and flowers and has a paved area with a patio table and chairs. The staff team is comprised of nursing staff, social care staff and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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 (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 1 February 2022	08:00hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector reviewed requested documentation in a small sitting room located in the designated centre. The inspector met with all of the six residents. Social distancing was observed and discussion with residents was limited to periods of time under 15 minutes. Only two of the residents used words to communicate. The inspector wore a face mask and undertook standard infection prevention precautions. Residents and staff were observed to be adhering to current public health guidelines. All staff were observed to be wearing filtering face piece masks (FFP2). The inspector met with and spoke with the person in charge, a staff nurse / shift leader and four support staff, on duty on the day. The person participating in management was met at the inspection feedback meeting.

Five residents were seen to be up and supported by staff to get ready for the day. One resident, who wished to eat separately to the other residents, remained in bed until they were ready to get up. Staff were observed to offer residents a choice of breakfast and lunch. One resident told the inspector that they were going to visit their mothers' new home. Other residents were aware that they would be supported to go for a social drive and walk while the residents' home visit was facilitated.

Some residents were happy to show the inspector their bedroom. Residents pointed to photographs of interest and posters relating to their particular interests. All residents were young and active and records reflected their participation in swimming, horse riding, gardening, keep fit and exercise within their local community. One resident had a large collection of action hero films in their room and enjoyed watching the movies in their own private space. This resident stated that they liked their home, felt safe in the house and that staff treated them well. Staff supported this resident to maintain contact with their relatives and brought them for home visits. This resident said that they wore a face mask when they went shopping in the community.

Other residents were seen to enjoy watching programmes on the communal television relating to trucks and tractors. These residents went for a social drive in the afternoon and attended a park with two staff supporting them.

Easy read documentation was available to residents. Staff were observed to be unhurried and gentle in their engagement with residents, allowing time for understanding and a response. One resident was able to show the inspector some communication applications that had been installed on their electronic tablet to aid communication between them and staff. This resident also showed the inspector a large collection of music, photographs and video clips stored on the electronic tablet, that were meaningful to them.

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 noted that residents were well supported and cared for on the day of inspection. Overall governance and management of the designated centre had deteriorated since the previous inspection in 2020, reflected in the number of non and substantial compliance's with the regulations assessed. The inspector noted that staff were adequately supported and directed at times when the person in charge was not working in the designated centre. Some staff were unaware of supportive interventions specific to a resident that were essential to that residents presentation and wellbeing. Notifiable incidents of alleged adverse incidents relating to residents welfare had increased.

The registered provider had a written statement of purpose in place. The statement of purpose had the required information as set out in Schedule 1. The statement had not been revised at intervals of less than one year. The current person in charge was not named in that capacity and the impact of the COVID-19 pandemic and subsequent changes to the service provided, were not detailed. The person in charge undertook to address these matters.

The numbers, qualifications and skill mix of staff on the day of inspection were appropriate to the assessed needs of residents. Agency staff employed were engaged consistently and known to the residents. The historical and future rosters outlined sufficient staff across the 24 hour day. Staffing levels supported resident's engagement with their local community as well as facilitating home visits to families. The person in charge was suitably qualified and experienced and had only recently taken on the role of person in charge for this designated centre. A sample of four staff files were reviewed in the registered providers human resources office. All files were seen to have prescribed information and documents in place in respect of staff currently employed in the designated centre.

The person in charge ensured that staff were in receipt of mandatory training courses. Of 14 staff files reviewed in conjunction with the registered providers training matrix, it was clear that some training scheduled had been impacted by the COVID-19 pandemic. 43% of staff required refresher training in relation to fire and safety, 38% required training in the managing of behaviours that challenge and also the safeguarding of vulnerable adults. Of these percentages the inspector noted that two staff members were on mandatory leave which impacted their availability for training.

The designated centre was well resourced and sufficiently staffed to meet the assessed needs of residents. The management systems in the designated centre did not however ensure that the service provided was safe and effectively monitored. The person in charge was employed across two designated centres and was not providing direct supervision to staff as previously indicated by the registered

provider, to HIQA, in relation to notifiable incidents of concern. Staff did report directly to the person in charge, but did not always work under the direct supervision of the person in charge. While the registered provider had in place a recent annual review of the quality and safety of the service provided to residents, there was no improvement plan identified in relation to notifiable incidents. Residents and their families had been consulted in relation to the annual review and six monthly unannounced provider audits.

Bi-monthly supervisory staff meetings were not conducted in line with the registered providers policy demonstrating that staff were less supported and performance managed than intended. Records reflected that each staff member had been met once in the last twelve months and not every two months as per the providers policy. Notifiable incidents of alleged concern by staff were delayed in five recorded incidents. Incidents were reported by staff when they encountered the person in charge rather than when the alleged event happened, with little evidence of immediacy. There was an emphasis in the registered providers on call guidance document to when not to activate the on call system than there was to activating it in relation to staff concerns regarding any alleged abuse.

Staff meetings were occurring and records documented discussions in relation to safeguarding and restrictive practices, amongst other agenda topics. Despite these meetings, a restrictive condition specific to one resident had external shuttering attached to the residents bedroom windows. This room was in darkness unless the resident turned on a light. Members of staff had not regarded this modification as a restrictive practice. Members of staff and management were unaware as to the need for such a restriction or as to how long it had been in place.

The directory of residents was reviewed on the day of inspection. All residents information was relevant to the six residents living in the designated centre, including that of a resident who had only recently come to live in the house. Details pertaining to a resident who had transferred into another designated centre were still maintained in the directory. The person in charge undertook to address the matter.

There was only one complaint noted since the previous inspection in August 2020. The registered provider had addressed the matter to the satisfaction of the complainant. Notifications of adverse or alleged incidents of abuse had been made to the office of the Chief Inspector within the required 3 day time frame. A delay in the reporting of staff concerns to line management is referred to in the judgement of Regulation 23, Governance and Management.

Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the qualification and skill-mix of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were properly supervised. Staff had undertaken specific training based on the assessed needs of residents, however mandatory required refresher training was needed for some staff.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents for all residents availing of residential services, however the details of a resident who no longer resided in the designated centre needed to be removed.

Judgment: Substantially compliant

Regulation 21: Records

The registered provider ensured that the information and documents in relation to staff specified in Schedule 2, were in place.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were not in place in the designated centre to ensure the service provided was safe. Staff were not in receipt of the support and development bi-monthly as stated in the registered providers policy. Staff meeting were not occurring regularly and staff concerns relating to the quality and safety of care were delayed in their reporting to management.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was in place, however, it was not subject to annual review, had not detailed the current person in charge and had not reflected changes to the service since the start of the pandemic.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had notified to the Chief Inspector all notifications and incidents within three working days.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place a complaints process and procedure that was prominently displayed and the complainants satisfaction with the outcome of complaints made were noted.

Judgment: Compliant

Quality and safety

The service and staff were generally focused on the residents' needs and supports ensuring that residents had access to and participated in activities of choice. It was clear that individual staff members had the best interest of residents at the core of their work and reported concerns to management. The reporting of some alleged

incidences to management had in some instances been delayed. All residents were observed to be healthy and many planned interventions supported residents' personal development, as well as ensuring residents' safety. As previously noted, there was slippage in the level of compliance since the previous inspection. While these areas did not dramatically impact on the overall quality and safety of services to residents, the registered provider had not self identified these matters.

Residents' individual care plans had been subject to review by staff and all residents care plans had been discussed at an annual multidisciplinary review. One resident had only recently moved into the designated centre and had previously lived at home. The short term goals defined related to the resident's integration and settling into the designated centre. Life goals related to the continuance of developing life skills, accessing activities of choice, building a relationship with fellow peers and acquiring additional communication aids. Records reflected that this resident was learning to maintain their own bedroom through cleaning. They also attended to kitchen chores, baking and gardening. Records also reflected that this resident had received visitors, enjoyed going for social drives and walks. Community activities included horse riding, cinema, bowling and swimming. The introductory care plan was still a work in progress. Communication assessments and interventions were evident. The resident showed the inspector a number of photographs, videos and applications that they had on an electronic tablet and they used them to aid communication with staff.

Healthcare records were maintained to a good standard. Daily and regular health observations and checks were clear and up-to-date. Residents were supported to attend general and specialist healthcare professionals in addition to seeing members of the registered providers multidisciplinary team.

Staff demonstrated knowledge in relation to the restrictive practices in place that had previously been communicated to HIQA. One resident had in place external shutters to their bedroom windows. This prevented any daylight entering the residents bedroom. This had not been recorded as a restrictive practice and staff were unsure as to how long the measure was in existence. Staff were also unaware as to the reason for having such a restrictive practice in place. The service managers undertook to review the matter. Additionally, staff were unaware of specific sensory and tactile responses to be employed in the event that a resident was upset and required a behavioural support intervention. These therapeutic interventions were clearly documented in the resident's behaviour support plan but the inspector did not see evidence that staff could identify and alleviate the cause of a resident's behaviour and whether alternative measures would be considered before using a restrictive procedure.

The person in charge had initiated a number of investigations in relation to allegations of concerns raised by staff members. A protective measure, stated by the registered provider to be in place, related to staff supervision. This protective measure was not in place on the day of inspection and only related to days that the person in charge was present in the house. This was not consistent with a written assurance previously made to HIQA. Appropriate refresher training in relation to safeguarding residents and the prevention, detection and response to abuse was

required for five staff.

Staff were observed to be gentle and respectful when engaging directly with residents. Staff were seen to afford residents time to consider and respond to communications. All residents appeared comfortable in the presence of staff and staff demonstrated a good understanding of requests made of them. Care plans for residents were maintained in an open shelf in the kitchen area.This meant that anyone in the house had access to the personal and professional information relating to a resident. It was also noted that one residents feeding and dietary plan was attached permanently to the table that all residents ate from. Neither of these issues assured the inspector that resident's privacy and dignity were upheld. The person in charge undertook to address the matter.

Residents were afforded choice in relation to the meals and food they wished to eat. All food was prepared on-site. Residents were observed to be supported to be as independent as possible at mealtimes. One resident who liked to eat alone was facilitated to do so. Records reflected that residents liked and availed of takeaway food. Residents also enjoyed eating out. There was a good selection of fresh and frozen foods, dry goods, beverages and fresh fruit available on the day of inspection.

All residents had access to a communal television while some had a personal television or radio depending on their preference. One resident had a large collection of action hero films that they enjoyed in the privacy of their own bedroom. This resident said that they had no remote control to change channels or alter the volume. The person in charge undertook to address this matter. This resident was happy to be going home to visit their mother with staff support. Bedrooms had been freshly painted and all were bright, clean and personalised with photographs and posters. Some residents had an interest in farm machinery and trucks and lorries which reflected their television viewing choices as well as the ornaments and replicas they had in their bedrooms. The laundry and dining room were linked by a door that had no self closure. The registered providers maintenance department addressed the matter promptly on the day of inspection to eliminate any fire and safety concerns as well as improving infection prevention controls. One large cupboard in the kitchen was missing a door.

All records relating to fire safety and prevention were reviewed by the inspector. Staff conducted daily checks of all fire escape routes. The fire panel and alarm system was checked by staff on a weekly basis. Fire drills and the evacuation of residents were performed each month. While records reflected the safe evacuation of residents, some drills did not reflect the time that the drill was undertaken. The fire panel, fire extinguishers and emergency lighting systems had been examined and certified by a fire competent person in the last three months. A new resident to the house had a personal emergency evacuation plan (PEEP) in place that was maintained in a fire folder in the main office. A copy of this was not available at the front and rear fire escapes, as required by the registered providers fire and safety policy. The person in charge undertook to address the matter.

All staff in the designated centre were engaged in the process of cleaning. There

was a clear differentiation between day and night cleaning duties. The registered provider had in place a contingency plan in the event of a COVID-19 outbreak. Staff had undertaken hand hygiene training, breaking the chain of infection, the donning and doffing of personal protective equipment and an introduction to infection prevention and control. Staff, in conversation, could describe the colour codes applied to mops and cloths used in the designated centre. The registered providers infection control measures referenced a cleaning and information handbook for staff that was not available in the designated centre, on the day of inspection. The designated centre had good stocks of cleaning agents. Staff who used these agents were unsure of the dilution needs when diluting from concentrate. Staff were also unsure of how long an agent was to be applied to a surface before wiping off. Staff required additional support and training to understand the practice of cleaning and disinfecting surfaces. The registered provider had commissioned an independent cleaning audit in November 2021 and actions arising from the audit had included the cleaning of extractor vents, toilet brushes and the performance of a general deep clean. The designated centre had a spill kit in place for the treatment of bio-hazardous spills / fluids. The inspector noted that some internal surfaces in the kitchen and large furnishings required repair or replacement. Not all waste bins were pedal operated and the designated centre had no supply of yellow bags for the disposal of clinical waste. The person in charge confirmed that these stocks were held centrally and would be available to the designated centre on request. While the main kitchen fridge was observed to be clean inside, debris and dirt could be seen to the sides and rear of the appliance. The fridge top was also dusty and fluffy.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in line with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that residents had their own furnishings and fittings as well as adequate space to store personal belongings.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had appropriate care and support to access activities of choice and recreation.

Judgment: Compliant

Regulation 17: Premises

The designated centre while meeting the current assessed needs of residents, required some minor repairs to window boards, cupboards and furnishings.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and that all food was properly prepared, cooked and served.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had in place a residents' guide that was provided to residents.

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 provider needed to address minor repairs and make good surfaces. Additional cleaning was required and staff needed further support and education regarding cleaning and disinfecting surfaces. Clinical waste pedal bins and clinical waste bags were required. These measures were required to achieve regulatory compliance with infection prevention standards.

Judgment: Not compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety, however the recording of fire drills needed to reflect accurate times of occurrence and personal emergency evacuation plans needed to be available in the locations specified by the registered providers fire and safety plans.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a comprehensive personal plan for each resident that reflected the nature of residents' assessed needs and the supports required.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that appropriate healthcare was provided to each resident having regard to their personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that some restrictive practices were applied in the least restrictive manner and were subject to regular review, however one restrictive practice was not risk assessed for one resident. Staff were not aware of the rationale behind the practice, how long it was in existence and why HIQA had not been notified as required by regulation. The registered provider had not ensured that some therapeutic interventions were implemented in line with another residents behaviour support plan.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had initiated investigations in relation to allegations or suspicions of abuse, however, the actions taken to safeguard residents were not as robust as previously indicated by the registered provider. Separately, five staff members required refresher training in relation to the safeguarding of residents.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Staff were observed to be respectful to residents, however, residents files were left in the kitchen area on an open shelved unit and one residents feeding support plan was taped to the kitchen table.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Blossomville OSV-0001822

Inspection ID: MON-0031515

Date of inspection: 01/02/2022

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
To return to compliance under Regulation 16 all staff mandatory training will be reviewed and any outstanding staff training needs will be addressed to ensure all training is up to date.</td></tr>
<tr><td>Regulation 19: Directory of residents</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 19: Directory of residents:
To resume compliance with Regulation 19 the Directory of Residents will be reviewed and updated to reflect the current occupancy of the residence.</td></tr>
<tr><td>Regulation 23: Governance and management</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
To come into compliance with Regulation 23 the Person in Charge will meet with all shift leaders to reiterate their roles and responsibilities in relation to managing their duty rosters to ensure the safety of all residents.
The Person In Charge will audit the supervision records and schedule meetings with any staff member whose support and supervision has not been completed within a bimonthly timeframe and will ensure in future to the reporting of re that all supervisions will be carried in accordance with policy.
Staff meetings will be scheduled and facilitated by the Person in Charge on a monthly basis.
Safeguarding is an agenda item for all the monthly meeting and staff supervisions.
The responsibilities of staff in relation to any safeguarding concerns will be outlined at the next monthly staff meeting. The Designated Officer will be requested to attend the</td></tr>
</table>

next meeting to highlight this responsibility.

Regulation 3: Statement of purpose	Not Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose will be reviewed and amended to ensure it is in compliance with Regulation 3. It will be reviewed in the future within the required 12 month period.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The identified minor repairs within the designated centre will be addressed by a suitably qualified person. New furnishings were ordered on the 14th December 2021 and will be in place once they are back in stock with the supplier.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
To come into compliance with Regulation 27 the Registered Provider will address the minor repairs identified and repair the damaged surfaces. The Registered Provider has developed a booklet for all staff in relation to cleaning and this is available to the staff in the designated centre. This incorporates cleaning procedures/ methods and cleaning agents. Clinical waste bags are now in place in the designated centre and clinical waste pedal bins have also been provided.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To resume compliance with Regulation 28 the Registered Provider will ensure that complete records for fire drills will be maintained and in particular the times of fired drills will be captured.
The personal emergency evacuation plans have been reviewed and are available in all locations as per the fire safety plans.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The current restrictive practice has been reviewed 03/03/2022 to assess if a more appropriate solution could address this resident’s needs. Currently an alternative is being trialed which is not restrictive however if this alternative solution is unsuccessful and a more restrictive practice is put in place this will notified to Hiqa via an NF39 quarterly return.

Staff have been refreshed regarding the therapeutic interventions recommended for

residents as part of the resident’s positive behavior support plans. This has been supported by the OT and through meetings with staff. The residents have also been reviewed by the OT on the 7th and 14th March 2022.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The Registered Provider will ensure that all staff requiring refresher training in relation to safeguarding will be scheduled and completed as soon as possible.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: To return to compliance with Regulation 9 and to protect the residents rights the resident’s files have been relocated to the office area and the feeding support plan is now removed from the table once the resident has completed dining.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	01/04/2022
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	03/02/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Not Compliant	Orange	01/04/2022

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	01/04/2022
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Substantially Compliant	Yellow	01/04/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Not Compliant	Yellow	14/03/2022

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	23/02/2022
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Not Compliant	Yellow	03/02/2022
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	07/03/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive	Not Compliant	Orange	14/03/2022

	procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	14/03/2022
Regulation 08(7)	The person in charge shall ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.	Substantially Compliant	Yellow	14/03/2022
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	Substantially Compliant	Yellow	01/02/2022

	personal care, professional consultations and personal information.			