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:	Teach Saoire
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Short Notice Announced
Date of inspection:	18 October 2021
Centre ID:	OSV-0001834
Fieldwork ID:	MON-0029166

About the designated centre

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

Teach Saoire respite centre provides overnight care and support to adults with an intellectual disability. The service can accommodate up to four people at a time. Short term respite placements are provided on a scheduled basis, and can be of varying durations. The centre is a two-storey house, with five bedrooms on split levels, a kitchen, dining room and large living area. The premises has a garden to the front and rear, and is located on the outskirts of a large town in Co. Westmeath. Residents who attend the service are support by a staff team of social care workers and support workers. The staff team are managed by a person in charge, who is a registered nurse.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Monday 18 October 2021	12:05 pm to 7:55 pm	Caroline Meehan	Lead

What residents told us and what inspectors observed

From talking to residents it was evident that residents enjoyed staying in this centre for respite breaks, and there was a focus that these breaks provided opportunities for residents to take part in a range of activities both in the centre and in the community. However, from speaking with staff and the person in charge, and from reviewing documents, it was evident that this centre required significant improvement in order to comply with the regulations. There was poor oversight by the provider, to ensure this service was safe in order to protect residents, and to ensure it was effective in meeting the needs of the residents as they availed of breaks.

This inspection was carried out as a monitoring inspection and had been announced three days prior to the inspection. The centre provided respite services for approximately 40 residents. The centre could accommodate four residents for respite stays and there were four residents staying in the centre on the day of inspection. The inspector spoke with three residents, who had returned to the centre after day services. Residents said they liked staying in respite, they could chose the activities they wished to do, and had planned to go out in the evening for a meal. The residents also spoke about some of the other activities they liked to do such as catching up on the soaps on TV, baking and cooking. The inspector observed that after returning from their meal out, residents were supported with an art activity. A staff member showed the inspector photographs of activities that residents had participated in recently such as mosaic art, parties, pamper evenings and day trips. Some residents also liked to do board games and art and crafts.

Residents appeared comfortable in the centre, and there was a good rapport between staff and residents. Residents met with staff on admission, and every evening of their stay, and the activities and meals for the evening were decided by residents. Each resident had their own room for their stay in respite, and there were ample storage for their belongings.

However, the inspector found the premises was not maintained appropriately, and poor infection control procedures put residents at risk. There was a lack of information pertaining to some residents' needs, such as healthcare risks and behavioural support needs. As a result, support was implemented in the absence of professional recommendations and guidance, exposing residents to potential risks. In addition, there were no procedures in place to respond to a risk associated with a healthcare condition.

The provider had failed to adequately monitor the services in this centre, and as a result risks were not identified or responded to appropriately. In addition, the provider had not resourced this centre in terms of staffing and facilities to ensure known risks were being managed appropriately. There were insufficient staff numbers in the centre to manage a known safeguarding risk, and the provider was

requested to provide assurances by the end of the inspection.

In addition, assurances were requested in relation to infection control, the provision of healthcare, and the provision of behavioural support on the day following the inspection. The provider gave assurances to HIQA on the day of inspection in relation to staffing, and written assurances the following day in relation to healthcare provision, infection control precautions, and behavioural support.

The next two sections will describe the governance and management arrangements in the centre and how these arrangements have impacted on the quality of service the residents received.

Capacity and capability

The inspector found that this centre was not sufficiently resourced to meet the needs of some residents, and the provider had failed to ensure the premises was appropriately maintained, so as to mitigate risks to residents. The centre was not monitored effectively on an ongoing basis, and risks identified on this inspection had either not been identified by the provider, or had not been appropriately responded to. There were significant non-compliances found, and 12 of the 15 regulations inspected were found to be non-compliant. Overall there was inadequate oversight of the services provided.

There were insufficient staff on duty to ensure a safe service. Specifically, one to one supervision was not provided for a resident consistent with safeguarding control measures, and the provider was required to provide assurances on the day of inspection. Arrangements were made on the day of inspection to ensure a second staff member was on duty in the morning and up to 10pm, when a resident was availing of respite in the centre. In addition, there were insufficient staff on duty to ensure appropriate infection control procedures were implemented, and the centre was not thoroughly cleaned when residents were discharged from respite. The provider was required to give assurances the day after the inspection, and written assurances were subsequently received by HIQA outlining a staff member would remain on duty after residents were discharged to complete a schedule of deep cleaning.

There was a person in charge employed in the centre. The person in charge was employed in a full-time capacity and told the inspector they also had responsibility for two other designated centres. The person in charge also told the inspector they had been assigned more duties relating to staff training in recent months and this was taking up a significant portion of their time. Consequently, the person in charge attended the centre once a week. Given the significant concerns raised on this inspection, the inspector was not assured this arrangement could ensure the effective governance, operational management and administration of this designated centre.

There was some audits completed specific to the centre in 2021 including three medicines management audits, two environmental audits, and one health and safety audit. The inspector found these audits were not comprehensive and not all aspects of practices were reviewed. For example, a medicines management audit in September 2021 did not identify issues relating to the prescribing and administration requirements of a PRN (as required) medicine, and the health and safety audit and environmental audits did not identify the infection control risks associated with an ongoing mould issue in the centre.

The inspector acknowledges that a six monthly unannounced visit completed on behalf of the provider, five days prior to the inspection had identified that the mould in the centre required attention. However, staff and the person in charge outlined this was an ongoing issue, and consequently the inspector was not assured the auditing system was effectively and efficiently identifying and responding to risk, to ensure residents were protected from potential harm.

The person in charge submitted a quarterly report to the board of directors. In the three reports submitted in 2021, the person in charge had reported that cleaning was completed twice a day; however, the person in charge told the inspector they do not check the cleaning records to ensure these were complete, and there were significant gaps in cleaning records identified on inspection. Similarly, audits and reviews had not identified that the staffing requirements were not being met in line with safeguarding plans, that cleaning schedules were not consistently completed, that up-to-date information was not available relating to residents' needs, and that interventions were being implemented in the absence of professional guidance.

Six monthly unannounced visit had been completed by on behalf of the provider and actions were developed for the person in charge to attend to. However, the inspector was not assured that these reviews were comprehensive in reviewing all issues in the centre and delegating actions appropriately. For example, the issue around the mould in the centre was delegated to the person in charge to attend to, and the levels and adequacy of staff was noted as very good in the review completed five days prior to the inspection.

There was a management structure in the centre however, the lines of accountability and responsibility were not clear. The person in charge was delegated responsibility for the operational management of the centre and managed a roster for respite breaks for approximately 40 residents. Staff on duty were responsible for the day to day management of the centre while on shift. The person in charge reported to the operations manager who reported to the chief executive officer. The person in charge did not meet with their manager on a formal basis specific to this designated centre, and the person in charge outlined there was an informal arrangement that the person in charge could discuss any issues with the operations manager. However, given the issues identified on inspection around monitoring of the centre and subsequent follow-up actions, there was limited evidence that senior managers, to whom the person charge reported, were taking responsibility for this centre.

Staff had been provided in training in mandatory training, infection control, and

additional training such as medicines management, manual handling and person centred planning. The person in charge outlined a formal supervision meeting was facilitated with staff every six months. However, on a day to day basis staff mainly worked alone, and the person in charge was only in attendance in the centre once a week. Given the practice concerns identified on this inspection, the inspector found staff were not appropriately supervised on a day to day basis.

There was an up-to-date statement of purpose which was reviewed by the inspector post inspection. Some improvement was required to the document. The conditions for registration and the floor plans were not included in the document. In addition, the arrangement for review of residents' personal plans specified the review of personal goals only.

Regulation 14: Persons in charge

The arrangement for the person in charge to manage more than one designated centre had not ensured the effective governance, operational management and administration of the designated centre. There was a full-time person in charge employed in the centre, who also had responsibility for two other designated centres, and had been assigned additional training duties in recent months.The person in charge attended the centre once a week; however, due to the levels of non-compliance found on this inspection, this inspector found this arrangement was not effective.

Judgment: Not compliant

Regulation 15: Staffing

There were insufficient staff numbers in the centre to ensure the supervision levels, as required, were provided, and to ensure a safe service. The provider was required to provide assurances on the day of inspection, to ensure staffing levels were in line with the stated requirements as per safeguarding plans, and an additional staff was subsequently rostered in the morning and for additional hours at night time, on specified days each week. The staffing levels provided were also not sufficient to ensure a thorough clean of the centre was completed when residents were discharged, and the provider was also required to provide assurances on the day following the inspection. Written confirmation was received by HIQA confirming additional staff would be provided on the mornings discharges were due to take place in order to complete a schedule of deep cleaning.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had been provided with the required mandatory training and additional training in for example,medicines management, manual handling, and person centred planning. There was a system in place for formal supervision which took place at six month intervals. However, staff were not appropriately supervised on a day to day basis, and issues relating to practices in the centre had not been identified as such.

Judgment: Not compliant

Regulation 23: Governance and management

The management systems in place had not ensured this service was safe and effective, and the centre was not appropriately monitored by the provider. The provider had not ensured the centre was appropriately resourced in terms of both staffing and facilities. While there was a management structure in place, the lines of accountability and responsibility were not clear.

Judgment: Not compliant

Regulation 3: Statement of purpose

Some improvement was required to the statement of purpose. The conditions for registration and the floor plans were not included in the document. In addition, the arrangement for review of residents' personal plans specified the review of personal goals only. The statement of purpose had been reviewed in June 2021.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

HIQA had been notified of incidents in the centre as required.

Judgment: Compliant

Quality and safety

There was ongoing risks in the centre relating to healthcare, behavioural support, safeguarding, infection control and premises issues. Consequently residents were at risk of harm, and the lack of effective oversight by the provider in the centre had resulted in these risks not being identified or responded to appropriately. Overall there were poor systems in place to ensure information pertaining to residents' needs was relevant and up-to-date, so as to inform effective and safe care.

A summary of residents' needs was available however, these had not been reviewed within the last year, and the information in one resident's records was not accurate. The inspector was not assured that this summary sheet was informed by up-to-date reviews, for example, in one case the last recorded medical review for a resident was in November 2019, however, the person in charge informed the inspector the resident had a new medical intervention in place. There was no information relating to this intervention from a medical professional with the exception of a prescription on the medication record. In addition, the person in charge outlined the resident had a healthcare condition; however, there was no information available, and the person in charge and staff did not know the nature of this condition or potential associated risks. Consequently arrangements were not in place to provide appropriate care, or respond to an emergency should it arise while the resident was in respite care. The provider was required to provide assurances relating to the provision of healthcare for the resident and written assurances were provided the day following the inspection.

Information on residents' communication needs were outlined in communication charts; however, records were not dated. From a review of personal plans there were some plans available which guided the practice in the provision of care and support, for example, up-to-date intimate care plans were in place. However, the support required to meet the healthcare needs of residents while they availed of respite was not adequately outlined in most plans, and referred to medications interventions only.

Residents were supported to develop goals during their stay in the centre, and residents discussed their preference for activities with staff on admission to the centre. Residents did have access to a broad range of activities both in the centre and in the community. For example, on the day of inspection, three of the residents had chosen to go out for their dinner and another resident had chosen to go for a drive. Other activities had included pampering nights, baking, cinema, craft activities, and day trips to places of interest. Photographs were displayed in the centre of the activities the residents had enjoyed in recent months, for example, one resident had a specific interest in cars and a trip to a car racing track had been arranged recently. However, some improvement was required to ensure the measures to achieve goals were appropriate. For example, a goal had been developed for a resident approximately four weeks ago, to support the resident to achieve an independence skill. However, the plans outlined that a resident must comply with conditions relating to their behaviour in order to be allowed to achieve this goal.

The inspector reviewed behavioural support plans in place and found they were not all reflective of residents needs nor had they been reviewed in a timely manner. For example, one resident had not been adequately supported with their behavioural needs, and a behaviour support plan had not been reviewed since it was developed by a psychologist in 2019. A staff member told the inspector that in the absence of professional support, they had attempted to develop a plan; however, they stated they did not have the skills or knowledge to carry this out. While this updated behaviour support plan was in operation in the centre, it was not based on a functional analysis of the resident's behaviour. Staff had identified triggers and suggested proactive and reactive strategies to support the resident. However, from a review of behavioural incident records it was evident that in one instance the response by staff was contrary to the original recommendation made by a psychologist. The person in charge told the inspector that records of behavioural incidents were forwarded to a staff in day services; however, there was no evidence of review of incidents so as to inform a review in behavioural support. The provider was requested to provide assurances regarding behavioural support and these assurances were provided in writing the day after the inspection.

Staff had been provided with training in safeguarding. There had been two recent safeguarding concerns and safeguarding plans had been developed following incidents. However, as discussed, the provider had not ensured the measures outlined in plans specific to supervision levels were consistently in place. Suitable measures were in place to ensure residents were not at risk of financial abuse. All monies received and spent by, or on behalf of residents, was accounted for, and copies of corresponding receipts were available.

Risks in the centre were either not identified as such, or responded to appropriately, specifically risks relating to safeguarding, healthcare, infection control, medicine management and a lack of up-to-date information. This was compounded by a lack of oversight by the provider in identifying risks through auditing processes, to ensure all practices were safe, in line with required standards and guidance, and to ensure measures were in place to mitigate such concerns.

The premises was not maintained to a satisfactory standard. There was an ongoing issues with damp and mould in the lower level bathroom and bedroom, and mould was evident in the sittingroom. The windows throughout the centre were observed to be unclean, and window blinds were not provided. There was broken tiling at the front porch. The person in charge had made arrangements for the floor covering to be replaced in the sittingroom, and new wall covering in one bedroom to be replaced.

Satisfactory infection prevention and control measures were not in place in the centre. The inspector discussed with the person in charge, the cleaning procedures in place once residents were discharged. The person in charge outlined that staff carried out post-discharge cleaning in the morning, however, this was done when residents were in the centre. A staff member outlined that some of the cleaning was done the night before discharges, and the remainder was done before residents leave the centre accompanied by staff in the morning. The person in charge told the inspector that they were not assured with these cleaning arrangements, and the risk

of cross contamination.

As previously mentioned daily cleaning records and post discharge cleaning records were not consistently completed. A COVID-19 risk assessment had been completed; however, post discharge cleaning was not included in the control measures outlined. Up-to-date guidance was not available from the Health Protection and Surveillance Centre (HPSC) and the copy of guidance available in the centre was dated April 2020. The person in charge and staff member told the inspector that infection prevention and control audits had not been conducted in the centre. The provider was requested to provide assurances regarding the infection prevention and control measures, and these assurances were provided in writing the day following the inspection.

Staff were observed to wear personal protective equipment (PPE) in line with public health guidelines and there was adequate stock of PPE in the centre. There were adequate handwashing and hand sanitising facilities. The provider had developed a COVID-contingency plan; however, this did not outline the measures to be taken in the event a staff was suspected or confirmed to have COVID-19. Written procedures were in place in the event a resident presented with a suspected or confirmed case of COVID-19.

Improvement was required in medicine management practices in the centre. A PRN medicine was prescribed; however, the specific circumstances for the administration of this medicine was not documented in the prescription record, and there was no corresponding guidance or protocol to guide practice. The inspector spoke to two staff members, who gave differing accounts of the circumstances for the administration of this medicines, and the inspector was not assured the resident would receive the medicine as prescribed, to ensure the intended therapeutic benefit. Residents had been assessed in relation to self-administration of medicines; however, these needs had not been reviewed since 2019. Suitable practices were in place for the receipt, storage, and disposal of medicines in the centre.

There were some practices which promoted the rights of residents, and consent had been received from residents or their representatives for support with their healthcare and financial needs while residents availed of respite services. Residents participated in decisions about their social care supports, and chose how they wished to spend their time when in the centre for a stay. However, there was no evidence to confirm some residents had consented to the implementation of a dietary intervention, and to the measures outlined in a personal goal.

Regulation 17: Premises

The centre was found not to be appropriately maintained, and there was a strong smell of damp in a bathroom and a bedroom on the lower level. There was also mould observed below the window in the sittingroom. While the mould in the bathroom had been treated recently, a strong smell remained. Staff informed the inspector that a significant amount of mould built up in the bathroom, and staff

were required to clean this almost everyday. Appropriate window coverings were not available in the centre, and while there was curtains in all rooms, there were no blinds on windows.

There was a broken tiling on the front entrance to the centre, and all the windows in the centre were observed to be unclean.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were a number of risks in the centre which had either not been identified or were not being managed appropriately, and overall there was a lack of oversight by the provider regarding risk management. Consequently risks relating to safeguarding, healthcare, medicines management, infection control, and a lack of up-to-date information on residents' needs, did not have the appropriate measures in place to mitigate the risk of harm to residents.

Judgment: Not compliant

Regulation 27: Protection against infection

Suitable measures were not in place for the prevention and control of infection. Up-to-date public health guidelines were not available in the centre. The centre was not being cleaned thoroughly following the discharge of residents from respite, and there were inadequate resources to ensure this took place. Cleaning schedules were not checked to ensure they were completed, and the requirement for post discharge cleaning was not included in the centre's COVID-19 risk assessment. The person in charge and staff outlined there had been no infection prevention and control audits completed in the centre. Two environmental audits had been completed in 2021. The provider was requested to provide assurances regarding infection prevention and control, and these assurances were provided in writing the day following the inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Satisfactory procedures were not in place for the prescribing and administration of a PRN medicine, and a lack of clear guidance for staff meant that staff had conflicting

views on the circumstances for the administration of this medicine. Consequently the inspector was not assured the resident would receive the medicine as prescribed, to ensure the intended therapeutic benefit. Residents' assessments for self-administration of medicines were not up-to-date.

Satisfactory procedures were in place for the receipt, storage, and disposal of medicines. Medicines received into the centre were accounted for and stock balances were maintained. Medicines were stored in a locked cupboard. Separate storage was available if medicines were required to be disposed of, and subsequently returned to a pharmacy.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Assessments of need were not up-to-date and had not been reviewed within the last year. Information in assessments were not reflective of needs, or informed by up-to-date information from healthcare professionals. Some aspects of person plans guided practice; however, the care to be provided to residents while availing of respite was not adequately set out in most healthcare plans.

Residents were supported to achieve social care goals while availing of respite; however, the steps outlined for a resident to achieve a personal goal were not developed through a person centred approach.

Judgment: Not compliant

Regulation 6: Health care

The person in charge and staff were not knowledgeable on the healthcare status of a resident, and of the associated risks, and measures were not in place to provide appropriate care and respond to a healthcare emergency should it arise. A healthcare intervention was being implemented in the absence of any clear guidance from a healthcare professional.

Judgment: Not compliant

Regulation 7: Positive behavioural support

A behaviour support plan had been developed by a psychologist in 2019; however, this plan had not been reviewed since. In the absence of professional support, staff

had developed a new plan; however, a staff member told the inspector they did not have the skills or knowledge to develop this, and the plan was not based on a functional analysis of the resident's behaviour. A response to a behavioural incident was not in line with the recommendations made by the psychologist. The provider was requested to provide assurances regarding behavioural support and these assurances were provided in writing the day after the inspection.

Judgment: Not compliant

Regulation 8: Protection

There had been two recent safeguarding incidents in the centre; however, the measures in safeguarding plans were not in place in the centre relating to staffing resources. Staff had been provided with training in safeguarding. There were systems in place to ensure residents money was safeguarded and all monies and spent by and on behalf of residents was accounted for.

Judgment: Not compliant

Regulation 9: Residents' rights

There was some evidence that residents participated and consented to decisions about their care and support while availing of respite services in the centre. However, evidence was not available to confirm some residents had consented to the implementation of a dietary intervention and to the measures outlined in a personal goal.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Teach Saoire OSV-0001834

Inspection ID: MON-0029166

Date of inspection: 18/10/2021

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 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The Person in Charge is responsible for Adult Respite services in 2 centres only 0001834 and 0001828 effective 26/11/2021. From the 1st of November 2021 the training duties previously carried out by the Person in Charge in relation to Epilepsy Management Training have moved to a second staff member and the Person in charge will only assist on an emergency basis, therefore the duties have been reduced.	
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The roster was changed on the 18th of October 2021, the second staff on duty was rostered on for an additional hour in the evening and also for 3 hours the following morning. The Person in Charge will ensure the staffing levels match respite users' needs at all times. The Operations Manager will review the roster to ensure the Person in Charge is in compliance with this requirement at monthly supervision meetings. From the 18th of October 2021, the mornings when all clients are discharged a staff is rostered on to ensure a deep clean is carried out in the centre, except on Sunday when one staff is sufficient as respite users are collected between 09.00-09.30, staff are rostered on until 11.00, ensuring there is sufficient time for a deep clean, as the centre is then closed until Monday at 15.30.	
Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development: From the 1st of November 2021, the Person in Charge is on the roster (18 – 21 hours a week) so it is clear when the Person in Charge is on duty and at the centre and so robust day to day supervision can be provided. The will alternate so that supervision on site to all staff in their day to day duties can be provided. The Operations Manager will review the Roster every month at the Person in charge supervision meeting to ensure adequate supervision and oversight is provided to staff working at the centre.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Person in charge attends monthly PIC meetings, has supervision on a 6 monthly basis with her line manager the Operations Manager. These Supervision meeting will be held monthly for the next 6 months effective 1st November to bring the centre into compliance. The purpose of the monthly meeting will be to ensure the following are addressed: adequate staffing levels, day to day supervision of staff in their care and support of respite users to include health and social care plans, implementation of Infection Control Measures, review of planned and actual rosters. The Operations Manager will review the role and provide oversight to Person in Charge in line with legislation to ensure full understanding of expectation of the organisation for the role at every meeting. On site weekly meetings between the PIC and the Compliance officer have commenced from 12th November 2021, once a month the HSE Assistant Director of Nursing from CHO 8 will be in attendance. The sole purpose of this meeting will be to review the progress on bringing matters into compliance and reviewing then timetable for achieving compliance with the regulations. Failures to achieve compliance actions will be escalated to the CEO for further action. This will continue until the end of 31st January 2022 and an internal report on the Compliance Plan will issue from the Compliance Manager for the Board Quality & Safety Committee with recommendations for ongoing oversight in 2022.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose has been updated on 1st November 2021 to include the conditions for registration and the floor plans. On page 6 of the Statement of Purpose the information on Care/Support Plans has been included. This updated SOP was sent to HIQA on the 8th November 2021.	

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
On the 19th of October 2021 the Registered provider organized for contract cleaners to undertake a deep clean of the premises. All the windows were cleaned. On the 19th of October 2021 the Person in charge ordered blinds for all the windows. There will be a new floor laid on the weekend of the 26th of November 2021.The broken tile at the front of the entrance of the house was repaired on the 19th of October 2021.On the 5th November the Registered Provider made the decision to close the bedroom on the lower level of the centre to seek further technical advice following an informal review and diagnosis from an engineer. The ground floor bedroom will remain out of use until further advice comes in and action agreed. The Registered Provider is currently devising a programme of work to include condensation levels, window replacement, painting and minor works which include new shower doors and other such works. The plan for this will be confirmed by the 26th of November and works will be scheduled immediately with booked and scheduled dates confirmed by 16th December 2021.The provider will make a decision on the need for a Variation re rooms following more detailed technical advice.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Safeguarding: The person in charge had two staff on duty for the days when the Respite User was in the center, however a second staff was not provided in the weekday mornings. This was rectified on the day of the inspection 18th October 2021.

Healthcare: Person in Charge has sent out an Assessment of Needs Review form and an Annual Review Health Care form for families and GP to complete. The expected completed date is 30th November 2021. The Person in Charge will review each Respite user following returns to ensure, care plans are updated, additional needs can be met and discuss and agree action at Supervision meeting any issues that arise that need further follow up.
Medication Management: On the 8th of November 2021, the GP reviewed the medication where he has written the indication that the medication is to be administered. The Person in Charge with Supervising Nurse (CNM2) will outline a clear plan for when medication (PRN) should be administered and agree with GP, this should include step by step indications for PRN. The Provider (CEO) has asked the Supervising Nurse to review the administration of PRNs and to revise medication Audits to provide greater oversight in this area by 30/11/2021.
Infection Control: On the 19th October 2021, Contract Cleaners completed a deep clean of the entire Centre. This is completed monthly going forward. The cleaning records have been updated to include discharge cleaning. These records are audited by the PIC and

reviewed weekly by the Compliance Manager.
The HIQA Self-Assessment Infection Control Checklist has been completed on 21/10/2021 for the centre. This will be completed every 12 weeks. The PIC has addressed the measures outlined in the Checklist. The Compliance Manager will monitor weekly and escalate concerns to Covid lead and Covid response team weekly.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
Infection Control: On the 19th October 2021, Contract Cleaners completed a deep clean of the entire centre. This is completed monthly going forward. The cleaning records have been updated to include discharge cleaning. These records are audited by the PIC and reviewed weekly by the Compliance Manager. The HIQA Self-Assessment Infection Control Checklist has been completed on 21/10/2021 for the centre. This will be completed every 12 weeks. The PIC has addressed the measures outlined in the Checklist. The updated Public Health Guidance is on site is and this is held in the COVID Response folder. St Hilda's IPC issued by COVID Response Team also available to all staff in COVID response folder. The Compliance Manager will monitor weekly and escalate concerns to COVID lead and COVID response team weekly. Adhere to the Infection Control Checklist will be monitored by COVID Lead workers monthly and matters arising will be addressed by the COVID Response Team weekly.

Regulation 29: Medicines and pharmaceutical services	Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Medication Management: On the 8th of November 2021, the GP reviewed the medication where he has written the indication that the medication is to be administered. The Person in Charge with Supervising Nurse (CNM2) will outline a clear plan for when medication (PRN) should be administered and agree with GP, this should include step by step indications for PRN. The Provider (CEO) has asked the Supervising Nurse to review the administration of PRNs and to revise medication Audits to provide greater oversight in this area by 30/11/2021

Regulation 5: Individual assessment and personal plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
The approach to Personal Planning will be addressed by the Operations Manager at meeting of team on 2nd December. This will include a review of needs assessment, Person centred planning and review of how personal plans are put together to include Respite user.

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
On the 19th of October 2021 the PIC wrote to the GP for update on medical care of respite user. Further correspondence has issued to Multi-disciplinary team and the Person in Charge will review all reports received with Family, respite user to determine the safest care going forward in respite. This meeting will be held by 26/11/21 following consultation with Supervising Nurse (CNM2). The outcome/ revised care plan and assessment of need will be reviewed at Supervision meeting with Operation Manager.

The Review of Assessment of Needs and Annual of Health review has gone to each Respite User's GP and all Care plans will be reviewed accordingly by 30/11/21

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
When a Behaviour Support plan is completed a meeting will take place with the health professional will take place to explain the contents, steps and supports for the respite user that should be adhered to. This meeting has taken place with one respite user on 5/11/21 and will take place for any other respite user as needed. All Staff will complete PETMA training to assist in the understanding of behavior support. The provider will provide an additional therapeutic staff to the service to ensure routine follow up to establish a consistent culture of support for respite users that need behavior supports during their stay. Recruitment to this has commenced.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The roster was changed on the 18th of October 2021, the second staff on duty was rostered on for an additional hour in the evening and also for 3 hours the following morning. The staffing levels will be monitored to ensure the correct level of staff are in place according to the support needs of individuals at monthly Supervision meetings.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: When the Respite user is next in Respite they will be supported to read and understand the care plan. As they did not attend respite in November this will be completed by the 13th December 2021 when they are next in respite. We have revised the layout of our care plans, so that they are more respite user friendly. They will show that the Respite user is involved in making decisions regarding their care and support.

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 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Not Compliant	Orange	26/11/2021
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Red	18/10/2021
Regulation	The person in	Not Compliant	Orange	01/11/2021

16(1)(b)	charge shall ensure that staff are appropriately supervised.			
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	30/11/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	19/10/2021
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	18/10/2021
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	26/11/2021

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	08/11/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	30/11/2021
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	19/10/2021
Regulation	The person in	Not Compliant	Orange	30/11/2021

29(4)(b)	charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Not Compliant	Orange	30/11/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/11/2021

Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	30/11/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	02/12/2021
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of	Not Compliant	Orange	02/12/2021

	each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	25/10/2021
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	05/11/2021
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	12/11/2021
Regulation 08(2)	The registered provider shall protect residents	Not Compliant	Orange	18/10/2021

	from all forms of abuse.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	13/12/2021