



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

## Issued by the Chief Inspector

Name of designated centre:	Ailesbury Respite
Name of provider:	St Michael's House
Address of centre:	Dublin 14
Type of inspection:	Short Notice Announced
Date of inspection:	25 March 2021
Centre ID:	OSV-0002399
Fieldwork ID:	MON-0032056

## About the designated centre

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

As outlined in the statement of purpose, the centre provides respite care for a maximum of five adults or five children with an intellectual disability. The centre is a detached house with six bedrooms, two sitting rooms, a dining room, a kitchen, three bathrooms, a laundry room, two offices and a patio area with two sheds to the rear of the house. The centre is located in Co. Dublin close to a good range of local amenities. Residents are supported to attend school or day services during their respite break. Staffing in the centre is provided on a 24 hour basis by a clinical nurse manager, staff nurses and care assistants.

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

Number of residents on the date of inspection:

2

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 25 March 2021	10:00hrs to 16:45hrs	Jacqueline Joynt	Lead

## What residents told us and what inspectors observed

The inspector found that overall, the registered provider and the person in charge were effective in assuring that a good quality and safe service was provided to residents who availed of respite service in this centre. The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The provider and staff promoted an inclusive environment where each of the respite resident's needs, wishes and intrinsic value were taken into account.

The inspector spoke with two respite residents on the morning of the inspection. Both residents met with the inspector individually and relayed their views about the respite service and the care and support provided to them during their stay. Conversations between the inspector and the residents took place from a two metre distance, with the inspector wearing the appropriate personal protective equipment and the engagement was time limited in adherence with national guidance.

Prior to the inspection, the person in charge telephoned a number of respite residents' families to gather feedback on their views and satisfaction levels of the service provided to their family member. The inspector reviewed the feedback and found that overall, families were very complementary of the respite service and expressed high levels of satisfaction with the care and support provided to their family members. One family noted that their family member was always excited about going for a respite break and returned home happy after the break. The families found that management and staff were very approachable and felt that there were appropriate levels of communication between families and staff.

Three of the residents who were staying in the centre completed a Health Information and Quality Authority (HIQA) questionnaire in advance of the inspection. Overall, the respite residents expressed that they were happy with the environment of the house and found it warm and welcoming. Residents enjoyed the variety of communal spaces available to them in the house and were happy with the bedrooms they slept in during their stay. Residents enjoyed the choice of food and were appreciative of staff being respectful of their food choices and in particular, their specific dietary requirements and of any food allergies they had. However, two residents had noted on their questionnaires that although they really liked the food and found it very tasty, they would prefer if their food was hotter.

Respite residents expressed that overall, their rights were promoted and all residents noted that they knew who they could talk to if they were unhappy. However, one resident included on their questionnaire that they would like more privacy and for staff to knock before entering. Residents expressed their happiness at the choice of activities offered during their stay indoors and outdoors. All residents noted on their questionnaires that they were happy with the support provided by staff, that staff listened to them, were easy to talk to and were aware of their likes and dislikes.

The inspector observed the respite house to have a homely feel and found that there was a friendly jovial atmosphere in the designated centre. The inspector did not carry out a complete walk-around of the centre however, the few rooms that the inspector entered were observed to be clean and in good decorative and structural repair. However, the inspector observed that the flooring on a section of the hall required repair. Easter arts and crafts floral decorations, which had been made by respite residents, who were currently staying in the centre, were displayed outside and inside the house.

In the dining room there were daily and weekly planners for residents' recreational activities and food choices. There was also a large collage of photographs with a sign over it saying 'memory board'. This was a board where respite residents hung photographs of them enjoying different activities during their stay. On the day of inspection, the inspector observed a resident looking through photographs of them taking part in gardening activities and selecting which ones they wanted to include on the memory board. The resident appeared proud and pleased at their gardening achievement and chose two to hang on the board.

On the morning of the inspection, one resident was heading out with staff to buy ingredients for a baking activity they had planned to do that day. The resident informed the inspector they they were going to get particular ingredients that were in line with their specific dietary requirement. The resident appeared excited and happy about the task ahead. Another resident was looking forward to meeting and talking with the inspector and also about taking part in an online keep fit exercise programme later that morning.

Respite residents were encouraged and supported around active decision making and social inclusion. Residents told the inspector that on arrival of their respite stay, they sat down with staff to discuss, choose and make decisions on what they would like to do during their stay. Furthermore, on review of minutes of residents' meetings the inspector found that respite residents were supported to talk about and discuss matters such as the residents' guide, their activity plans, menu planning, fire safety and complaints. Currently, other safety matters were included in the meetings such as Covid-19 restrictions and how to keep safe during the current health pandemic.

The inspector observed that overall, the residents' rights were upheld in this centre. Staff facilitated a supportive environment which enabled the residents to feel safe and protected. During a conversation with a resident, the inspector was advised about a matter they were unhappy about. They advised the inspector that they had informed a staff member about it and that they had felt comfortable raising the matter with staff and were assured they would support them resolve the matter. On speaking with the person in charge after the conversation, the inspector was advised that actions had been put in place to ensure the matter the resident raised would be resolved.

Throughout the morning, the inspector observed that residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. There was an atmosphere of

friendliness, and overall, the residents' modesty and privacy was observed to be respected. Where appropriate, and to ensure that the dignity of each respite resident was promoted, residents' personal plans included clear detail on how to support each resident with their personal and intimate care needs.

Residents were facilitated and encouraged to engage in their community in a meaningful way. Due to the current health pandemic restrictions, community activities were limited however, residents were supported to choose from a number of community activities they enjoyed such as drives in the surrounding areas, walks in the local parks and going for take-away snacks and beverages.

Residents told the inspector of the in-house recreational and social activities they enjoyed taking part in during their stay. For example, painting, arts and craft projects, knitting, cooking and taking part in activities provided by the organisation's on-line social club. One of the residents showed the inspector some of their artwork which they had donated as a gift to the centre when it was re-opened in August. The resident appeared proud and happy of their achievement and that it was hanging on the wall of the newly re-decorated house.

Residents were also encouraged and supported to take part in household activities. Both residents told the inspector of the different household tasks they enjoyed such as helping prepare meals, tidying up after meals, gardening work and putting the rubbish and recycling bins out.

In summary, the inspector found that each of the respite resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support during their stay at the respite centre. However, the inspector found that although respite residents were supported through a variety of support plans, improvements were warranted to the systems in place regarding the assessment of respite residents' needs. This is discussed in detail in the quality and safety section of the report.

Through speaking with residents and staff, through observations and a review of documentation, it was evident that staff and the local management team were striving to ensure that residents enjoyed a supportive and caring environment where they were empowered to have control over and make choices in relation to their day-to-day lives during their stay in the respite centre.

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 respite resident staying in the centre.

## Capacity and capability

The inspector found that overall, the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to the residents availing of the respite service provided in the designated centre. The inspector found that since the last inspection a number of improvements had been made which resulted in positive outcomes for respite residents.

This risk-based inspection was completed as there had been no inspection carried out in this centre since February 2019 and an update was required. The respite service for children and adults had been closed between March and July 2020 due to restrictions relating to the current health pandemic. During this period the centre had a number of decorative and structural upgrades to the premises resulting in positive outcomes for respite residents. The designated centre offers respite breaks to over ninety adults and children and can accommodate up to five residents at a time and usually over a three day period. However, to support residents safety and keep in line with best practice and public health guidance, the centre is currently offering respite service to three residents at a time and over a period of six days.

The inspector found that there were satisfactory levels of governance and management in place in this centre. The service was led by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of each respite resident and this was demonstrated through good-quality safe care and support.

There was an annual review of the quality and safety of care and support in the designated centre completed in February 2021 however, documented evidence to demonstrate that the residents and their family were consulted about the review was lacking. The registered provider carried out unannounced visits to the centre every six months and had completed a written report on the safety and quality of care and support provided in the centre, including plans to address any concerns regarding the standard of care and support.

The inspector found that the person charge was competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. Staff who spoke with the inspector advised that the person in charge was very approachable and supportive at all times. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of respite residents staying in the centre.

The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the respite residents through person-centred care and support. Staffing arrangements included enough staff to meet the needs of the respite residents and were in line with the statement of purpose. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.



The inspector found that overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. Staff had received training in risk assessment, children's first, safeguarding, fire safety and evacuation, first aid, food safety, safe medical administration, manual handling and training relating to COVID-19. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of respite residents during their stay in the designated centre. A small number of refresher training was outstanding however, the person in charge had put forward requests for the outstanding training to be provided. Good quality supervision meetings, to support staff perform their duties to the best of their ability, was provided by the person in charge.

#### Regulation 14: Persons in charge

There was evidence to demonstrate that the person charge was competent, with appropriate qualification and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives.

Judgment: Compliant

#### Regulation 15: Staffing

The inspector reviewed the centre's actual and planned roster and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents availing of the respite service.

Judgment: Compliant

#### Regulation 16: Training and staff development

The inspector found that overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. A small number of refresher training was outstanding however, the person in charge had put forward requests for the outstanding training to be provided.

Good quality supervision meetings, to support staff perform their duties to the best of their ability, was provided by the person in charge.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The registered provider carried out unannounced visits to the centre every six months. There was an annual review of the quality and safety of care and support completed however, the document had not included evidence to demonstrate that respite residents and their families had been part of the consultation process of the review.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

### Quality and safety

The inspector found that the respite residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, the inspector found that improvements were a required to residents individual assessment of needs to ensure that residents' plans were reflective of their current needs and were kept up to date. A few other small improvements were required to the areas of restrictive practices, premises and fire however, the provider had identified many of these in their quality assurance audits and were in the process of addressing them.

The inspector found that before arriving to the designated centre for a respite break residents, or where appropriate, a resident's family member, were contacted about their upcoming respite stay. Any changes or updates relating to residents' medication, health and wellbeing were addressed at this stage and a further follow up call was made nearer to the date of the respite stay. At the end of each respite stay, feedback was provided from residents and their families and any updates or changes were noted in their personal plan.

The provider and person in charge had identified that the system in place for accessing residents' medication information in advance of their respite stay required improvement. Since the last inspection there had been enhancements to the system however, further improvements were required to ensure that residents' medication and medical records were at all times accurate on arrival of their respite break.

The inspector found that overall, the systems in place regarding respite residents' assessment of need required reviewing. Many of the assessment of needs were carried out by respite residents' day service and not the designated centre. In some cases respite residents' assessment of need had not been reviewed on an annual basis. Overall, on review of a sample of respite residents' personal plans, the inspector found that the assessment of need process and format was inconsistent which in turn impacted on the effectiveness of the review of residents' personal plans.

The inspector found that overall, residents support plans were regularly updated however, they were not always based on an accurate or up-to-date assessment of need. As a result, the inspector found that where a resident's assessment of need had not been updated there was the risk of a required support plan being missed. For example, the inspector reviewed a personal plan where a respite resident's health had declined in a way that was likely to impact on their communication. However, as their assessment of need had not been updated annually, a support plan had not been considered to address any possible communication needs the person may of had.

Notwithstanding the above, the inspector was advised that senior management and the person in charge had identified that the system in place was problematic and were actively addressing it. A respite liaison nurse was currently supporting the person in charge review the respite residents' personal plans in an effort improve the current system in place.

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented. Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals.

Overall, where restrictive practices were applied, the person in charge advised the organisation's monitoring group which specifically dealt with restrictive practices. The person in charge completed restrictive practice risk assessments in respect of each resident who availed of the respite service and had notified HIQA on a quarterly basis as required. However, the inspector found that there was a number of restrictive practices which were applied during every respite stay for every resident. For example, locked external doors, presses, store room and garden gates. The inspector found that the systems in place for other restrictive practices had not been put in place for these restrictions and required reviewing to ensure that they were the least restrictive for the shortest duration.

There was an up-to-date risk management policy in place which included all the

required information in line with the regulations and it was made available to staff. Overall, appropriate individual and location risk assessments were in place to ensure the safe care and support provided to residents during their respite stay. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

The inspector found that the infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents during their respite stay. There were satisfactory contingency arrangements in place for the centre during the current health pandemic. The inspector observed the house to be clean and that cleaning records demonstrated a high level of adherence to cleaning schedules. There was ample PPE in place and a regular stock take of the equipment was carried by the person in charge. Staff had completed specific training in relation to the prevention and control of COVID-19.

The inspector found that the fire fighting equipment and fire alarm systems were appropriately serviced and checked and that overall, there were satisfactory systems in place for the prevention and detection of fire. The mobility and cognitive understanding of respite residents was adequately accounted for in the evacuation procedures and in the respite residents' individual personal evacuation plans. Staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. The provider had identified upgrades to some of the fire precaution equipment in place and had provided a plan and a date to complete these upgrades however, the inspector found that a review of the completion date was required to ensure that the upgrades were completed in a more timely manner.

Overall, the physical environment of the house was clean and in good decorative and structural repair. The design and layout of the premises ensured that each respite resident could enjoy their stay in a safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents throughout their stay. The inspector observed that the centre provided an age appropriate environment for the respite residents; there was a store room within the premises that contained children and adult friendly indoor and outdoor activities which were made available to the specific groups during their stay. The provider had completed a number of decorative upgrades to the centre during the period the respite service was temporarily closed however, a number of maintenance tasks remained outstanding. The tasks had been identified by the provider however, not all tasks had been allocated a completion date.

## Regulation 17: Premises

Overall, the physical environment of the house was clean and in good decorative

and structural repair. The provider had completed a number of decorative upgrades to the centre during the period the respite service was closed and had identified that a number of maintenance tasks were yet to be completed. For example, the floor on a section of the house's hallway required repair, a number of external doors were sticking and a ramp to access a section of a new garden area required installation. However, not all tasks had been allocated a completion date.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep respite residents and staff members safe in the centre.

Judgment: Compliant

### Regulation 27: Protection against infection

Staff had completed appropriate training in relation to the prevention and control of COVID-19. The training provided staff with the knowledge and skill necessary to keep respite residents safe and mitigate the risk of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had identified upgrades to some of the fire precaution equipment in place and had provided a plan and a date to complete these upgrades however, the inspector found that a review of the completion date was required to ensure that the upgrades were completed in a more timely manner.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident was provided with a personal plan however, not all plans included an up-to-date assessment of need. Many of the assessment of needs had been carried

out by residents' day service and not the designated centre. There were a number of inconsistencies through-out the residents' personal plans which impacted on the effectiveness of the review and update of the plans.

Judgment: Not compliant

### Regulation 7: Positive behavioural support

There were a number of restrictive practices which were applied during every respite stay for every resident. For example, locked external doors, presses, store room and garden gates. The inspector found that the appropriate systems in place for other restrictive practices had not been put in place for these restrictions and required reviewing to ensure that they were the least restrictive for the shortest duration.

Judgment: Substantially compliant

### Regulation 8: Protection

Staff facilitated a supportive environment which enabled the respite residents to feel safe and protected from abuse during their stay. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider and person in charge were fully cognisant that the designated centre was the residents' respite service and supported residents to define their service and make requests as part of the normal running of the service.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ailesbury Respite OSV-0002399

Inspection ID: MON-0032056

Date of inspection: 25/03/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.



## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• All outstanding refresher training is scheduled for completion in May 2021.</li> <li>• All training records are reviewed on a monthly basis to identify any needs.</li> <li>• Training needs are discussed at each staff meeting.</li> <li>• Staff are supported to complete mandatory training at all times.</li> <li>• Updated training records provided to inspector as requested on the 26/03/21.</li> </ul>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• The format of the annual report was reviewed and will now include a section detailing the outcome of consultation of respite residents and their families.</li> <li>• The inspector was provided with feedback from families which weren't included in the annual report on the day of inspection 25/03/21.</li> <li>• Unit documentation was reviewed and updated to include a feedback/summary sheet for completion following each respite break.</li> </ul>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The floors were replaced in May 2021.</li> <li>• The ramp outside will be completed in June 2021, submitted to technical service. We are also waiting to see if we were successful in the National Lottery grant application which will support the upgrade of the garden. Submitted 20/4/21. The garden still remains accessible to all service users.</li> <li>• All doors are approved for replacement and on order. The work will be completed by July 2021.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• Fire door closers will be installed by end of 31st Dec 2021, the reason for this timeline is factoring in COVID restrictions which is making the work program slower than normal. It is also to ensure a realistic timeline is in place and interim management arrangements are highlighted in the unit fire risk assessment. The organisational work program is under way and being monitored by the SMH Fire Officer.</li> <li>• All external doors are due to be replaced by July 2021 (on order).</li> </ul>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>• Based on feedback and experience it has been agreed to develop a respite specific AON which will be completed by respite in consultation with the SU and all relevant stakeholders.</li> <li>• The organization accepts it is the responsibility of respite to generate their own documentation and not rely on that forwarded from other parts of the service i.e day services.</li> <li>• With the support of The Respite Liaison Nurse, we have developed an AON specific to Respite Services. This draft document is being reviewed by the Quality and Safety Dept.of SMH for review and input (May 2021).</li> <li>• PIC has reviewed and assigned specific units/service users to each staff member to ensure that service user's files are reviewed and updated these are reviewed prior to each respite admission.</li> </ul>	

- PIC developed an individual file checklist for each file that is completed prior to each visit.
- PIC has updated the respite admission checklist to ensure all documentation is reviewed and updated prior to each visit.

Regulation 7: Positive behavioural support	Substantially Compliant
--	-------------------------

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

- The local restrictive policy (respite) will be reviewed and updated. Meeting arranged with PAMG and team members on the 13/05/2021 to discuss the local policy.
- Prior to each visit, all restrictions are reviewed to ensure that the least amount of restrictions is in place throughout the individuals break. This is discussed and considered at the monthly booking meetings, and then when staff are completing the admission checklist and reviewing the individual's files.
- Restrictions are always documented, recorded and monitored as used and all staff discusses same at staff meetings to ensure we are not unnecessarily restricting any individual.
- PIC has completed online training and accessed online resources on the use of restrictive practices in residential settings. They will share any relevant information with staff team.
- PIC has completed the HIQA self assessment questionnaire on restrictive practices.

## 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	31/05/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2021
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their	Substantially Compliant	Yellow	31/05/2021

	representatives.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/12/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	30/06/2021
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/05/2021
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are	Substantially Compliant	Yellow	30/06/2021

	considered before a restrictive procedure is used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	31/05/2021