



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

## Issued by the Chief Inspector

Name of designated centre:	Good Counsel Services
Name of provider:	Health Service Executive
Address of centre:	Dublin 16
Type of inspection:	Announced
Date of inspection:	02 September 2021
Centre ID:	OSV-0002586
Fieldwork ID:	MON-0033571

## About the designated centre

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

Good Counsel Services provides a residential service for up to 23 adults with an intellectual disability who may present with additional complex needs, across three locations in Co. Dublin. The premises consists of ground floor, first floor and three storey accommodation. The three units are located in different south Dublin suburbs, and are within a short distance from each other. Two units are located in a community setting, and the third is located on the first floor of a large building. Residents are supported 24 hours a day, seven days a week by a staff team consisting of a person in charge, clinical nurse managers, staff nurses, health care assistants and catering staff.

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

Number of residents on the date of inspection:	20
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## 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
Thursday 2 September 2021	09:30hrs to 19:45hrs	Marie Byrne	Lead
Thursday 2 September 2021	09:30hrs to 19:45hrs	Leslie Alcock	Support

## What residents told us and what inspectors observed

Overall the findings of this inspection were that residents were happy and felt safe living in the centre. For the most part, the provider was self identifying areas for improvement such as staffing, training, restrictive practices and the premises, and had action plans to address these. Inspectors also found that improvements were required in relation to residents' admissions, and fire containment measures in the centre.

There were 20 residents living in the centre on the day of the inspection and the inspectors had the opportunity to meet and briefly engage with 16 residents across the four premises in the designated centre during the day. In addition, 14 questionnaires, were completed in advance of the inspection, some of which were completed by or on behalf of residents by staff members, and some residents' representatives completed them on behalf of, or with residents. As the inspection was completed during the COVID-19 pandemic, the inspectors adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection.

Throughout the inspection residents appeared comfortable and content in their homes, and the majority of residents told the inspectors that they were happy and felt safe in their homes. Each of the houses and apartments visited were found to be clean, warm, and homely. There was art work, soft furnishings and photos on display, and residents' bedrooms were personalised to suit their tastes. A number of works had been completed prior to the inspection such as the replacement of floor covering, the replacement of some furniture and decorating in a number of areas, and plans were in place to paint a number of premises. A number of residents showed inspectors around their homes and told inspectors how much they loved their bedrooms and the rest of their home. For example, in one of the areas, residents had access to a balcony off their bedrooms with a sea view, and there was a large balcony area for outdoor dining which had lots of colourful plants in containers.

A number of residents described to inspectors how the pandemic had impacted them. Some of them said that they had enough of it and wanted things to get back to normal. They described all the activities they had enjoyed before the pandemic like going to the local library for classes, to the local men's shed, to day services, to the gym, shopping, and to hotels for holidays. In a number of the houses residents displayed photos of places they had been and activities they had enjoyed. Residents in one of the houses showed inspectors all the areas in Ireland they had been and talked about things they enjoyed doing in these places. There was a map of Ireland with pins and string which then led to photos of them in these places. A number of residents told inspectors they knew further restrictions relating to the pandemic were due to be lifted in the weeks after the inspection. There was an activities co-ordinator in the centre and inspectors were informed that they were in the process of contacting local community groups to find out when they would be

recommencing.

Some residents described activities they had been enjoying in their home during the pandemic such as; watching television, listening to music, writing, chatting to staff, playing video games, having a barbecue in the back garden, gardening, knitting, and doing arts and crafts. There were a number of talented artists living in the centre and inspectors observed their art work and crafts projects on display in their homes. A number of residents referred to cooking for themselves or told the inspectors about how much they liked cooking with staff. Other residents discussed the jobs they liked to do around their home like doing laundry or packing the dishwasher. Staff were observed to encourage residents to be as independent as possible in relation to tasks around their home.

Residents were supported to stay in contact with their relatives and friends during the pandemic through phone calls and video calls. They were now enjoying visits with their friends and family and going for home visits. Through discussions with residents and staff and a review of questionnaires it was evident that residents were supported to make choices in relation to their day-to-day life and the running of their home. Residents' meetings were occurring regularly and there were a number of posters available in the centre for residents in relation to COVID-19, safeguarding, complaints, and the process for accessing advocacy services. Residents' experience of care and support was sought by the provider during their six monthly visits to the centre, and through satisfaction surveys for the annual review.

For the most part, feedback to inspectors and in questionnaires was very positive in relation to residents' experience of care and support in the centre. For example comments included; "I am very happy here", "I like everything here", "this has been my home for 10 years", and "I like living on my own", "the staff team have supported me to make my space homely", and "I enjoy the outdoor patio space especially during the past year and a half". In the family surveys as part of the annual review residents' representatives described care and support for residents as excellent and offered their appreciation for how much staff go out of their way to support residents and to listen to their family members. They went described the staff team as "professional, caring and kind", "100% committed, "exceptional", "remarkable, and "positive at taking feedback". They described the centre as "beautiful, warm, friendly and relaxed", and "homely.

However, some areas for improvement were identified by residents during the inspection, and by residents or their representatives in their questionnaires or surveys. One resident told inspectors that they would prefer to move to a different type of designated centre in a different area of Dublin. The provider was aware of their wishes and was supporting them to address any concerns they may have. A number of questionnaires indicated that there was a need for more staff and for more opportunities for residents to take part in community based activities. One questionnaire referred to the need for dedicated transport and staff who are drivers to facilitate residents for whom public transport was not an option, to go out more often. Another questionnaire referred to high noise levels, at times and how one resident preferred to spend time in their room when they didn't wish to spend time

with their peers. Inspectors had an opportunity to spend some time in this area and observed residents spending time in the living room. This shared space was small and inspectors were told that the provider had plans to change the layout of the premises to add an additional living room.

In summary, residents appeared happy, content and comfortable their home. They also appeared very comfortable in the presence of staff who were observed to be familiar with residents' communication preferences and to be readily available to support them, should they require any assistance. For those residents who had concerns or the resident who would like to move house, the provider was aware of these and were found to be supporting residents to make their wishes known and to be taking the necessary steps to address any concerns they may have. The provider was self-identifying areas for improvement and putting plans in place to address them.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

Overall, inspectors found that the centre was well managed and that the provider had systems in place to monitor the quality and safety of care and support for residents. They were self-identifying areas for improvement and completing the majority of the required actions to make these improvements. These actions were found to be leading to improvements in relation to residents' care and support, and their home. There were a number of staffing vacancies and the provider was actively recruiting to fill staff vacancies at the time of this inspection. Other areas where improvements were still required related to staff training and supervision, admissions, the use restrictive practices, premises, and fire containment. These will be detailed later in the report.

This inspection was completed to inform the registration renewal of the designated centre. The provider had not made the application to renew the registration of this designated centre in line with the required time-frame. In addition, they did not submit all of the required information with the application. Inspectors acknowledge that the provider had encountered some problems in relation to accessing and submitting information due to information technology issues beyond their control.

The person in charge was newly appointed in 2021. They were supported in their role by a number of clinical nurse managers and a director of nursing. The person in charge and each member of staff who spoke with the inspectors during the inspection, were found to be knowledgeable in relation to residents' care and support needs and to be motivated to ensure that residents had a good life. An area where the team were focused on quality improvement related to ensuring residents were regularly engaging in activities in line with their wishes and preferences. Due

to restrictions relating to the pandemic, staffing vacancies, gaps in staff training, and the availability of dedicated transport, residents opportunities to engage in activities in their local community had decreased. However, since further restrictions relating to the pandemic had lifted, increased efforts were being made to ensure each resident was having more opportunities.

From sample of rosters reviewed, a review of documentation in the centre, and from speaking with residents and staff, it was evident that the number and skill mix of whole time equivalent (WTE) staff employed in the centre was not meeting the number and needs of residents. There were eight WTE vacancies and these will be detailed later in the report. As previously mentioned the provider was in the middle of a recruitment drive to fill these vacancies and attempting to reduce the impact of these vacancies in relation to continuity of care and support for residents through the use of regular relief staff to cover the required shifts. Residents and their representatives were very complimentary towards the staff team. A number of residents told inspectors about how supportive they were and how well they looked after them. This was also reflected in questionnaires. The staff team were found to be working with each resident to develop and maintain their independence, to identify their likes, dislikes and preferences and to spend their time with them.

Staff had access to training and refresher training and the person in charge had systems in place to monitor staff attendance at these trainings; however, a number of staff had not completed some of these mandatory trainings and these will be detailed later in this report. Formal staff supervision had commenced but was found to be in its infancy and required further time to be fully implemented in line with the organisation's policy. In the interim, inspectors acknowledge that clinical nurse managers and the person in charge were regularly visiting each of the areas and providing opportunities for staff to raise any concerns they may have in relation to residents' care and support in the centre.

There was an admissions policy in place and the admissions process was outlined in the centre's statement of purpose. Inspectors spoke to a number of residents who had recently transitioned to the centre and with the exception of one resident, they told inspectors how happy they were since they had moved in. They were very complimentary towards the staff team, said they loved their new home and said they would feel comfortable raising any concerns they may have. Inspectors also reviewed documentation in relation their admissions and found that they had mostly been completed in line with these policies and procedures; however, one residents admission had not as an assessment had not been completed prior to their admission to consider the impact of their admission on residents already residing in the centre.

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

The provider did not make the application to renew the registration of the designated centre in line with the required timeframe and did not submit all of the



required information with the application to renew the registration of this designated centre.

Inspectors acknowledge that the provider had encountered some problems in relation to accessing and submitting some of the required information due to information technology issues beyond their control.

Judgment: Not compliant

### Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the role. They had systems in place to monitor the quality of care and support for residents and were found to be visiting each of the houses regularly. They were identifying areas for improvement in line with the findings of this inspection were focused on quality improvement and on ensuring residents were happy and safe in their homes.

Judgment: Compliant

### Regulation 15: Staffing

From reviewing a sample of planned and actual staff rotas, they were mostly well maintained and reflective of the staff on duty. The shifts the person in charge was completing were not included on the rosters, but they were on the management roster which was made available to all of the areas.

In line with the findings of the provider's own audits and reviews, inspectors found that the number and skill mix of staff employed were not appropriate to meet the number and assessed needs of the residents. There were eight WTE vacancies in the centre which included four staff nurse, one clinical nurse manager, and three healthcare assistant vacancies. Inspectors were informed that some residents' access to activities in their local community was dependent on the availability of staff who had completed the required training in epilepsy rescue medication, and on whether there was a staff on duty who could drive the centre's transport.

The vacancies had been risk assessed and escalated, and the provider was actively recruiting to fill the vacancies at the time of the inspection. Interviews for care staff had occurred the week before the inspection and interviews for nursing staff were scheduled the week after the inspection. Inspectors found that there was a reliance on agency staff as a result of the staffing vacancies; however, the provider was attempting to ensure continuity of care for residents through the use of a regular group of agency staff.

Judgment: Not compliant

### Regulation 16: Training and staff development

There were systems in place to support and facilitate staff to access appropriate training including refresher training. The person in charge was reviewing staff's training needs, booking them on and encouraging them to attend; however, a number of staff had not completed some mandatory training or refresher training in line with the provider's training policy. For example, from the records reviewed the following staff required training or refresher training, 60% in fire safety awareness, 49% in managing behaviour that is challenging, 40% in safeguarding, and 38% in hand hygiene. In addition, as previously mentioned a number of staff required training on the administration of epilepsy rescue medication in order to support some residents to access activities in their local community.

There was evidence that one-to-one formal staff supervision had commenced, but this practice was in its infancy and not being completed in line with the provider's policy. In the interim, there were systems in place to provide for opportunities for consultation with staff during visits by clinical nurse managers and the person in charge to each of the premises in the designated centre. Inspectors reviewed the induction records for agency staff and found that some required review to ensure they were resident or area specific.

Judgment: Not compliant

### Regulation 22: Insurance

There was written confirmation that there was valid insurance in place against the risks in the centre, including the risk of injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had systems to monitor the quality of care and support for residents including six monthly unannounced reviews and an annual review of care and support. In addition, the staff team were completing regular audits in areas such as, residents' finances, care planning, activities, accidents and incidents, risk, fire, medication, and infection prevention and control. The designated centre was managed by a suitably qualified and experienced person in charge who was supported by a number of managers who were motivated to ensure residents were

in receipt of a good quality and safe service. Staff who spoke with the inspector were aware of the systems in place to escalate any concerns they may have in relation to residents' care and support to the management team.

For the most part, the provider was self-identifying areas for improvement in line with the findings of this inspection and putting plans in place to bring about the required improvements. However, the outstanding actions from their audits and reviews required implementation as they were having an impact for some residents living in the centre. For example, staffing numbers and staff training, admissions not considering the impact for residents already living in the centre, and the monitoring and documentation of restrictive practices in the centre.

Judgment: Substantially compliant

### Regulation 24: Admissions and contract for the provision of services

For the most part residents were protected by the admissions policies, procedures and practices in the centres. Inspectors reviewed a sample of documents relating to residents' recent admissions to the centre and found that the majority of admissions were completed in line with the organisation's policy. However, on reviewing one residents' admission and open safeguarding plans, inspectors found that some aspects of the their admission had not occurred in line with the organisation's policies and procedures. An assessment had not been completed to consider the impact of this residents' admission for the residents already living there.

Improvements had been made since the last inspection in relation to residents' contracts of care. The sample reviewed detailed the support, care and welfare of residents, detailed the services provided, and the fees to be charged.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was available in the centre and contained the majority of the information required by the regulation. It contained some conflicting information, did not accurately reflect the number of registered beds or the floor plans in the centre. It had been reviewed in line with the time frame identified in the regulations.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The provider had an effective complaints policy and procedure in place. Inspectors reviewed open complaints and a sample of some closed complaints and found that they were dealt with in line with the centres' policy.

Inspectors observed easy-to-read complaint procedures displayed in prominent places in each of the houses. They spoke with staff and residents who were aware of who they could talk to if they had a complaint and who the designated complaints officer for the centre was.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. Residents lived in warm, clean and comfortable homes, where they appeared happy and content. Their likes, dislikes and preferences were documented and the staff team were motivated to ensure they were happy and safe. However, as previously mentioned improvements were required in relation to staffing, the premises, restrictive practices documentation and fire.

For the most part, each premises was well maintained both internally and externally. There were a number of areas where repairs and painting were required and these had been reported. A number of works had recently been completed such as the replacement of flooring in one area, and the replacement of furniture in a number of areas. Other works such as painting were on the minor capital list in the organisation. As previously mentioned the communal space in one of the houses was limited and the provider had plans to change the purpose of a spare room in the premises and complete the required works and decoration to make it an additional living room for residents living in this house.

Residents were protected by the policies, procedures and practices relating to risk management in the centre. The provider had developed policies, and procedures and there was a risk register and general and individual risk assessments in place which were reviewed and updated as required. There were systems in place to record, trend and learn from incidents in the centre and this learning was leading to the update and review of the risk register and risk assessments. There were emergency plans in place and area specific safety statements which were in the process of being updated at the time of this inspection.

Residents were protected by the policies, procedures and practices relating to infection prevention and control in the centre. The provider had developed

procedures and contingency plans to guide staff in relation to COVID-19. Each of the premises was clean throughout and there were systems in place to ensure that each of them were cleaned regularly. There were stocks of personal protective equipment available in each of the areas and systems for stock control. Staff had completed a number of infection prevention and control related trainings during the pandemic.

Suitable fire equipment was available and there were systems in place to make sure it was maintained and being serviced regularly. Fire drills were occurring regularly and residents had personal emergency evacuation plans in place to guide staff on supports they may require to safely evacuate the centre. However, improvements were required in relation to fire containment in the centre, as one fire door was wedged open with a plastic wedge, there was a plastic wedge beside another, and a resident had placed a chair at their bedroom door to hold it open.

Residents had their healthcare needs assessed and care plans were in place for each identified need. They were found to be accessing health and social care professionals in line with their assessed needs and preferences. They were being supported to educate themselves about their health conditions and to take responsibility for their own health. For example, a number of residents told inspectors about their health conditions. They described how they were diagnosed, who they attended for support and how they were managing their health conditions through diet and the use of medication.

The inspectors reviewed a sample of residents' support plans relating to their positive behaviour support needs. The sample reviewed were detailed in relation to residents' needs and to contain sufficient detail to guide staff practice in relation to proactive and reactive strategies. There were a number of restrictive practices in place and for some of these it was clear that an alternative had been/were being tried, and that the least restrictive practices were used for the shortest duration. However, this was not evident in the documentation reviewed for all restrictive practices in the centre. Inspectors acknowledge that staff described the use of the least restrictive practices for the shortest duration, but this was not always evident in the documentation reviewed.

Residents were protected by the policies, procedures and practices in place in relation to safeguarding and protection in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Residents had an intimate care assessment and plans in place which detailed their support needs and preferences.

## Regulation 17: Premises

For the most part each of the premises were designed and laid out to meet the number and needs of residents in the centre. Each of the premises was comfortable and homely and residents' bedrooms were personalised to suit their tastes. However, as previously mentioned one of the premises had limited communal space available for residents and the provider outlined plans to re-purpose one of the

rooms to make an additional communal space available for residents. They planned to submit an application to vary the registration of the designated centre to the Chief Inspector once they had concrete plans in place.

A number of areas in the centre required painting and decoration. For example, there was rust on a radiator in the kitchen of one of the premises, and areas required painting including walls, doors, banisters, and skirting boards. There was damage to the floor covering in one of the premises.

Judgment: Substantially compliant

### Regulation 20: Information for residents

There was a residents' guide available in the centre which had been recently reviewed. It contained the majority of information required by the regulations. It was available in the centre in an easy-to-read format. It required review to ensure it referred to the terms and conditions of residency and where to access inspection reports.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Inspectors found that the risk management policy contains all the information required in the regulation. The provider had detailed risk assessments and management plans in place which promoted resident's safety and were subject to regular review. There was an up-to-date risk register which was reviewed and updated regularly.

There was an effective system in place for recording incidents and accidents which included an incident analysis report and a checklist to ensure appropriate actions were taken.

Judgment: Compliant

### Regulation 27: Protection against infection

Residents were protected by the infection prevention and control policies, procedures and practices in the centre. Information was available for residents and staff in relation to COVID-19.

All areas of the premises was found to be clean during the inspection and there were systems in place to ensure that each area was cleaned on a regular basis. There were also systems to ensure that the water was regularly run and flushed through the system in areas of the centre that were empty or not always in use.

There were stocks of PPE available and there was a stock control system in place.

Staff had completed training in relation to infection prevention and control during the pandemic.

Judgment: Compliant

### Regulation 28: Fire precautions

For the most part there were suitable arrangements for detecting, containing and extinguishing fires in the centre. There were adequate means of escape and emergency lighting in place. However, in one of the premises in the centre there were a number of fire doors wedged open. One was wedged open by a plastic wedge, there was a plastic wedge beside another door which was situated in a key area for containment between residents' bedrooms and other areas of the house, and a residents' bedroom door was propped open by a chair.

There were systems to ensure fire equipment was regularly serviced, tested and maintained. The evacuation plan was on display and residents' personal emergency evacuation plans were detailed in relation to the supports they may require to safely evacuate the centre.

Fire drills were occurring regularly to demonstrate that residents could safely evacuate the centre in the event of an emergency.

Judgment: Not compliant

### Regulation 6: Health care

Residents were supported to the enjoy best possible health. They had their healthcare needs assessed and care plans were developed and reviewed as required. They were supported to access health and social care professionals in line with their assessed needs and were accessing national screening programmes in line with their wishes, their assessed needs, and their age profile.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Inspectors found that residents' support plans were detailed and there was clear guidance in place for staff in relation to supporting them. Positive behaviour support and stress management plans were reviewed and updated regularly by the relevant professionals.

There were a number of restrictive practices in place and there was evidence that the majority of these were reviewed regularly to ensure the least restrictive practices were used for the shortest duration. However, as previously mentioned this was not evident for all restrictions used in the centre.

Judgment: Substantially compliant

## Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. There was information available in an easy-to-read format in the centre.

Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. Residents had intimate care plans in place which detailed their support needs and preferences.

Judgment: Compliant



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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Good Counsel Services OSV-0002586

Inspection ID: MON-0033571

Date of inspection: 02/09/2021

## 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
Registration Regulation 5: Application for registration or renewal of registration	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:            A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.</p> <p>In response to the area of application for registration or renewal of registration Regulation 5(2)            The registered provider shall ensure applications will be submitted within correct timelines all documents relating to application have been revised and updated.</p> <p>In response to the area of application for registration or renewal of registration Regulation 5(3)(b)            All information required for renewal of registration is now compiled and stored together for future applications.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            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.</p> <p>In response to the area of staffing Regulation 15 (1)</p>	

- The registered provider shall ensure that there is an appropriate skill mix by re-evaluating the allocation of staff in each area which will be reflected in the Statement of Purpose.
- There is a continuous recruitment campaign for nurses through the HSE National Recruitment Services for nurses.
- Local recruitment campaign was held for nurses and care assistants with a good response only persons who were deemed competent at interview will be offered a full time position. There will be continuous campaigns until all vacancies are filled, until then regular agency staff will be used to ensure continuity.

The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

In response to the area of staffing Regulation 15(3)

- The registered provider shall ensure that vacant posts are filled with full time staff from the recent and rolling recruitment campaigns.
- The staff are in turn rostered to individual areas within the center so as to provide continuity of care.

Regulation 16: Training and staff development	Not Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

In response to the area of training and staffing development 16(1)(a)

- The person in charge shall ensure that all staff undergo and participate in specific training within specified timeframes as specified in local policies.

In response to the area of training and staff development Regulation 16(1)(b)

- A schedule of training is planned for each quarter and will be made available for each staff.
- Performance Management will commenced in place of staff supervision and will be provided in accordance with local policy.

Regulation 23: Governance and management	Substantially Compliant
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<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>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.</p> <p>In response to the area of Governance &amp; Management Regulation 23(1)(c)</p> <ul style="list-style-type: none"> <li>• The registered provider shall ensure that actions identified through audit will have SMART timelines for review and the appropriate persons shall be assigned to ensure action or if required escalation in order to have favourable outcomes.</li> <li>• Transition plans will be developed for residents moving into the centre which will inform compatibility assessments with residents already living in the centre.</li> <li>• Recent and ongoing recruitment campaigns aims to improve staff numbers and ability to engage in training as outlined in local policy.</li> </ul>	
<p>Regulation 24: Admissions and contract for the provision of services</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.</p> <p>In response to the area of admissions and contract for the provision of services Regulation 24(1)(b)</p> <ul style="list-style-type: none"> <li>• Transition plans for any new admission/transfer will be done according to local policies and procedures and will reflect the preparatory work for the resident moving and those already living in the centre.</li> <li>• In the case of emergency admissions the relevant documentation will show evidence of all efforts to ensure considerations regarding compatibility with those already living in the center.</li> </ul>	
<p>Regulation 3: Statement of purpose</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.</p> <p>In response to the area of Statement of Purpose for the provision of services Regulation</p>	

3(1)

- The statement of Purpose and Function has been reviewed and floor plans that are accurate and reflect the number of registered beds within the designated center.
- Any changes made to numbers /capacity of residents living in a centre will carried out by an application to vary by outlining the change to conditions attached to registration.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

In response to the area of admissions and contract for the provision of services  
 Regulation 17(1)(a)

- The statement of purpose has been reviewed and now reflects the true number of residents whose needs can be catered for.
- A second living room will be made available in a house to give residents another option and to make communal areas more comfortable.

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  
 In response to the area of admissions and contract for the provision of services  
 Regulation 17(1)(b) and 17(1)(c)

- The registered provider shall ensure the premises of the center is clean and suitably decorated with Painting the center by compiling a list of priorities
- Replacement of floor coverings where needed a contractor has been requested to visit centre in order to advise re suitable floor covering for areas.

Regulation 20: Information for residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 20: Information for residents:  
 The guide prepared under paragraph (1) shall include how to access any inspection

reports on the centre.

In response to the area for the provision of services Regulation 20(2)(d)

- The registered provider has detailed in the resident guide that inspection reports can be accessed within individual areas of the centre along- side the resident guide. Reports can be accessed through HIQA website which will also be outlined in resident guide
- An easy read notice will be displayed in the resident's notice board as a reminder for all.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires

In response to the area of Fire precautions Regulation(1)(c)

Fire

- Fire prevention officer visited the centre
- Appropriate signage has been displayed so doors are not to be wedged open
- On the residents bedroom the on/off switches for the free swing door closers will be relocated so it is accessible therefore he can leave his bedroom door open when he wishes
- Easy read material has been provided and discussed with the residents re fire safety

Regulation 7: Positive behavioural support

Substantially Compliant

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

The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice

The registered provider shall ensure that

The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.

In response to the area of Restrictions Regulation 07(4)

- The Person in Charge shall carry out an audit of any practices that may restrict

residents in any way. A Restrictions audit from the HSE quality team is scheduled within the coming months

- Documentation shall reflect decision making process regarding restrictive practices with the aim to having the least restrictive practice possible for the shortest time possible.

The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used

In response to the area of Restrictions Regulation 07(5)(b), 07(5)(c)

- The person in Charge will consult with the CNS in behavioural support and clearly document interventions and alternatives, risk assessment will also form part of the decision making process.



## 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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Not Compliant	Orange	17/09/2021
Registration Regulation 5(3)(b)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration or the renewal of registration of a designated centre shall be accompanied by full and satisfactory information in regard to the matters set out in Schedule 3 in	Not Compliant	Orange	17/09/2021

	respect of the person in charge or to be in charge of the designated centre and any other person who participates or will participate in the management of the designated centre.			
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	Orange	01/02/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	01/02/2022
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	Not Compliant	Orange	01/02/2022

	programme.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/02/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/12/2021
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	31/03/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/03/2022
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	17/09/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	01/02/2022

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	01/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	30/09/2021
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	17/09/2021
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	01/11/2021
Regulation 07(5)(b)	The person in charge shall	Substantially Compliant	Yellow	01/11/2021

	ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are 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	01/11/2021