Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Teach Geal
Name of provider:	St Hilda's Services
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	17 September 2021
Centre ID:	OSV-0003261
Fieldwork ID:	MON-0029250

About the designated centre

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

Teach Geal offers residential services to five adults whose primary disability is an intellectual disability and a range of medical and physical care needs. The majority of residents generally attend day services outside of the house, except in the case of short - term illness when arrangements can be made to either recuperate in Teach Geal or go home to their families if residents wished. Two residents avail of an in house day programme. There are two staff available to the residents during the day and a sleep over staff at night. Fulltime nursing care is not required. The service closes one weekend per month by pre-arrangement. The centre comprises two semi-detached houses which are interconnected via a bedroom and office on the first floor and accommodates two and three residents in each. The residents all have their own bedrooms with four double bedroom and one single bedroom across the two houses with kitchen, living and suitable bathroom facilities in each. The centre is located in a housing estate in close proximity to the local community and all services and amenities. There is transport provided to travel to and from day services.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Friday 17 September 2021	8:30 am to 3:50 pm	Florence Farrelly	Lead
Friday 17 September 2021	8:30 am to 3:50 pm	Karena Butler	Support

What residents told us and what inspectors observed

The inspection took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff.

Overall, residents were being supported to have a good quality of life in this centre and appeared relaxed in their home. There were some improvements required in governance and management, directory of residents, records, healthcare, premises, protection against infection, and staff training and development. There were some minor improvements required in notification of incidents.

Inspectors were greeted at the door by one resident and had the opportunity to meet with all five of the residents on the day of inspection. Overall, they appeared content in their home and comfortable in the company of staff members. For example, one resident was observed making tea for themselves and offered to make tea for the inspectors on a number of occasions. Others relaxed watching television, spent time in their bedrooms, or in the kitchen having their breakfast before going out for the day.

One resident agreed to show the inspectors their bedroom. It was decorated to their personal tastes and contained numerous personal items and pictures. There was adequate storage for their clothes and personal belongings. Three residents met with said that they liked living in the centre and that the staff were nice. Staff members were observed chatting and joking with residents at different times throughout the day. The two staff on duty appeared to know the residents well and interacted with them in a respectful, patient and friendly manner. Inspectors observed a gentle and helpful interaction between a staff member and a resident in which the staff member supported them to find a misplaced item.

On the morning of the inspection three residents left for the day to attend day service which they attend Monday to Friday. They returned just before the end of the inspection and said they enjoyed their day. The other two residents participated in a day programme run from their home with a dedicated staff member to facilitate this. As part of this day programme the two residents went out for part of the day on a drive and out for lunch and they said they enjoyed this. Other activities enjoyed by the residents on different occasions included walks, cycles, bowling, and day trips to local areas.

The centre is made up of two premises and both were homely and comfortable. Information for residents was displayed in an accessible easy-to-read format on the walls of the centre; for example, information relating to fire safety and advocacy services. Each resident had their own bedroom which was decorated to their own particular taste. In one of the sitting rooms inspectors saw a large television, this television was purchased specifically as one resident's favourite activity was to relax watching the television, in particular watching matches on a big screen. In the other house there was a jigsaw station with a reading light set up to support a resident to

see their jigsaws better in the evening. Other in-house activities were available in the centre; for example, a selection of DVDs and board games.

There was a paved back garden with seating and some flower pots which a resident had helped plant. This resident showed the flowers off with pride to inspectors while they gave a tour of the house.

Regular residents' meetings were held in the centre with a number of areas being discussed. These included, advocacy, COVID-19, planning activities, meals in the centre, complaints, and health and safety. One resident was able to talk inspectors through what to do in the event of a fire.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, inspectors found the centre was adequately resourced. There were management systems in place to ensure good quality care was being delivered to the residents; however, as stated earlier some improvements were required under governance and management, records, notification of incidents, directory of residents, and staff training and development. These areas will be discussed in this section. Improvements needed in relation to protection, healthcare, protection against infection and premises will be discussed in section two of this report.

There was a defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis. The person in charge was on leave on the day of inspection so inspectors were unable to meet with them. The system in place to ensure continuity of care in the absence of the appointed person in charge was a deputising arrangement for a long standing social care worker to cover with support from a person participating in management. This governance arrangement was seen to be effective on the day of the inspection with no change observed in residents usual routine and a senior member of the management team facilitated the inspection.

The provider had completed an annual review of the quality and safety of the service and had carried out six monthly unannounced audits as required by the regulations. There were a range of local audits and reviews conducted in areas such as incident management, infection prevention and control, medication management, and health and safety. The provider had a schedule of audits for 2021 set out in a specific audit folder. From a sample of audits viewed, necessary corrective actions identified had been addressed by the provider. However, the audits did not pick up on a trip hazard at the front of one of the houses.

The actions from the last inspection had been addressed in some areas but still

required improvement in records, resident directory, healthcare and protection. Protection and healthcare will be discussed under section two of this report.

The provider had made changes to how they maintained records in the centre in response to the previous inspection, however there were some areas that needed further attention to fully comply with the regulations. For example, in relation to staffing records required under Schedule 2, the provider had not obtained a full employment history for all employees, some records related to staff employment history had gaps or did not have specific dates of employment. Inspectors found in the case of one staff member, that the provider had not obtained a reference from their most recent employer. Inspectors reviewed records and documents associated with delivery of care in the centre and some improvement was required to ensure they were consistently monitored and updated in a timely manner.

There was a residents' directory in place that was made available to inspectors. While this contained the majority of the information required under Schedule 3 of the regulations not all referral and follow up appointment records were present for one resident. Additionally, the provider did not demonstrate that records pertaining to residents' money and valuables were maintained as required by the regulations.

There was a planned and actual roster in place that was maintained by the person in charge. From a review of sample of rosters there was a consistent staff team employed in the centre. There were sufficient staff on duty to meet the assessed needs of the residents. Recruitment practices facilitated continuity of care, for example, a staff member who recently joined the team had previously worked with the residents through day programmes and was well known to them.

Staff met with told inspectors that they felt supported in their role and were able to raise concerns, where necessary, to the person in charge; through regular staff meetings; formal and informal supervision. Staff supervision records were not viewed on this inspection. Staff and the person participating in management confirmed formal supervision occurs twice a year. The records viewed indicated that regular staff meetings were occurring in the centre. Agenda items discussed included risk management, complaints, management of COVID-19 and the wellbeing of residents in the centre.

The staff training records reviewed indicated that staff were provided with a number of training opportunities to enable them to support the residents. Training included, safeguarding vulnerable adults, fire safety, the safe administration of medication, and first aid. A sample of records viewed indicated that two staff were overdue refresher training with regard to manual handling and epilepsy awareness training. These trainings were deemed mandatory training by the provider in order to provide care and support to the residents in this centre.

From a review of incidents that had occurred in the centre since the last inspection, the person in charge had notified the Health Information and Quality Authority (HIQA) in line with the regulations when an adverse incident had occurred in the centre. However, the person in charge did not notify HIQA of the last quarter report in respect to restrictive practices used in the centre.

Inspectors reviewed the arrangements for complaints in the centres and found that there was a policy, and associated procedures in place. A review of the centre's complaints log showed all complaints received were recorded and followed up. A record was maintained of the satisfaction of the complainant. There was an easy read complaints procedure displayed in both houses.

Regulation 15: Staffing

From a review of sample of rosters there was a consistent staff team employed in the centre. There were sufficient staff on duty to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

A sample of records viewed indicated that two staff were overdue refresher training with regard to manual handling and epilepsy awareness training. These trainings were deemed mandatory training by the provider in order to provide care and support to the residents in this centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

While the residents' directory contained the majority of the information required under Schedule 3 not all referral and follow up appointment records were present. Additionally, the provider did not demonstrate that records pertaining to residents' money and valuables were maintained as required by the regulations.

Judgment: Substantially compliant

Regulation 21: Records

Further attention was needed regarding how records were maintained in order to fully comply with the regulations, for example staffing records required under Schedule 2 and some records and documents associated with delivery of care in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

While the provider has a governance structure and systems in place, the findings in relation to records and identification of trip hazards at the centre required some improvement.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While the person in charge was notifying HIQA of incidents in line with the regulations, the last quarter report for 2021 in respect to restrictive practices used in the centre was not notified.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were adequate systems in place to deal with complaints and the recording of complaints in line with the organisations policy.

Judgment: Compliant

Quality and safety

Overall, the governance and management arrangements in the centre were found to facilitate good quality, person centred care and support to residents. There were however, some improvements needed in relation to protection, healthcare, protection against infection and premises.

From a sample of residents' files each had a comprehensive assessment of need in place, which identified their healthcare, personal and social care needs. From this assessment detailed care and personal plans were in place. The plans appeared for the most part to be reviewed as required.

There was regular and timely access to a range of allied health care professionals. This included access to physiotherapy, an occupational therapist, dietitian, and a speech and language therapist. Healthcare plans were also in place to support residents in achieving best possible health and in general these were reviewed regularly. There was, however, inconsistent recording of one aspect of a healthcare plan that was due to be completed twice a week with a resident. Another resident's healthcare plan and risk assessment had not been reviewed to reflect important up to date information regarding a significant change in the person's health. The provider did not demonstrate if there had been any follow up reviews for this resident following this significant incident.

Residents were supported with their emotional needs and positive behaviour supports. There were behaviour support plans and anxiety care plans in place as required. The plans were reviewed regularly and residents had access to allied health professionals such as a psychologist as required. From a small sample viewed they did guide staff on how to support a resident with their anxieties however, they lacked details staff spoken with identified. For example staff spoken with were able to communicate the main supports in relation to one of the plans for a resident in more detail than the plan itself. It was apparent from talking to staff that this may have been more of a documentation issue as they said all staff are familiar with the strategies to use. However, the lack of documented interventions and strategies could pose a risk in that if there were new staff to the centre they may not be aware of how to care for the resident appropriately.

There were minimal restrictive practices in place and they were assessed as clinically necessary for a resident's safety; for example, bed rails were in use for one person. From review of the restrictive practices they were appropriately identified and reviewed by the provider and occupational therapist. Consent from the resident had also been sought.

Inspectors looked at the safeguarding arrangements in the centre and found that for the most part they were sufficient, however, improvement was needed regarding oversight for online banking. There was a safeguarding policy in place and reviewed as required. From the sample of staff files viewed, staff had been provided with training in safeguarding adults. Staff spoken with were aware of the procedures to

follow in the event of an incident of abuse occurring in the centre. As per the last inspection findings the residents were assessed and consulted regarding the management of their monies and provided supports as required. However, the provider had not implemented effective systems for oversight and monitoring of online banking as per their last compliance plan in order to protect residents' finances.

Residents' rights, involvement in their health and the running of their home was promoted within the centre. There were pictures in the residents' meeting folder to support communication for the meetings. Inspectors observed easy read documents or guidance; for example, on teaching people how to use zoom, how to use bins safely and how to keep yourself safe from COVID-19. A human rights based approach was used for individual meetings with residents around explaining their finances or explaining what to expect from a healthcare appointment. There was evidence of follow up meetings explaining what the outcome of the appointment meant for the person.

Inspectors carried out a walkabout of the both premises that made up the centre and found them to be homely. There were however, some areas that required attention such as minor repair/decorating works required to both premises that were observed by inspectors. These included repainting the stairs/banisters in both houses, some other areas needed skirting boards and architraves repainted in one house. Kitchen counters had some chipped areas in both houses and a kitchen press door would not fully close in one house. There was a rusty bin with a missing push pedal in one house and a slightly rusty broken side panel of a radiator in the utility room. Mould was observed around the sealant of the bath in one house and the bath panel and ceiling in that bathroom needed repainting. The pavement to the front of one house was cracked and uneven in one area which could pose a trip hazard to residents.

There were systems in place to manage and mitigate risk in the centre. The centre had a risk register and a health and safety statement in place. All risks identified on the risk register had an individual risk assessment. There were individual risk assessments in place for each resident in order to support their safety and wellbeing. From viewing a sample of residents' individual risk assessments for the most part they were being reviewed regularly.

A review of a sample of medication errors since January 2021 showed that appropriate action was taken. These incidents were reviewed by the person in charge and the staff team.

For the most part infection control measures were in place to prevent/manage an outbreak of COVID-19. Staff had been provided with training in infection prevention and control, the use of personal protective equipment (PPE) and hand washing techniques. PPE was available in the centre and staff were observed using it in line with national guidelines. For example; masks were worn by staff at all times due to social distancing not being possible to maintain in the centre. There was adequate hand-washing facilities and hand sanitising gels available throughout both houses. Enhanced cleaning schedules had been implemented. There were however some

gaps in the documentation of this enhanced schedule particularly around staff signing off on the checklist during the middle of the day.

There were colour coded chopping boards in place and colour coded mops and buckets. Inspectors observed that there were improvements required regarding the storage of mops and buckets. On the day of inspection these were being stored outside and one bucket was full of water. These were being used as part of the service's cleaning practices. Staff and the person participating in management communicated to inspectors that these were normally stored in the shed and not outside.

The provider had a comprehensive COVID-19 contingency plan in place to outline the strategies in place to prevent/manage an outbreak. The COVID-19 self-assessment tool had recently been reviewed and all identified improvements were signed off by the person in charge.

The provider had fire safety management systems in place and these included regular fire drills, emergency lighting and signage in place, servicing of fire fighting equipment, staff completed regular checks regarding fire safety measures and staff were trained in fire safety. Staff spoken with were able to inform an inspector of what to do in the event of a fire. An easy read fire evacuation plan was on display in both houses.

Regulation 17: Premises

While the both premises that made up the centre were homely improvements were required with the upkeep and maintenance of the properties.

Some areas required attention such as minor repair/decorating works required to both premises. These included repainting the stairs/banisters in both houses, some other areas needed skirting boards and architraves repainted in one house. Kitchen counters had some chipped areas in both houses and a kitchen press door would not fully close in one house. There was a rusty bin with a missing push pedal in one house and a slightly rusty broken side panel of a radiator in the utility room. Mould was observed around the sealant of the bath in one house and the bath panel and ceiling in that bathroom needed repainting. The pavement to the front of one house was cracked and uneven in one area which could pose a trip hazard to residents.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre such as a risk management policy, a risk register, a health and safety statement and risk assessments.

Judgment: Compliant

Regulation 27: Protection against infection

While the centre had infection control measures in place to prevent/manage an outbreak of COVID-19 improvements were required with the the recording checklist for the enhanced cleaning practices and storage of mops and buckets.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place such as regular fire drills, emergency lighting and signage in place, servicing of firefighting equipment. Staff were trained and knowledgeable in what to do in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

From a sample of residents' files each had a comprehensive assessment of need in place, which identified their healthcare, personal, and; social care needs. From this assessment detailed care and personal plans were in place.

Judgment: Compliant

Regulation 6: Health care

While there were healthcare plans in place and in general these were reviewed regularly there was inconsistent recording of one aspect of a healthcare plan that

was due to be completed twice a week with a resident. Another resident's healthcare plan and risk assessment had not been reviewed to reflect important up to date information regarding a significant change in the person's health. The provider did not demonstrate if there had been any follow up reviews for this resident following this significant incident.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were arrangements in place that ensured that residents had access to positive behavioural support if required. From a small sample viewed they did guide staff on how to support a resident with their anxieties however they were lacking in sufficient detail. There were minimal restrictive practices in place and they were assessed as clinically necessary for a resident's safety, reviewed by the provider and resident consent sought.

Judgment: Compliant

Regulation 8: Protection

The provider had not implemented effective systems for oversight and monitoring of online banking as per their last compliance plan in order to protect residents' finances.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights, involvement in their health and the running of their home was promoted within the centre.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Geal OSV-0003261

Inspection ID: MON-0029250

Date of inspection: 17/09/2021

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
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Following a review of training records carried out by the PIC on the 5/10/21 the following training has been scheduled for completion by staff. Manual handling refresher training to be completed by staff on the 13/10/21, epilepsy awareness training to be completed by staff on the 10/11/21.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: A full review of the directory of residents by the PIC was carried out on 12/10/21. The PIC reviewed all incidents on file at Teach Geal on 12/10/21, there is evidence in place to suggest that incidents were followed up and medical advice sought, however the files that contained this information were not on site during the day of the inspection due to residents attending a day service off site. The PIC has reviewed existing care plans to ensure that all current information is up to date in relation to the health care needs of residents, this was carried out on the 16/10/21. A financial audit has been commissioned by the service provider to be carried out on 15/12/21.	

Regulation 21: Records	Substantially Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
The Residential Service Manager met with the PIC on the 11/10/21, at this meeting a procedure was put in place to ensure that in future, all records pertaining to staff in Teach Geal will be accessible to inspectors on the day of inspection.
All records that are not relevant will be archived and monitoring and regular review of schedule 2 documents and documents associated with delivery of care in the centre will be carried out by the PIC to ensure consistancy and maintanance in line with regulations this will takeplace on a quarterly basis commenceing 30/11/21

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
An unannounced inspection will be carried out by the residential services manager in November 2021 to review the quality and safety of care and support being delivered to all residents in Teach Geal, any changes required to improve services will be carried out by the PIC within a designated timeframe. Any hazard identified during this inspection will be immediately reported to maintenance.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The PIC has reviewed all existing notifications in Tech Geal on 12/10/21.

The Residential Service Manager met with the PIC on the 11/10/21, at this meeting the residential service manager discussed the statutory notifications outlined by HIQA and reminded the PIC of the legal obligation to ensure that monitoring notifications are submitted to HIQA and in particular that NF39 notified ensuring that the correct quarter is present and within the timescale outlined in the guidance document issued in January 2016.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The service provider has commissioned the following work to be carried out on the premises of Teach Geal by the 11/11/21: Both kitchens will have renovations carried out which will include the installation of new counter tops in both kitchens and of new cabinet doors on all presses in both kitchens, all radiators will be checked for defects, any defects identified will be repaired, painting and decorating will be carried out on both premises where it is required, new bins will be installed where required, renovations will be carried out on the bathroom and all trip hazards identified around the exterior of the premises will be repaired.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
At a team meeting held on the 5/10/21 the PIC reminded all staff of the system currently in place for the correct storage of mop buckets in Teach Geal, to add to this the PIC will write up the procedure for the correct storage of all mop buckets and have all staff read and sign off on this document, this will be completed on the 16/10/21. Also discussed at this meeting was the requirement for day service staff to ensure that good infection control practices are being exercised during day service hours and that following the completion of infection control practices day service staff sign the record sheet to indicate that cleaning practices took place going forward.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
The PIC met with the designated safeguarding officer on the 13/10/21 to discuss an action recommended by the officer to be carried out with a resident following a safeguarding incident, the PIC and the safeguarding officer both agreed that this action was no longer required to be carried out with this resident as the resident returned to a full day service program on the 1/7/21.
A review of resident's health care plans and personal risk assessments will be carried out by the PIC on the 16/10/21. On the day of the inspection residents attended their day service, each resident has a file which is sent into their day service each day to ensure day service staff have an understanding of each residents heath care needs, if this file had been of site it would have demonstrated that follow up reviews took place with the residents GP on the 8/12/20 the day after the incident took place and the advice issued by the GP was implemented. Arrangements are now in place to ensure that these day

files are available for inspection. We are also planning to address this under the records section of this report.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
The Person in Charge will Audit the residents Finances on a quarterly basis and report to the Residential Services Manager with quarterly findings commencing January 2022 and each quarter thereafter.
An annual financial audit of Teach Geal will be commissioned by the service provider and will be carried out on the 15/12/21.

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	10/11/2021
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	11/11/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	11/11/2021

Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	12/10/2021
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	30/11/2021
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	14/10/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/11/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	16/10/2021

	healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/10/2021
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	16/10/2021
Regulation 06(2)(b)	The person in charge shall ensure that where medical treatment	Substantially Compliant	Yellow	16/10/2021

	is recommended and agreed by the resident, such treatment is facilitated.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	15/12/2021