



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

Issued by the Chief Inspector

Name of designated centre:	Camphill Community Ballybay
Name of provider:	Camphill Communities of Ireland
Address of centre:	Monaghan
Type of inspection:	Unannounced
Date of inspection:	25 February 2021
Centre ID:	OSV-0003603
Fieldwork ID:	MON-0031678

About the designated centre

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

Camphill Community Ballybay is a residential service that provides care and support for 17 adults with an intellectual disability. This designated centre is located on a large campus including a farm, several workshops, outbuildings and five separate residential buildings for residents and volunteers. The provider, Camphill Communities of Ireland, operate a unique approach to service provision that is aligned to the Steiner model of care, communal living and social pedagogy. Residents living at this campus participate in activities which support the overall ethos of the service and may undertake work-based activities on the campus, supported by staff and short term co-workers, who work in a voluntary capacity. Residents are also able to access the local community and services in the local town.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 February 2021	10:00hrs to 15:00hrs	Caroline Meehan	Lead
Thursday 25 February 2021	10:00hrs to 15:00hrs	Conor Brady	Support
Thursday 25 February 2021	10:00hrs to 15:00hrs	Tanya Brady	Support

What residents told us and what inspectors observed

This inspection was conducted during the COVID-19 pandemic and the inspectors followed all national public health guidelines during the inspection, and limited footfall across areas within the centre. Each inspector visited one house in the centre, and a window visit at a fourth house also took place. The inspectors met a number of residents and staff members, and two managers and a quality and safety leader were also met. A review of documentation was completed in a clean zone area, so as to comply with public health guidelines.

Following the last inspection, the provider attended a meeting in the HIQA offices and a warning letter was issued. Subsequently the provider submitted a governance compliance plan, specifying the actions the provider was taking to bring this and all centres under their remit, into compliance with the regulations. The inspectors found that overall improvements had been made in line with the actions outlined in the provider's plan, resulting in improved outcomes for residents living in the centre. From meeting residents and staff, and observing practice, the inspectors found residents were enjoying a good standard of care and support. The changes in governance structures and procedures had resulted in a more streamlined and accountable service with a focus on continuous improvement of care and support for residents.

The centre is located in a rural area based on the same site as a working farm, which is also managed by the provider. The centre comprised of five units. Each resident has their own bedroom and there are large shared communal rooms such as kitchens, dining rooms, sitting rooms and bathrooms. Overall the centre was found to be warm and homely but required minor maintenance with some upgrades relating to bathroom facilities observed being completed in one house. The residents could access most areas of the units they lived in, and additional areas within the premises had been made available to residents who had expressed a preference for a quieter environment during the day. The houses were large and unusual in design and layout, with one having corridors that were sloped internally. The changes in gradient require ongoing monitoring for residents whose mobility was changing.

There were 16 residents living in the centre on the day of inspection. The inspectors met with 12 residents in houses and interacted with others as they moved through the site. Overall residents said they were happy with the care they received and with the opportunities for recreational, occupational and skill based activities. Residents described the activities they were engaged in on a day to day basis such as gardening, cooking, walking and art. Staff were observed to support residents in household tasks, such as cooking a meal, completing laundry or making a cup of tea. Volunteer co-workers were also observed to be present in a number of communal rooms as they supported residents in tasks over the course of the inspection.

Where a resident had chosen not to engage in a planned activity this had been

respected. One resident who was watching television in their own private area explained they liked space to themselves. While staff respected this they ensured the resident was supported for example in checking in would they like a cup of tea or checking if they needed help in finding a preferred programme to watch. The resident had bought a new television in the preceding few weeks and explained they still did not know exactly how to operate it.

Staff were also observed to have a warm and respectful interactions with residents, and residents appeared comfortable with the staff working in the centre. Residents were observed to be active participants in the day to day activities in the centre. In one unit, a resident told an inspector they worked in the garden and the vegetables they grew were used in meals in the centre. In another unit a resident was actively engaged in cookery and was developing a repertoire of meals in order to build their skill base. Another resident was observed to support a volunteer drying the dishes and later set the table for their peers. These were things they expressed they really liked to do.

Residents were supported to maintain links with their families, and were supported to visit their families at home. Prior to the recent restrictions, residents had been supported to visit their loved ones at home at Christmas, and the person in charge had ensured that all public health precautions to promote the safety and wellbeing of residents in relation to infection control, were implemented on return to the centre.

Since the last inspection a review of the staffing requirements in the centre had been completed and staffing levels were being maintained at the assessed levels so as to ensure residents need were being met.

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

Capacity and capability

Following a series of very poor inspection findings in centres operated by Camphill Communities of Ireland in 2020, the registered provider was required to submit a comprehensive national improvement plan by the Chief Inspector of Social Services. Due to the levels of concern found on previous inspections, substantive provider led improvements were required across all Camphill Communities of Ireland designated centres. This national improvement plan was submitted by Camphill Communities of Ireland in October 2020. Due to the seriousness of the regulatory concerns regarding both the capacity and capability of the registered provider and the quality and safety of care and support delivered to residents, the implementation of this national plan is being monitored by the Chief Inspector on a monthly basis. This unannounced inspection formed part of this national monitoring programme of

Camphill Communities of Ireland.

Changes to the governance arrangements had resulted in improved oversight of the services provided to residents in the centre, positively impacting outcomes for residents. Overall the inspectors found significant progress had been made since the last inspection and increased levels of compliance were found in regulations inspected against. The provider had implemented policies and procedures consistent with their national governance plan and the local management team were working to implement these with ongoing monitoring of the progress being made, and the embedding of new practices in the centre.

The provider had employed a full time person in charge, who had recently taken up post. The person in charge had the required experience and qualifications to fulfil the post. The person in charge was in attendance in the centre five days a week. Inspectors found the person in charge was knowledgeable on the regulations and their responsibilities in this regard. The person in charge demonstrated a good knowledge of residents' needs, and of their capacity to respond to current and potential risk in the centre. The person in charge was also able to provide details on the actions in place in the centre as outlined in the provider's national governance plan.

There were clearly defined lines of authority and accountability in place in this centre. Staff reported to house co-ordinators. There were three house co-ordinators employed in the centre, two of whom had responsibility for the day to day management of two units each, and one house co-ordinator responsibility for one unit. House co-ordinators reported to the person in charge and the person in charge reported to a regional manager, nominated as a person participating in management. The regional manager had recently taken up their post, having previously been the person in charge in this centre. Consequently the regional manager was also knowledgeable and responsive to residents' needs, risks in the centre and of the progress of the provider's national governance plan. Staff spoken with stated there was good support from managers in the centre and they could raise concerns about the quality and safety of care and support with the house coordinators, person in charge or the regional manager should the need arise.

The provider had not completed a six monthly unannounced visit since the last inspection as required by the regulations. In addition an annual review of the quality and safety of care and support for the previous year had not been completed. However, a number of detailed audits had been completed and management meetings had been occurring in line with the provider's national action plan. A review of minutes from these meetings and the action plans resulting from audits showed that actions identified had either been implemented or were being completed as per the providers time line.

The provider had ensured that there was sufficient staff cover to meet resident's needs, staff and volunteers spoken with reiterated this when speaking with inspectors. Staffing levels and practice reviewed on the day of this unannounced inspection presented as adequate. While the inspectors were satisfied with the staffing levels on the day of inspection, HIQA were aware the provider was engaging

with their funder the Health Service Executive (HSE) from a national perspective in terms of seeking additional resources for staffing and use of volunteers on the roster. In addition, staffing levels had been identified as a risk in the centre's risk register.

The inspectors had been informed during ongoing monthly provider meetings, that a review of the whole-time equivalent staffing requirements had been completed and the person participating in management had also confirmed two months prior to the inspection that this review had been completed for this centre. A copy of the report of the staffing review was requested post-inspection; however, this was not provided.

Staff development, training and supervision was reviewed as part of this inspection. Inspectors found that the provider's new supervision policy was being adhered to and staff and management were being appropriately supervised. Training assessments, audits and a training matrix was reviewed which indicated that all staff had up to date training and refresher training in most mandatory areas.

On reviewing residents contracts of care inspectors acknowledge that the new contract was in place for all those reviewed. While some residents and their representatives requested the contract be reviewed more frequently this had been amended to reflect these individual agreements.

Regulation 14: Persons in charge

The person in charge was employed on a full time basis and had the qualifications, skills and experience to fulfil their role.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and practice reviewed on the day of this unannounced inspection presented as adequate. Inspectors observed the staffing levels to reflect the actual planned roster. Staff were observed caring for residents well over the course of this inspection and residents presented as familiar with the staff providing their care and support. Staff told the inspectors there had been a lot of change in this service and while difficult it had led to improvements for residents. Inspectors reviewed staff personnel files and found appropriate recruitment, vetting and all of the required documentation in place for the sample of files reviewed.

Judgment: Compliant

Regulation 16: Training and staff development

Staff development, training and supervision was reviewed as part of this inspection. Training assessments, audits and a training matrix was reviewed which indicated that all staff had up to date training and refresher training in most mandatory areas. Line managers demonstrated awareness of this and could review and update this on the provider's online database. This was found to be much improved since the previous inspection with the provider also ensuring all staff were in receipt of supervision as outlined in the providers new policy.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined lines of authority and accountability in place in this centre. The provider had not completed annual review or six monthly unannounced visit since the last inspection. However, number of detailed audits had been completed and management meetings had been occurring in line with the provider's national action plan. A review of minutes from these meetings and plans showed that actions identified had either been implemented or were being completed as per the providers time line. The management team had been involved in weekly spot checks and walked through all parts of this centre to review progress on actions and to ensure residents were in receipt of a good quality and safe service.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

On reviewing residents contracts of care inspectors acknowledge that the new contract was in place for all those reviewed

Judgment: Compliant

Quality and safety

The person in charge and staff team were ensuring that residents were in receipt of a safe service. Inspectors noted that the residents they met and observed in the

centre presented as well cared for and were actively engaged in activities over the course of the day.

Inspectors found that overall the houses inspected were warm, and reasonably homely. There were five houses on this large site providing care and support for up to 17 residents with varying support needs. The premises were large and unusual in design and layout but were found to be clean on the day of inspection. Residents reported to be happy with their homes and some residents showed their rooms to inspectors which were found to be appropriate.

Residents were supported to enjoy the best possible mental health and where required, could access the services of a consultant psychiatrist and behaviour support. The residents were provided with the appropriate resources in order for plans to be implemented, for example, one to one staffing where required, alternative quiet spaces, and engagement in meaningful activities. There was ongoing support from a clinical lead, for the development, review and monitoring of behaviour support plans.

Residents in this centre were found to be safe and protected on the day of inspection. Residents spoken with told the inspectors they felt safe and well supported in their homes and could identify members of staff and management who they could go to if they ever felt unsafe, worried or concerned. Residents were observed to be well supported and safeguarded in their daily activities in line with their collective and individual needs. However, as reported in the previous inspection report for this centre there were nine retrospective financial safeguarding concerns that remained active.

Inspectors highlighted a number of concerns on the previous inspection regarding financial safeguarding in this centre. A serious incident review/investigation was initiated by the provider in relation to these concerns. These were specifically related to financial practices and the irregular overcharging/fees paid by a number of residents in the centre over a period of time. The provider assured the Chief Inspector (in August and September 2020) that an investigation would take place and on completion, residents would be reimbursed and the investigation report would be submitted in full to the Chief Inspector and the Health Service Executive Safeguarding Team. This investigation report was sought both on and following this inspection and was not available. Inspectors were informed that the investigation was completed and awaiting board approval. The number of residents affected was highlighted as ten and the financial amount that was reportedly still owed in redress to these residents was €88,505 in total.

The provider had developed and implemented an updated policy and procedures for the management of resident finances. Resident's cash balances checked were found to be correct and secure in this centre. However, while a lot of work had been completed by the provider in engaging with residents representatives, some residents still did not have full access to their money and as a result the provider did not fully oversee or audit the residents finances in line with their policy.

Risk management had improved since the previous inspection. The management

and staff team were aware of centre risks and had updated assessments in place. The person in charge was very aware of the risks in the centre and had either control measures implemented or corrective actions determined to manage these risks.

Overall the inspectors found suitable measures were in place for fire safety however, improvements were required in respect to containment of fire and on fire safety checks to respond to potential fire hazards.

In terms of prevention against infection, inspectors observed practices that complied with public health guidance during the current Covid-19 pandemic. Staff had been provided training in infection control, hand hygiene and in the use of personal protective equipment (PPE) and were observed implementing their training throughout the inspection.

Suitable practices were in place for medication management. The inspectors reviewed practices in one unit of the centre with a staff member. Medications were stored in a locked press and the key was securely stored. Medications prescription records contained all of the required information and residents' medications had been reviewed by the prescriber in the past month. Prescriptions for PRN (given as the need arises) medication, outlined the rationale for administration of the medication and the maximum dose in 24 hours was stated. The staff member spoken with was knowledgeable on the rationale and protocols for the administration of PRN medication.

Regulation 12: Personal possessions

The provider had ensured that the revised and updated policy on managing residents finances had been implemented in this centre. Inspectors reviewed the providers safeguarding arrangements in place regarding resident's finances. Staff were found to be aware of updated policy and financial safeguarding practices and were implementing same. Resident's cash balances were found to be correct and secure in this centre.

However, while a lot of work had been completed by the provider in engaging with residents representatives, some residents still did not have full access to their money and as a result the provider did not fully oversee or audit the residents finances in line with their policy.

Judgment: Substantially compliant

Regulation 17: Premises

Some renovation works were required in some parts of this centre terms of painting

and upkeep and maintenance both internally and externally. This included walls, skirting boards, steps, doors and lighting in particular. Since the last inspection tiling has been replaced in a bathroom in one unit and painting had also been completed. The provider had also commenced and upgrade of another bathroom in this unit.

The premises in general were found to be clean and warm with areas such as a dedicated art room or library in one house to support residents in engaging in their hobbies.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management procedures were found to have improved since the previous inspection. Inspectors found evidence of proactive risk management regarding the management of residents with epilepsy, behaviours of concern, infection control and environmental risks across the centre. Interim risk management protocols were found to have been put in place where risks were resource dependent. The person in charge had a scheduled review meeting to update the centre's risk register. New systems had been implemented since the previous inspection and evidence of same was found. For example, contamination checks of water, probe checks and an implemented and recorded protocol for the potential risk of legionella disease.

Some improvements were required regarding the updating of all risk documentation to reflect risk management practices, for example the centre's risk register did not clearly identify all of the centres risks. There was, for example, a risk due to poor lighting of the centre at night which required improvement. Inspectors were informed this would be addressed to ensure residents moving around the large site could clearly see where they were going.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were appropriate procedures in place of the prevention and control of infection. Staff had been provided in training in infection control, hand hygiene and in the use of personal protective equipment (PPE). There were sufficient supplies of PPE in the centre, easily accessible for use. Staff were observed to adhere to regular hand hygiene, social distancing measures and the use of PPE, in line with public guidelines.

Suitable procedures were developed and had been implemented to respond to suspected or confirmed cases of COVID-19 in the centre. Accessible information was

developed through social stories and easy read information on COVID-19 and, in order to inform residents and to support them during public health restrictions. Information was also shared with residents on COVID-19, during weekly house meetings.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors found that there were fire safety measures in place. Fire safety training, equipment, extinguishers, alarm systems and emergency lighting were found to be in place. Fire safety auditing was taking place and evidence of safe evacuation was also available. The inspectors spoke with staff in one unit who were knowledgeable on the support and equipment required to assist residents with evacuation for the premises and the equipment was found to be readily accessible for the resident's use. Residents told the inspector how they evacuate and where they are to go in the event of an emergency. The provider had identified a staff member, who took responsibility for fire safety checks and fire drills in the centre. Since the last inspection, a fire drill had been conducted during the early morning, reflective of minimum staff numbers on duty.

Fire containment arrangements regarding one part of the centre required review whereby an electric tumble dryer was located across from a resident's bedroom. This dryer was reportedly not operated at night time however the location, the system for checking lint build up in the machine and containment arrangements required further review. In addition, one room of a unit, a small sitting room was found to be cluttered, with the potential to block the fire exit. This was pointed out to the house co-ordinator and the room was cleared, ensuring the fire exit accessible, by the end of the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Suitable and safe procedures were in place relating to medication management and staff were knowledgeable on the needs of residents relating to prescribed medications. The residents availed of the services of a local pharmacist, and the pharmacist was in attendance in the centre on the day of inspection to complete an audit.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had an up-to date assessment of need completed which had been updated annually or as residents' needs changed. Since the last inspection there was evidence that current goals were developed in line with residents' preferences and records of progress of these goals was maintained. Residents were engaged in range of activities such as cookery, gardening, walks, and basketball. Where one resident was hoping to develop their own cookery book the other residents in the house were seen to enjoy their baking practice with a cup of tea while the inspector was there.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and accessed the services of a general practitioner in the community. There was evidence that any emerging healthcare needs for residents were promptly referred to the relevant health and social care professionals, for example, dentist, speech and language therapist and occupational therapist. Residents had also been supported to access general hospital services as required. Staff were knowledgeable on residents' healthcare needs and on the prescribed healthcare interventions to respond to an adverse healthcare event.

Residents who had been supported during periods of ill health told the inspector they were happy with the care they had received.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional needs, and behaviour support plans were in place outlining the proactive and reactive strategies to support residents in this regard. Staff described the support plan for a resident which had been reviewed since the last inspection. The plan incorporated strategies to reduce known triggers for the resident and to enhance opportunities for life skills development.

There were some restrictive practices in use in the centre, which were implemented relative to the risk presented. There was evidence that plans had been implemented to reduce a restrictive practice identified in the previous inspection resulting in improved positive outcomes for a resident. However, in two units, the use of locks on offices had not been identified as a restrictive practice, and consequently had not

been applied in accordance with evidence based practice.

Judgment: Substantially compliant

Regulation 8: Protection

Residents in this centre were found to be safe and protected on the day of inspection. Staff were knowledgeable on current safeguarding plans which had been developed in response to safeguarding concerns in the centre. Staff members spoken with had undergone safeguarding training and were able to demonstrate knowledge of this, for example, the different types of abuse and vulnerabilities and how these are and should be reported and recorded in the centre.

The inspectors reviewed all active current safeguarding concerns for this centre. There were clear safeguarding plans in place for each concern and evidence of appropriate actions, follow up and review for each concern reviewed. The inspectors reviewed a sample of financial systems in place for residents and noted that new systems developed by the provider were in place.

Money management assessments had been completed for residents in the centre and updated support plans on managing their finances were in place for residents. Money held on behalf of residents was securely stored and records and receipts were maintained of purchases made by, or on behalf of residents. The previous HIQA inspection had found inappropriate retrospective fees/charges to a number of residents in this centre required further review. Inspectors were informed that these cases were pending conclusion at the time of inspection according to the provider. However, the investigation report was not made available, and nine residents are reportedly owed a significant amount of money in redress.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Camphill Community Ballybay OSV-0003603

Inspection ID: MON-0031678

Date of inspection: 25/02/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - The previous Annual Review was issued in March 2020 and another was thus planned for completion by 31st March 2021 which has been completed. - A national schedule for the six-monthly Regulation 23 Unannounced inspection schedule in place. The Inspection was scheduled and took place on the 31st of March 2021. The schedule going forward will ensure that we are within the required timeframe of six months. 	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> - A significant amount of work has been completed by the provider in engaging with residents representatives/families to allow residents to have full access to their own finances and have their own bank account. Some residents still do not have full access to their money and the provider aims to oversee and audit the residents finances in line with CCOI policy. The provider will continue to engage with representatives and advocates to ensure residents gain full access over their monies and personal possessions 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - Renovation works and decoration upgrades are progressed daily via on-site maintenance team. Paintwork of Residents bedrooms began in March 2021 and was completed for many bedrooms by 31st March. New doors and lighting have been purchased and other areas of maintenance are scheduled. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> - PIC updated the risk register on 30th March 2021 to ensure all of the centres risks are included. PIC reviewed current risks on the risk register, being able to reduce some items that were no longer a high risk due to training received, items completed etc. - Outdoor lighting has been ordered and on-site maintenance team will have this installed by 30th May 2021. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> - A checklist system is now in place for checking lint build up in the dryer machine and the room containing this electric dryer machine now has a new fire door installed. - All fire exits have been checked. No clutter or means of blocking any fire exit is evident thus all fire exits are clear. This will also be monitored going forward via daily checks that are signed off by staff on duty. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive</p>	

behavioural support:

- Office room key codes/ key locks in all houses are now identified as a restrictive practice and have been entered onto the restrictive practice register since 12th March 2021. They have been reported on within the 2021 Q1 NF39A HIQA notifications

Regulation 8: Protection

Not Compliant

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

- The provider completed a serious incident management review of past inappropriate retrospective fees/charges to a number of residents in this centre. The investigation report from this review has been completed and presented to the serious incident management committee on 26th March 2021. The report was presented to the CCoI Board on 12th April 2021 where the board accepted the report which identifies the repayments for CMSN's. Both residents and the HSE safeguarding team have been informed of the completed report. The funding is now in place to make the required repayments. Appropriate safeguarding measures will be put in place to refund the monies with the intention that all monies will be refunded by May 31st 2021.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/05/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/04/2021
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and	Substantially Compliant	Yellow	10/04/2021

	suitably decorated.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	28/04/2021
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	31/03/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a	Substantially Compliant	Yellow	30/03/2021

	system for responding to emergencies.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/03/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/03/2021
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	12/03/2021
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is	Not Compliant	Orange	31/05/2021

	harmed or suffers abuse.			
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