



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

## Issued by the Chief Inspector

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| Name of designated centre: | St. Vincent's Residential Services Group O |
| Name of provider:          | Avista CLG                                 |
| Address of centre:         | Limerick                                   |
| Type of inspection:        | Unannounced                                |
| Date of inspection:        | 04 October 2021                            |
| Centre ID:                 | OSV-0004738                                |
| Fieldwork ID:              | MON-0034247                                |

## About the designated centre

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

The centre provides full-time residential services to adults with a moderate to severe intellectual disability from the age range of eighteen years upwards. The centre accommodates four females in a community setting. The house is managed by staff nurses and care staff who in turn are supported by the nurse management team. Russelheim is a five bed two-storey house, which is wheelchair accessible and can cater for residents with mobility challenges. The provider aims to provide a high quality, person centred service to residents which meets their social, health, physical and psychological needs. The service aim is to improve the service user's quality of life by ensuring they are encouraged, supported and facilitated to live as normal a life as possible, in their local community.

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

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| Number of residents on the date of inspection: | 4 |
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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 |
|-----------------------|----------------------|------------------|------|
| Monday 4 October 2021 | 09:45hrs to 18:20hrs | Caitriona Twomey | Lead |

## What residents told us and what inspectors observed

Overall there was strong evidence that residents enjoyed a very good quality of life in this centre. They were valued members of their local community and had busy, active lives filled with activities that interested them. They were supported to maintain relationships with their families and also enjoyed positive relationships with the staff team supporting them. Some improvement was required to the monitoring and oversight in the centre to ensure the systems in place were consistently implemented.

This was an unannounced inspection. Due to circumstances outside their control, the person in charge was not able to attend the centre on the day of the inspection. They spoke with the inspector on the telephone throughout the day and again after the inspection.

As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these throughout the inspection. When the inspector arrived there was one staff member working in the centre. This was not in line with the planned roster. When asked if residents were going out that day, staff advised that as they were the only staff member on duty they were unable to leave the centre. It was planned instead to do in-house activities. Shortly afterwards, when speaking with the person in charge, the inspector was informed that additional staff would be allocated to the centre for the day.

The inspector had the opportunity to meet with all four residents living in the centre. It was clear that the residents got on very well together. Some had shared interests and this was reflected in a shared goal for two residents to visit the sets of some of their favourite soaps in England. This goal had been postponed from the previous year due to the COVID-19 pandemic. Staff in the centre had arranged for overnight getaways for the residents in groups of two. Two residents were going away for two nights to Killarney in the week of this inspection, and the other two were looking forward to a trip the following week to the Aran Islands. Staff explained that these trips required additional staffing resources and that was why there was only one staff working in the centre on the day of inspection.

One resident was keen for the inspector to know that they had had a haircut over the weekend. This resident was interested in fashion and how they looked and these interests were supported and encouraged by staff. The person in charge explained that the local hairdresser had visited the centre to facilitate the residents to have their hair cut and coloured. While usually residents would attend the salon for a haircut, the additional time required for a colour could be a challenge for residents given the extended time wearing a mask. The hairdresser had suggested an alternative solution, while keeping with public health guidelines, to facilitate this. This was reflective of the strong relationships developed between the residents and

their local community.

The centre was a detached house located in a suburb of Limerick city. There were two bedrooms for residents upstairs and two downstairs. Residents' bedrooms had been personalised to reflect their interests and personalities. Three residents chose to have television in their bedrooms. The centre was clean, warm and decorated in a homely manner. There was a large kitchen and dining room decorated with residents' photos and a large white board outlining information that was important to them. Staff were in the process of reapplying recently washed covers to the furniture in the living room area when the inspector arrived. This room was furnished with comfortable seats and a smart television had recently been installed. This television allowed residents to watch a local mass and to virtually attend concerts. There were portrait photographs of some residents on the wall. There was a large garden behind the centre with patio furniture for the residents to use as they wished.

At the time of this inspection none of the residents had returned to their day services. Prior to the pandemic, one resident had attended a day service full-time and the other three attended part-time and enjoyed an individualised programme of activities from the centre for the rest of week. A day service staff member came to the house three days a week to support residents' participation in activities. The residents living in this centre were part of their community and were well-known in the area. One resident was an active member of the church. Another attended a healthy eating group. Unfortunately one resident had lost their job as the local bakery had closed down. Prior to the COVID-19 pandemic, neighbours and the parish priest would visit this centre.

In addition to the extra residential staff member, the person in charge also arranged for a day services staff member (not scheduled to be in the centre that day) to work in the house on the day of the inspection. The positive impact of these extra staff supports was evident. Day service staff supported two residents to leave the centre for a large portion of the day and accompanied them for a walk and a snack in a local village. Later, one of the remaining residents asked and was supported to go for a walk, while the other chose to remain at home looking at their collection of photographs. This flexibility and individualised service was only possible due to the additional staffing resources provided.

As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. Staff rosters and training records were also reviewed. The person in charge demonstrated good oversight of training and where it was required, staff were booked into the relevant training sessions in the coming weeks. Review of the staff rosters showed that it was not uncommon for one staff to work alone in the centre during the day. This will be discussed further in the next section of the report.

The centre's risk register was reviewed and while comprehensive and recently reviewed, further revision was necessary to ensure that the risk assessments were accurate and reflective of the centre. The inspector also looked at a selection of residents' individual files. These included residents' personal development plans, healthcare and other support plans, and service agreements. These were generally of a good standard. Areas for improvement were identified and will be outlined in more detail in the remainder of this report. Each resident's file included an annual satisfaction survey and each of these contained positive feedback.

Prior to this inspection, the Health Information and Quality Authority (HIQA) had been informed of an outbreak of a contagious disease that had affected all four residents and some members of the staff team. This had occurred at a time of increased infection prevention and control (IPC) measures in the centre due to the COVID-19 pandemic. Although awareness had been raised throughout the organisation regarding this matter, there was no evidence of any assessment or other follow up actions. This will be discussed in more detail in the Quality and safety section of this report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

## Capacity and capability

Overall, good management practices were in place which ensured that residents enjoyed a good quality of life in the centre. All audits and reviews as required by the regulations were being conducted and there was evidence of follow up on actions where identified. The findings of this inspection indicated that some improvements were required in the oversight of the systems in place to ensure they were implemented consistently and the service provided was safe and effectively monitored.

There was a clearly-defined management structure in place that ensured that staff were aware of their responsibilities and who they were accountable to. The person in charge fulfilled this role for one other designated centre located less than 20 kilometres away. They had previously been responsible for another centre and this reduction in their management responsibilities was a welcome improvement. The person in charge was based in this centre at least one day a week. Some protected time was incorporated into their working week. The member of the management team who met with the inspector advised that a business case had been submitted to facilitate more protected time for all persons in charge across the organisation.

An annual review and twice per year unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as is required by the regulations. The most recent annual review was completed remotely

to reduce the number of people going into the designated centre at that time. This was part of the IPC procedures in place regarding COVID-19. The auditor had had the opportunity to meet with some of the residents elsewhere and used this meeting to inform the review. The majority of actions identified had been followed up with the exception of a small number which had been impacted by COVID-19. One of these related to volunteers in the centre. Management advised that a decision had been made across the organisation to suspend the use of volunteers while the pandemic was ongoing. The review also referenced a broad range of audits completed in the centre. The inspector identified that some audits were overdue, including a medications audit to be completed annually by the pharmacist. Management advised that this was planned. It was also noted that despite an outbreak of a contagious disease in the centre, there had not been any subsequent audit completed regarding IPC facilities and practices.

As referenced in the opening section of this report, when the inspector arrived in the centre staffing was not in line with the planned roster. Although it was explained that this was due to a planned overnight stay for two residents that week, on review of other rosters it was identified that this occurred approximately once a week. The impact of this on residents was reduced opportunities to engage in preferred activities, especially those outside the house. This had also been highlighted in the annual review of the centre which recommended ongoing monitoring to ensure appropriate staffing was in place to support community activities for residents.

The inspector reviewed the training records of the permanent and relief staff who had recently worked in the centre. Where there were gaps identified in the training required by the regulations, management had booked staff to attend the required training in the following weeks. Where it was identified that two staff required training in relation to safeguarding residents and the prevention, detection and response to abuse, the person in charge ensured that this training was completed on the day following this inspection.

When reviewing residents' individual files it was noted that although each resident had a written agreement regarding the terms of living in the centre, not all of these were signed. The amount of money to be paid as part of this agreement was also difficult to read on one of the documents viewed by the inspector.

The inspector reviewed the centre's statement of purpose. The statement of purpose is an important document that sets out information about the centre including the types of service provided, the resident profile, the ethos, and both governance and the staffing arrangements. This document had been reviewed in the previous 12 months, however required some revision to reflect the impact of COVID-19 on the service provided and to ensure that the whole-time equivalent of the management staff and the descriptions of the rooms in the centre were accurate.

## Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills,



qualifications and experience necessary to manage the designated centre.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had not ensured that at all times the number of staff was appropriate to the number and assessed needs of the residents, as outlined on the planned roster.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Two staff required refresher training in relation to safeguarding residents and the prevention, detection and response to abuse. This was completed the day following this inspection.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider had a directory of residents in place in the designed centre. This was noted to contain the information as set out in schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Although there was evidence of strong oversight in many areas of service provision, some improvement was required. Improvements were required in the review and progress of residents' plans, the follow up and implementation of healthcare recommendations, and the maintenance of residents' records and contracts. It was also required to demonstrate learning from adverse events such as an infection outbreak. The staffing issues identified indicated that the centre was not always sufficiently resourced.

Judgment: Substantially compliant

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

Not all agreements regarding the terms of living in the designated centre were signed. The fees to be charged were not always clearly written in these agreements.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose required review to reflect the impact of COVID-19 on the service provided and to ensure that the whole-time equivalent of the management staff and the descriptions of the rooms in the centre were accurate.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The incident log in the centre was reviewed. All adverse incidents and other events, as specified in this regulation, that occurred in this centre were reported to the chief inspector.

Judgment: Compliant

## Quality and safety

In this centre residents received high-quality person-centred support that enabled them to be involved in activities that they enjoyed. Residents' rights were promoted and they enjoyed living in this centre. Residents' community involvement and independence was encouraged. Some improvements were required to ensure residents' safety and wellbeing.

Residents living in this centre received a very person centred service and were encouraged to be as involved as possible in both the running of the centre and their daily lives. In line with their wishes and preferences, residents were involved in meal preparation, grocery shopping and other tasks of day to day living. Residents

engaged in a variety of recreational activities. These included overnight stays away, trips to the cinema, walks in local areas and beaches, visits to the chiropodist and hairdresser, and in-house activities like watching concerts and participating in mass online. The importance of ensuring residents had access to their community as national restrictions were easing was highlighted in both residents' and staff meetings.

Monthly residents' meetings were held in the centre. The inspector reviewed the records of these and saw that a variety of topics relevant to residents' daily lives were discussed. It was noted that residents were kept up to date and supported to understand any changes to public health advice and the impact this may have on them. Alternative activities and what could be done were also discussed, for example welcoming relatives to visit in the garden. Residents were supported to understand policies and practices in the centre, such as complaints, through the use of easy-to-read documents and discussion. It was documented that residents' wanted to have their garden landscaped. Unfortunately this work was postponed due to the pandemic, however was still being planned and was to be reviewed again in May 2022.

Some residents were representatives on the organisation's advocacy board and had participated in different advocacy projects throughout the year. Staff had supported residents' ongoing participation in their advocacy roles throughout the pandemic through the use of video conferencing and other technology.

Family contact was very important to the residents in the centre and this was supported by the staff team. As well as in-person visits, residents were supported to maintain contact using the telephone, video calls and by sending cards and letters for special occasions throughout the year. One resident had been supported to re-establish relationships with their siblings in the last year. Some residents had hosted afternoon tea for relatives in the garden and another had set up a family messaging group to keep in touch with their siblings.

The inspector looked at a selection of residents' individual files. A multidisciplinary review meeting had been held for each resident in the last 12 months. Despite being recently reviewed some files contained outdated information, for example residents' weekly schedules still referenced attending day services, despite this not happening for over 18 months. Not all support plans had been reviewed within the last 12 months, as is required by the regulations.

All residents had personal development plans, which outlined the goals they wished to achieve. These goals aligned with residents' interests. A number of goals had been carried over from the previous year. In some cases this was appropriate as the public health guidelines had restricted residents' abilities to participate in certain activities. However, in some plans it was not documented that there had been any discussion about the possibility of including new goals or changing what was decided the previous year. It was identified that not all goals were consistently reviewed, with some being reviewed monthly and others not reviewed yet this year. It was also not clear why some goals, such as visiting a relative's home for lunch,

had not progressed as planned.

Overall residents' healthcare needs were well met in the centre with documented access to medical and allied health professionals as needed. There was one noted exception to this. It was recommended in December 2020 that one resident be referred to a dietician. There was no evidence that this referral had been completed or that the supports had been received. In the time since the recommendation was made, this resident's weight increased to the point where, at the time of this inspection, records indicated that their weight fell within the obese category.

Up-to-date information and guidance were available to staff and residents regarding COVID-19. An IPC audit had been completed in the centre in April 2021 and areas for improvement were highlighted and followed up on. Systems were in place regarding visitors to the centre. IPC practices and standard precautions were observed on the day of inspection. As referenced in the opening section of this report there had been an outbreak of a contagious infection in the centre in September 2021. Management advised that a staff member with IPC expertise had been contacted regarding this. Although awareness of this infection had been raised across the organisation, there was no evidence of assessment, review or learning from this outbreak in the centre. It was therefore not demonstrated that the provider had taken steps to identify areas for improvement to prevent a similar outbreak spreading throughout the centre.

The risk register was reviewed by the inspector. It was identified that some risk assessments required review to ensure that the likelihood and impact ratings of the identified risks were accurate and reflective of the current situation in the centre. Not all risk assessments had been rated. Risk assessments also needed to complement each other. For example, although risk assessed separately the impact of one resident possibly refusing to leave the centre during an evacuation drill was not reflected in the centre's overall fire risk assessment.

Systems were in place and effective for the maintenance of the fire detection and alarm system and emergency lighting. Residents all had personal emergency evacuation plans (PEEPs) in place, and these had been reviewed recently. There were records of monthly evacuation drills taking place in the centre. One resident had previously not participated in fire evacuation drills. Support was provided to address this and a review of records indicated that these supports were effective. This continued to be monitored by staff working in the centre and as part of the twice per year unannounced visits to the centre. At the time of this inspection, an evacuation drill had been completed to reflect the night-time staffing levels in the centre, however not while residents were in bed. As only one staff member is rostered to work at night, the location of residents' bedrooms and the support needs of residents to evacuate (one resident required continuous prompting and the use of visual aids, while the other three residents required staff direction), a drill to reflect the night-time conditions was required to demonstrate that all residents could be safely evacuated at all times. Management committed to completing such a drill.

## Regulation 11: Visits

Residents were supported to receive visitors in line with their wishes. Due to the ongoing COVID-19 pandemic, there were specific guidelines in place to facilitate visitors.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents had access to and retained control of their personal property and possessions. There was adequate space and storage in each bedroom to store their belongings.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents had opportunities to participate in activities in line with their wishes, interests and assessed needs. They were active members of their local community and were well-known.

Judgment: Compliant

## Regulation 17: Premises

The centre was clean, warm and decorated in a homely manner. It was in a good state of repair both internally and externally. Residents had access to communal and private spaces.

Judgment: Compliant

## Regulation 18: Food and nutrition

There with a variety of fresh and nutritious food in the centre. Suitable storage was

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| available and choice was provided in line with residents' preferences.  |
| Judgment: Compliant   |
| <b>Regulation 20: Information for residents</b>   |
| The guide prepared included all of the requirements of this regulation.   |
| Judgment: Compliant   |
| <b>Regulation 26: Risk management procedures</b>  |
| Risk assessments required review to ensure they were accurate and reflective of the current situation in the centre.  |
| Judgment: Substantially compliant   |
| <b>Regulation 27: Protection against infection</b>  |
| Following a recent infection outbreak neither an investigation of the outbreak nor an assessment of the infection prevention and control measures in the centre had been completed. Areas for learning and improvement were therefore not identified. |
| Judgment: Substantially compliant   |
| <b>Regulation 28: Fire precautions</b>  |
| A fire drill involving night-time conditions and staffing levels was required to ensure that all residents could be evacuated and brought to a safe location in the event of a fire.  |
| Judgment: Substantially compliant   |
| <b>Regulation 5: Individual assessment and personal plan</b>  |
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Not all support plans had been reviewed in the previous 12 months, as is required. Improvements were required in the review of residents' goals.

Judgment: Substantially compliant

### Regulation 6: Health care

One resident had not received the service of an allied health professional, as recommended.

Judgment: Substantially compliant

### Regulation 8: Protection

There were no safeguarding concerns in the centre at the time of this inspection. Of the sample reviewed, all residents had an intimate and personal care plan in place that considered their dignity and areas of independence. Staff who required training in relation to safeguarding residents and the prevention, detection, and response to abuse were addressed under regulation 16.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were encouraged and supported to exercise choice and control in the centre. Regular resident meetings and participation in the provider's advocacy groups ensured residents were aware of their rights and the staff team in the centre ensured they were supported to exercise them.

Judgment: Compliant

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

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

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>                                       |                         |
| Regulation 14: Persons in charge                                     | Compliant               |
| Regulation 15: Staffing  | Substantially compliant |
| Regulation 16: Training and staff development                        | Substantially compliant |
| Regulation 19: Directory of residents                                | 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 31: Notification of incidents                             | Compliant               |
| <b>Quality and safety</b>  |                         |
| Regulation 11: Visits  | Compliant               |
| Regulation 12: Personal possessions                                  | Compliant               |
| Regulation 13: General welfare and development                       | Compliant               |
| Regulation 17: Premises  | Compliant               |
| Regulation 18: Food and nutrition                                    | Compliant               |
| Regulation 20: Information for residents                             | Compliant               |
| Regulation 26: Risk management procedures                            | Substantially compliant |
| Regulation 27: Protection against infection                          | Substantially compliant |
| Regulation 28: Fire precautions                                      | Substantially compliant |
| Regulation 5: Individual assessment and personal plan                | Substantially compliant |
| Regulation 6: Health care  | Substantially compliant |
| Regulation 8: Protection   | Compliant               |
| Regulation 9: Residents' rights                                      | Compliant               |



# Compliance Plan for St. Vincent's Residential Services Group O OSV-0004738

Inspection ID: MON-0034247

Date of inspection: 04/10/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

| Regulation Heading   | Judgment                |
|--|-------------------------|
| Regulation 15: Staffing  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:<br/>           The registered provider is reviewing staffing to the center. Staffing complement to meet the identified needs of each individual will be in place. The Person in Charge will assign staff on the roster based on the needs, individual plans and wishes of each resident.</p>  |                         |
| Regulation 16: Training and staff development  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br/>           The person in charge reviewed all staff training, outstanding training for staff was completed the day after the inspection. The person in charge will ensure that all refresher training for staff is scheduled and reiterate to all staff their responsibilities of attending training and keeping same up to date. The Person in charge and Person participating in Management will review staff training as part of their link meetings.</p> |                         |
| Regulation 23: Governance and management   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and</p>  |                         |

management:

Then Person in charge and the person participating in management will audit plans of care and documentation for each individual in the center. Recommendations will be made and each key worker will review and update the documentation.

The Person in charge and Person participating in management at the next team meeting will discuss this with the staff members and timeframes will be set for completion.

The registered provider is reviewing staffing to the center. Staffing complement to meet the identified needs of each individual will be in place. The Person in Charge will assign staff on the roster based on the needs, individual plans and wishes of each resident.

Regulation 24: Admissions and contract for the provision of services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

The person in charge will review the contracts for each resident, discuss the contents of the contract with each resident and request that all are signed. The Person in charge will ensure that the fees charged is clearly noted within the contract of each resident.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The person in charge and person participating in management will review the statement of purpose to reflect the Whole time equivalent of management staff, the impact of COVID 19 within the centre and accurately describe the description of the rooms in this centre and submit to the authority.

Regulation 26: Risk management procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

The person in charge and staff team with the support of the health and safety officer will

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| <p>review and update all risk assessments in the center to ensure that they are accurate and reflective of the individual risks within the Centre's risk register.</p>   |                                |
| <p>Regulation 27: Protection against infection</p>   | <p>Substantially Compliant</p> |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The person participating in management and the lead nurse in infection control will meet with the person in charge and staff team. A review of the outbreak and areas for learning will be completed and shared with staff team and team across other centres of the registered provider using a new template 'Outbreak Report and After Action Review' devised by the lead Nurse in Infection Control and agreed with the Service Infection Prevention and Control Committee. The quality and risk officer will support the review process also. Any actions or learning arising from this review will be actioned and learning disseminated.</p> |                                |
| <p>Regulation 28: Fire precautions</p>   | <p>Substantially Compliant</p> |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A drill during the hours that the residents are in their beds as opposed to in their bedrooms will be completed to establish accurate night times for evacuation. This will be coordinated by the maintenance supervisor and the person in charge with the registered provider's night shift clinical nurse manager.</p>   |                                |
| <p>Regulation 5: Individual assessment and personal plan</p>   | <p>Substantially Compliant</p> |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The person in charge will arrange a date to meet all staff team with the transforming lives coordinator. The transforming lives coordinator will deliver input to and support the team in goal setting that is SMART and in the methodologies in tracking and review of goals and updating of all personal goals if changes arise.</p>   |                                |

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| Regulation 6: Health care   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 6: Health care:<br>The person in charge immediately post inspection followed up regarding the dietician referral, Dietician assessment took place on the 11/10/2021 |                         |

## 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 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. | Substantially Compliant | Yellow      | 31/01/2022               |
| 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 programme.  | Substantially Compliant | Yellow      | 07/10/2021               |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to  | Substantially Compliant | Yellow      | 31/01/2022               |

|                     |   |                         |        |            |
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|                     | ensure the effective delivery of care and support in accordance with the statement of purpose.  |                         |        |            |
| 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 | 31/01/2022 |
| Regulation 24(3)    | The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre. | Substantially Compliant | Yellow | 15/01/2022 |
| Regulation 26(2)    | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.                          | Substantially Compliant | Yellow | 31/01/2022 |
| Regulation 27       | The registered  | Substantially           | Yellow | 31/01/2022 |

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|                     | provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Compliant               |        |            |
| Regulation 28(4)(b) | The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.              | Substantially Compliant | Yellow | 15/01/2022 |
| 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 | 06/10/2021 |
| Regulation 05(6)(d) | The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more  | Substantially Compliant | Yellow | 11/02/2022 |



|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.   |                         |        |            |
| Regulation 06(2)(d) | The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive. | Substantially Compliant | Yellow | 11/10/2021 |