



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

Issued by the Chief Inspector

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| Name of designated centre: | The Glens |
| Name of provider: | Brothers of Charity Services Ireland CLG |
| Address of centre: | Clare |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 21 April 2021 |
| Centre ID: | OSV-0004880 |
| Fieldwork ID: | MON-0032212 |

About the designated centre

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

In this centre the provider aims to provide an individualised residential service to a maximum of nine residents. The service is delivered in two separate locations; a semi-detached house and an apartment block comprised of three apartments. The location of each facilitates access to the amenities available in the large busy town. Three residents live in the house and two residents share each of the three apartments. The model of support is social and a twenty-four hour staff presence is maintained in each location. Residents present with a diverse range of needs and abilities and the support provided is informed by an individual assessment of need that includes domains such as healthcare, education, employment and, meaningful social and community inclusion. Management and oversight of the service is delegated to the person in charge who is present on site and works as a member of the staff team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

9

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 |
|----------------------------|-------------------------|------------|------|
| Wednesday 21 April 2021 | 10:00hrs to 17:00hrs | Mary Moore | Lead |

What residents told us and what inspectors observed

From what residents said and, what the inspector observed and discussed with staff, it was clear that this was a well managed centre where residents enjoyed a good quality life. The provider had effective systems for keeping oversight of the appropriateness of the service to each resident and, of the quality and safety of the service provided. While the systems that the provider had were good, some improvement was needed to the policy and risk assessments that supported visits outside of the centre and, to plans for ensuring that the arrangements in the centre would continue to be suited to resident needs and choices.

The inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. COVID-19 has resulted in changes as to how centres are inspected so that they can be inspected in a way that promotes the safety of residents, staff and inspectors. Consequently on this occasion, the inspector visited only one of the two premises that comprise this designated centre so as to avoid crossing over between both groups of residents and two staff teams. There was sufficient space and suitable arrangements for the inspector to base themselves in this premises. This meant that the inspector met with five of the nine residents that in total lived in the centre and, the staff on duty. The inspector met with residents in the garden, at the side-door to the apartments and, the inspector spoke with one resident in the communal area of their apartment.

The premises visited was purpose built and sub-divided into three apartments with two residents living together in each apartment. The inspector saw that the building was of a good standard, well-maintained internally and externally. The person in charge confirmed that there were no premises matters arising in the other house, that self-closing devices had been fitted to all of the fire resisting doors and, there were plans to develop an external recreational space as residents now spent more time at home.

Most of the residents met with were effective verbal communicators and gave very clear feedback of what life was like for them in the centre and, in the context of the COVID-19 pandemic. Residents were very informed of the measures needed to protect themselves as without prompt they put on a face mask, performed hand-hygiene or maintained a good and safe physical distance from the inspector. Residents told the inspector that life was great and that the centre was like a hotel; one resident said that he "would die" if he had to leave his apartment. Residents said that the staff were all great and like family. Residents spoke fondly of staff who had left and who had worked with them for many years. Residents said that they liked having the increased support from staff that had been made available since early 2021.

It was evident that residents had adjusted well to a different way of living and had been supported by the provider to do this. Residents said that they were well having

received their first vaccine dose and, vaccination brought hope of returning to more normal routines. Where residents were not verbal communicators it was clear from their expression and overall demeanour that they were happy, interested in the presence of the inspector, relaxed and comfortable with the staff supporting them.

It was evident also however, that life had not been without its struggles as residents discussed recent losses and personal bereavements. This was effectively captured in the providers' own reviews of the service and in discussion with residents. The open way in which this was discussed without distress reflected the provision of good support that fostered coping skills and resilience. For example staff, confirmed that visiting to other healthcare facilities had been facilitated on compassionate grounds and, some residents had remained at home with family for much of the current Level 5 restrictions.

Residents were clearly proud of the skills they had developed in using technology and residents used technology to overcome many COVID-19 related restrictions. For example, two residents confirmed that they were participating in further education classes using on-line resources and, also continued to engage with forums such as the internal advocacy network. Residents were at ease speaking of their use of various video applications. A resident described how they missed going to concerts but watched videos instead of their favourite musician. Residents were supported by staff to safely access their local community and amenities and, one resident monitored their daily step count as they returned to the centre having walked in to town with a staff. Residents told the inspector that they were happy with the choice and control that they had in their lives and in their apartments, such as agreeing the daily meal choice. The general presentation was one of home as meals were cooked and enjoyed in each apartment, residents established that the washing machine had been repaired and, the laundry was hung out to dry as the inspector was leaving.

The residents living in this house had a long history of living together in this and another centre. However, as stated above 2020 had not been without its challenges for residents. These challenges, the losses endured by residents, personal, social and recreational, were clearly captured in the service reviews completed by the provider and reviewed by the inspector. The reviews were honest and empathetic and highlighted the impact on residents but also the challenge for the service and staff, as they responded and adapted to the risk of COVID-19 and, very altered routines and ways of working. A culmination of factors had resulted in some negative peer-to-peer interactions. In response the provider had reviewed and adjusted staff rotas and additional staff resources were allocated in January 2021 to provide more individualised support. There was a range of enhanced risk assessments, plans and protocols to assure the safety of the service and, no further incidents to date in 2021 were reported. However, while managed, there were open business cases to the funding authority in response to the changing needs and circumstances of residents, a request for a more independent living arrangement and, an active safeguarding plan. All of these required active monitoring and progression by the provider.

In relation to the above the inspector ascertained from residents that they felt safe in their home and that they would say it if they were not. Residents said that they

would speak up, that they would talk to the person in charge and could say what they wanted at their support planning meetings. One resident said that staff would know anyway if he was not happy but pointed to the complaints procedure on the wall and, also identified who the designated safeguarding officer was.

The provider had responded in a timely manner and, had implemented measures to prevent the accidental introduction and onward transmission of COVID-19. These measures had been effective up to January 2021 when unfortunately a number of staff and residents contracted COVID-19. Records seen on inspection verified that the provider had actually increased its controls prior to the outbreak in response to the increased incidence of community transmission at that time. The records also verified that the provider had liaised closely with public health and, staff and management had worked collaboratively and, with diligence and commitment, to control and limit the spread of the virus. There was evidence that the provider had reviewed the actual implementation of its outbreak plan, was satisfied that it had worked well and, shared any learning with other centres. Consequently there was strong awareness in the service of the risk and impact of the accidental introduction of COVID-19. The inspector found however there was scope for improvement in policy and in the risk assessments for facilitating visits home that had recently been reintroduced.

In summary the inspector found that this was a good service, that was effectively managed and overseen by the provider. While there was some scope for improvement the provider responded to new and emerging risks and changing needs and circumstances. 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.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The service presented as currently adequately resourced to deliver on its stated objectives. Effective management was reflected in the good level of compliance with regulatory requirements found on inspection and, the fact that the provider has sustained this over the course of HIQA inspections. The provider effectively monitored and used data it collected, for example from service reviews and incidents, to improve the quality and safety of the service. However, while the overall standard of management and practice was good, some improvement was required in the area of personal planning and, in the risk assessments for facilitating safe visits to home and then returning to the centre.

The local management structure was comprised of a social care worker in each house and the person in charge, who had access as needed to her line manager and

the wider organisational structures. The person in charge was an experienced manager who was confident she had the support and systems that were needed to ensure the effective management and oversight of both houses. This confidence and ability was reflected in satisfactory HIQA inspections findings, internal reviews and, in the positive feedback received from residents.

Systems of management and oversight that supported effective governance included the completion of audits, such as those specified by Regulation 23. The inspector reviewed the annual review for 2020, the most recent six-monthly unannounced review and, an additional service review completed in late 2020. What was evident from all of these reviews was the focus on residents, their needs, safety and quality of life. Robust resident and centre specific lines of enquiry were used and the provider used the data and information collated to improve systems and to review the operation of the service. For example, the six-monthly review was completed remotely due to infection prevention and control requirements but the auditor clearly set out how technology was used to triangulate and substantiate the findings, such as the sharing of documents and, ensuring that residents could participate and provide feedback. Responsive actions further to reviews included the review of staffing arrangements and the provision of more consistent staff resources in January 2021.

From these reviews and discussions with the person in charge the inspector was assured that the provider monitored the adequacy of its staffing levels and arrangements, and made adjustments in response to changing needs and emerging risks. The staffing levels and arrangements on the day of inspection were as described and as set out in the sample of staff rotas reviewed. There were three staff on duty one in each apartment and the night-time arrangement was a staff on sleepover duty in each house. Staffing levels did fluctuate at weekends but the person in charge was satisfied that these arrangements were adequate particularly in light of Level 5 restrictions. There were no indicators such as a pattern of complaints, incidents or accidents that would indicate that they were not. The inspector saw that residents had good independence but also had the support and assistance that they needed for their safety and well-being.

The records of training completed by staff reflected mandatory, required and desired training such as safeguarding, medicines management and first aid. The training was reflective of the specific care and support needs of the residents living in this centre and new risks such as that posed by COVID-19. All staff had completed training that included hand-hygiene, putting on and taking off personal protective equipment (PPE) and breaking the chain of infection. The inspector readily established the completeness of training from the records.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete and accurate application seeking renewal of the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was an experienced manager and had the skills and qualifications needed for the role. It was evident that the person in charge had a visible presence in the centre and was actively and consistently engaged in the delivery, management and oversight of the service provided to the residents. The person in charge was very open to the inspections findings and viewed the improvement needed as further promoting the good practice and management that was evident. The inspector saw that there was an easy rapport between residents and the person in charge and, between the person in charge and the staff on duty.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and arrangements were suited to the number of and, the assessed needs and abilities of the residents. There was a low turnover of staff and, a regular staff team ensured that residents received continuity of care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of mandatory, required and desired training. The training programme reflected the assessed needs of the residents and the care that staff had to provide. The training programme was responsive to new challenges and risks such as COVID-19.

Judgment: Compliant

Regulation 22: Insurance

With the application seeking renewal of registration, the provider submitted evidence of having insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that this was an effectively managed service where the focus of management and oversight was on the safety, quality and appropriateness of the service, support and care provided to each resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information such as, details of the management structure and the services provided. The inspector saw that the statement of purpose was readily available in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre there were adequate arrangements for ensuring that HIQA was notified of prescribed events such as incidents that impacted on resident safety.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints. Internal reviews monitored the receipt and management of complaints. How to complain and, who to complain to was prominently displayed for residents attention. Residents knew that they had a right to complain and, told the inspector that they would speak up for themselves if they were not happy.

Judgment: Compliant

Quality and safety

As stated in the previous two sections of this report, this was a well-managed service where the focus of management and oversight was the quality and safety of life for residents. The standard of support provided was good, supported by this good management and, a dedicated team of staff. Residents were consulted with and listened to and, the provider was mindful of the change and challenges that had occurred in residents lives and in their needs and, had plans in response. However, ongoing monitoring and further action was needed to progress these plans so that the service would continue to meet the changing needs of residents. In addition while the standard of practice was good, there was scope for improvement in the policy and risk assessments that informed visits to home.

The inspector reviewed one personal plan in detail and aspects of another. The plans reflected the assessed and changing needs and circumstances of residents; the plan was updated and amended as needed. Residents told the inspector about their planning meetings and how they actively participated in these; this consultation and participation was evident in the plan itself. For example an expressed wish for a more independent model of support was reflected in the plan as was discussion of vaccination and, end of life wishes.

As stated in the first section of this report there had been occasions in 2020 where significantly altered routines and lifestyles and, changing personal circumstances and losses had challenged residents. This challenge had manifested in behaviour that impacted on the resident and the quality and safety of the service provided. The person in charge described the situation currently as stable. The inspector saw that the personal plan included a positive behaviour support plan informed by input from the behaviour support team. The plan set out clear guidance for staff on how to prevent if possible and, how to respond to these times of challenge. The approach to be taken was supportive and therapeutic and, there was no reliance on restrictive interventions in the centre.

The inspector also saw that the personal plan had been updated to reflect the safeguarding dimension of behaviour where it impacted on peers. Safeguarding was discussed with residents, discussed with staff at team meetings and, the plan clearly set out for staff the reporting protocol to be followed when a resident was impacted by these incidents. Residents spoken with said that they felt safe in their home and, the person in charge confirmed that she was satisfied that the centre was currently suited to meeting the needs of each resident. The person in charge had oversight and escalated concerns to management as they arose, for example the service review referenced in the previous section of this report. This inspection did not identify any immediate concerns or risks. However, there were three open business cases, a request for alternative living arrangements and, an active safeguarding plan. These all require monitoring and progression by the provider to ensure that the arrangements in the centre meet the changing needs of residents in a safe and planned manner.

The person in charge maintained and kept under regular review, a register of risks and their management. The register reflected the assessed and changing needs of residents. The level of residual risk while somewhat high, reflected these changes in needs and circumstances and, the need for additional controls such as pending clinical review and the possible need for a full-time residential service where residents normally resided on a less than full-time basis.

The risk register also included the hazard of COVID-19 and the dynamic nature of the risk assessment reflected the manner in which controls changed as guidance was updated and, community transmission rates fluctuated. For example, as stated in the first section of this report, the inspector saw that the person in charge had actually increased the risk rating for possible accidental introduction and, enhanced controls were in place in response but had not prevented the outbreak in the service in January 2021. Staff and management had worked diligently, and in close contact with public health and HIQA, to control the spread. There was evidence of the review of the effectiveness of the outbreak contingency plan and, the sharing of any learning with other centres. Overall it was concluded that the plan had worked well. There was ongoing awareness of the continued risk of the unintended introduction of COVID-19 to the centre and, evidence of controls such as access to and, the use of personal protective equipment, attention to hand-hygiene, enhanced environmental cleaning and, the monitoring of staff and resident well-being. All residents and staff had received their first vaccination dose. Overnight visits home had recommenced, the inspector was advised that this was on critical grounds and on the basis of an assessment of the associated risk. The inspector reviewed these risk assessments and good controls were in place such as communication with families, alerting staff to any possible exposure or contact with COVID-19 while at home, monitoring of resident well-being and, the restriction of movement between apartments. However, there was scope for improvement in the overarching policy, in the assessment and in the strengthening of controls. For example, communication as appropriate, with those residents who shared an apartment and living space with a resident who returned home on a regular basis, and review of the controls within each apartment and, between each resident.

Based on the findings of the inspection in this premises the provider had effective fire safety arrangements. All staff had attended fire safety training and, staff and residents participated in simulated evacuation drills. Oversight was maintained of these drills to ensure that all staff and residents participated and, different evacuation scenarios were practiced. There were no reported obstacles to evacuation and good evacuation times were reported. The fire detection and alarm system, the emergency lighting and fire fighting equipment were all inspected and serviced at the required intervals. The inspector saw self-closing devices, the person in charge confirmed and, there was documentary evidence of their recent installation throughout the centre.

Regulation 13: General welfare and development

Residents received care and support that was responsive to their needs. Notwithstanding the challenges and restrictions imposed as a consequence of COVID-19, residents presented as content and happy with life and, with the opportunities that they had to be meaningfully engaged and occupied. For example, one resident had resumed attendance at his off-site day service and, staff supported residents to continue to safely access their local community. Residents were proud of and benefited from their increased skills in the use of technology, for example to complete vocational education programmes.

Judgment: Compliant

Regulation 17: Premises

While only one house was visited on this occasion, both houses have been visited on previous HIQA inspections. The location, design and layout of the centre was suited to the stated aims and objectives of the service and, the number and needs of the residents. The provider kept the state of repair and general decoration of the premises under review. Residents met with said that they were happy with the facilities and accommodation provided.

Judgment: Compliant

Regulation 20: Information for residents

The guide for residents contained all of the required information such as how to access any inspection reports.

Judgment: Compliant

Regulation 26: Risk management procedures

There were effective arrangements for the identification, management and ongoing review of risks. This included the procedures for reporting and reviewing incidents and the sharing of learning as appropriate.

Judgment: Compliant

Regulation 27: Protection against infection

There was scope for improvement in the overarching policy, in the assessment and, in the strengthening of controls for overnight visits to home. For example, communication as appropriate with those residents who shared an apartment and living space with a resident who returned home on a regular basis, and review of the controls within each apartment and between each resident.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had effective fire safety arrangements including procedures for the evacuation of residents and staff.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were three open business cases, a request for alternative living arrangements and, an active safeguarding plan. These all require monitoring and progression by the provider to ensure that the arrangements in the centre meet the changing needs of residents in a safe and planned manner.

Judgment: Substantially compliant

Regulation 6: Health care

Staff monitored resident well-being and sought timely advice and care. Residents had access to the services that they needed to enjoy good health.

Judgment: Compliant

Regulation 7: Positive behavioural support

The positive behaviour support plan reviewed by the inspector set out the nature of the behaviour of concern and risk and guided staff on how to respond including de-escalation techniques.

Judgment: Compliant

Regulation 8: Protection

All staff had completed safeguarding training. There was ready access as needed to the designated safeguarding officer for staff and residents. Residents met with recognised and understood what a safe, quality service was and told the inspector that they felt safe and would raise concerns if they had them.

Judgment: Compliant

Regulation 9: Residents' rights

Residents received an individualised service that was based on their assessed needs. Residents had input into their plan of support. Residents could raise concerns and were listened to. Residents had access to and could actively participate in the internal advocacy forum. Residents confirmed that they were respected by staff and were happy with the level of choice and control that they had in their daily lives.

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 | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 13: General welfare and development | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | 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 | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |

Compliance Plan for The Glens OSV-0004880

Inspection ID: MON-0032212

Date of inspection: 21/04/2021

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 27: Protection against infection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The registered provider shall ensure that (27) the 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; as follows:</p> <ul style="list-style-type: none"> • The PIC has reviewed each individual risk assessment (where relevant) regarding visits out of the centre – this review has taken into account the current level of risk of transmission of Covid-19 infection in regard to any/ all visits home. Risk assessments now reflect the residents' own knowledge/ understanding of Covid-19 and the associated risk, as well as their fellow residents' knowledge and understanding of Covid-19, and the risk posed to them by their own and/ or other residents' visits home. • Individual risk assessments also reflect each respective residents' living circumstances, and that of their family where visits out are occurring; and the impact of visiting vs. not visiting – including grounds for visiting where this is occurring, and includes reference to communication with the affected resident(s) and their families where relevant. • All risk assessments now refer to residents' vaccination status, and/ or previous history of Covid-19. • Query has been forwarded to the National Clinical Working Group in regard to guidance being provided in the overarching National Policy on the Prevention & Management of Covid-19 in relation to visits out of designated centres as well as visits in. <p>[Complete]</p> | |
| Regulation 5: Individual assessment | Substantially Compliant |

and personal plan

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1) of the regulations. This shall be ensured by:

- Active Safeguarding plan is under quarterly review by PIC, SCW & DO. This will continue as long as is required – in progress; quarterly review.
- In terms of the 3 open business cases, the following actions are in progress:
 - o One business case has been further reviewed/ revised and re-submitted to the HSE as a priority – forwarded to HSE on 28/04/2021.
 - o SMT attended a meeting with the HSE Disabilities Case Manager, to re-highlight the prioritization of the 3 respective business cases for residents in the Glens – meeting held 29/04/2021.
 - o PIC/ SMT will continue to advocate for approval of business cases as a priority – currently none are critical and there are currently sufficient levels of support in place, but HSE have been advised that any of the three may become an emergency imminently.
- One residents' wish to live more independently is being progressed, with the resident at the forefront of all plans. This is being progressed as follows:
 - o A business case will be completed with/ for the resident and submitted to the HSE requesting additional resources to provide the resident with a more individualized service, as per his needs.
 - o The resident is being supported to complete an application form for the local authority housing list.
 - o PIC/ SMT will liaise with the local housing authority and Banner Housing Association to source suitable alternative accommodation for the resident, as per his wishes.
 - o Resident's IP has been reviewed, and is focused on increasing the residents independent living skills to best prepare him for a future move to more independent living, as per his wishes.

[30/04/2023]

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 27 | The registered 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. | Substantially Compliant | Yellow | 15/05/2021 |
| Regulation 05(2) | The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1). | Substantially Compliant | Yellow | 30/04/2021 |

