



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

## Issued by the Chief Inspector

|                            |  |
|----------------------------|--|
| Name of designated centre: | Dun Aoibhinn Services Cahir              |
| Name of provider:          | Brothers of Charity Services Ireland CLG |
| Address of centre:         | Tipperary                                |
| Type of inspection:        | Unannounced                              |
| Date of inspection:        | 13 August 2021                           |
| Centre ID:                 | OSV-0005066                              |
| Fieldwork ID:              | MON-0029233                              |

## About the designated centre

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

Dun Aoibhinn Services Cahir provides residential care for up to four adult males with a primary diagnosis of intellectual disability in the moderate to severe/profound range. The service caters for those with additional support needs such as mental health diagnoses, Autism Spectrum Disorder and associated behaviour support needs. The service is located in a rural setting within driving distance of local towns. The service is a full time residential service and is open 24 hours a day, 365 days of the year. It is located in a six-bedroomed house and is registered to accommodate four persons, who could be either male or female. Each resident is supported to positively engage in the social, economic and community life in their local towns and villages. People are supported to access and take part in social events and activities of their choice. These will be community based, integrated, age appropriate and reflect the goals residents have chosen themselves as part of the person-centred planning process. Care is provided on a social care model with clinical nursing supports provided for also. Multi-disciplinary reviews are available and residents are supported to access services in the community as required.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 4 |
|--|---|

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

| Date                  | Times of Inspection | Inspector      | Role |
|-----------------------|---------------------|----------------|------|
| Friday 13 August 2021 | 9:30 am to 6:30 pm  | Deirdre Duggan | Lead |

## What residents told us and what inspectors observed

From what the inspector observed, residents in this centre enjoyed a good quality of life and were offered a person centred service, tailored to their individual needs and preferences. Residents were overall seen to be well cared for in this centre, and there were management systems in place that overall ensured a safe and effective service was being provided. The inspector saw that there was evidence of consultation with residents and family members about the things that were important to them. However, staffing levels in the centre were seen to be impacting on the lived experiences of some residents.

During the time spent in the centre, the inspector saw that consistency was important to residents in this centre and that this consistent approach, developed alongside appropriate professionals, had led to an improvement in the quality of life of residents since the previous inspection.

The centre comprised of a large two-storey detached residence that could accommodate four residents. The centre was on its own grounds in a countryside location just outside a large town. There were three residents availing full time supports and one resident availing of a part time service at the time of this inspection. Some residents also used the centre as a base for day service activities.

This inspection took place during the COVID-19 pandemic. Communication between the inspector, residents, staff and management took place in adherence with public health guidance. An annual review had been completed and this showed that residents and their families had been consulted with and their views obtained on the service that residents were receiving.

On the morning of the inspection, two of the residents of this centre were attending day service activities and two were based in the centre. The inspector was greeted at the gate by a resident and the staff member that supported them, with the resident opening the gate for the inspector and welcoming them to their home. The inspector joined this resident in the kitchen for a short period and enjoyed a leisure activity with them while they chatted about their life in the centre and the things that they enjoyed. Another resident was relaxing watching television in the open plan dining/sitting room of the centre. This resident preferred not to interact much with the inspector throughout the inspection but did provide some positive feedback in response to questions about their life in the centre. The inspector observed one of the remaining residents returning to the centre at set times during the day and also observed the fourth resident returning to the centre from day services in the evening following a stay at home. Residents communicated in a variety of ways. Although some of the residents living in this centre were unable to tell the inspector in detail their views on the quality and safety of the service, the inspector saw that residents appeared contented and relaxed in the centre and were comfortable in the presence of the staff supporting them.

Residents' bedrooms and living areas were personalised according to their individual preferences and needs and overall the centre was seen to be homely and inviting. Some residents preferred a minimalistic environment and this was catered for in their bedrooms. One resident in particular preferred a very minimalistic space and their room contained very little furniture or soft furnishings. Although this presented as stark to view, following review of resident plans and discussion with the person in charge and staff of the centre, the inspector noted that this environment was in keeping with the resident's individual preferences and was meeting their assessed needs. Some adaptations had been made to ensure that the space was safe for the resident, such as the relocation of electrical sockets following an incident.

One resident used a wheelchair to mobilise and the centre was spacious and accessible to them. This individual required staff support to mobilise. The interior of the premises was seen to be very clean and well maintained. Some improvements were required to the exterior of the centre however. Residents had access to a large garden area that contained equipment such as a poly-tunnel and a trampoline. There were numerous potholes present in the gravel surrounding the centre and these were seen to present a trip hazard to residents. A fence surrounding the property was seen to be rotting and worn in some places and required maintenance.

Staff were respectful in their interactions with residents. For example, one resident was seen to be consulted with and encouraged to show the inspector their room themselves. Residents were seen to be offered choices in relation to snacks, drinks and activities and one resident was seen to be encouraged to take part in the day-to-day running of the centre. The inspector observed a home cooked meal being prepared for residents and residents enjoying this meal. Residents in this centre did not all eat together as per their individualised plans in place.

The inspector saw that the residents were supported to make choices about how they would spend their day and were facilitated to access the community in line with government guidelines during the COVID-19 pandemic. However, a staffing deficit meant that residents could not always take part in preferred activities or were curtailed from planning certain activities, such as day trips away from the centre, at short notice.

Residents had access to transport to facilitate community access and to attend day services and medical appointments. Where restrictions associated with COVID-19 presented challenges to residents carrying out their usual activities, alternatives were put in place, such as offering day service activities in the centre.

There were a number restrictions in place in the centre including the locking of some doors on occasion, seclusion, and the use of harnesses on the bus for some residents. These restrictions were in place for the safety and wellbeing of residents and will be discussed further in the section of the report that deals with quality and safety.

Overall, this inspection found that there was good compliance with the regulations and that this meant that, for the most part, residents were being afforded safe services that met their assessed needs. 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. There was a clear management structure present and this centre was found for the most part to be providing a responsive and high quality service to the residents living there. However, staffing levels were seen to be impacting on the quality of life of some residents in the centre.

The person in charge reported to a services manager participating in the running of the centre, who in turn reported to a regional services manager. Reporting structures were clear and there were robust organisational supports such as a comprehensive audit schedule in place that supported the person in charge and the staff working in the centre, and ensured that oversight was maintained at a provider level. A sample of staff files viewed showed that staff were receiving regular formal supervision and there was evidence of regular contact between the staff team, the person in charge and management at a provider level. Staff working in the centre told the inspector that the person in charge was proactive in ensuring a supportive work environment that was focused on providing person centred services for the residents that lived in this centre.

The person in charge was present on the day of the inspection. This individual was very knowledgeable about the residents and their specific support needs and this enabled them to direct a high quality service for the residents living in the centre. The inspector also had an opportunity to meet with the services manager, who was new to the role at the time of this inspection.

The 'Preparedness planning and infection prevention and control assurance framework for registered providers' self-assessment tool had been completed and was viewed on the day of this inspection. Contingency plans were in place at provider level and these outlined how the provider would protect residents, and support continuity of care for them, in the event of an outbreak of COVID-19 occurring in the centre. There were risk assessments and plans in place to take account of changing circumstances and updated public health guidance. Audit schedules were in place and taking place regularly. An annual review and six monthly audit had been completed and on the whole actions identified were being addressed. The timely identification and management of any issues that arose meant that residents were being afforded a responsive and safe service on an ongoing basis. The centre was appropriately maintained and there was suitable transport available for the use of the residents.

The staff team present on the day of the inspection were familiar with the residents

and some of the staff team had worked with the residents for a number of years. This provided the residents with continuity of care and consistency in their daily lives.

The staffing requirements were high in this centre and staffing levels had increased since the previous inspection. Despite this, staffing levels in the centre were not adequately meeting the needs of all residents. Two residents were supported by two staff each during the day, with the other two residents assigned one-to-one support. However, one of these residents required the assistance of two staff for significant parts of the day to assist with personal care and when mobilising on foot, which they were supported to do on a regular planned basis throughout the day as per their assessed needs. The second staff member required to assist with these tasks was deployed for the most part from another residents staffing. This meant that a resident's activities and access to their individualised staff supports was curtailed due to their assigned staff being redeployed to assist with the other resident. This also meant that a resident who was assessed as requiring individualised supports was left unaccompanied and unsupervised for periods throughout the day. Staff told the inspector about how this impacted on the resident, such as the resident exhibiting specific behaviours that indicated they were unhappy without the support of their staff, and staff also reported that this had resulted in some incidents of concern such as falls when the resident was unsupervised. Although staff and management spoke about these risks, they were not clearly identified in the risk register for the centre. Also the resident could not travel long distances from the centre or plan to be away for long periods at short notice, such as to take a spontaneous day trip or go to the beach.

Also, the inspector was told that in the event that a second resident was not in the centre, the resident that was assessed as requiring two staff for personal care could have to wait for periods of up to half an hour for staff to return to the centre, or for staff to be redeployed from nearby day services in order to have their personal hygiene needs attended to. This did not ensure the dignity and comfort of this resident was protected at all times.

At night residents were supported by a waking staff member and a sleepover staff member and staff spoken to reported that this was sufficient to meet the needs of residents at the time of his inspection. The inspector noted that there were some vacancies on the staff team in the centre, including a nursing post that had not been filled for over a year. However, this was not seen to be impacting significantly on the residents at the time of this inspection, in that the core staff team were covering any gaps in the roster and nursing input was available to residents from the management team and day service staff, if required.

Staff had received training in areas such as fire safety, safeguarding and protection of vulnerable adults, and the management of potential and actual aggression (MAPA). Training records viewed indicated that some staff were overdue fire safety refresher training for a short period and had been booked to take part in this training. However, the person in charge had identified this and put in place actions to mitigate against any risks this might pose until staff could attend planned training. Staff had taken part in online training and all staff awaiting had completed



in-house demonstrations and refresher checklists. Additional training had taken place during the COVID-19 pandemic in areas such as hand hygiene and the donning and doffing of personal protective equipment (PPE).

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

#### Regulation 14: Persons in charge

The registered provider had appointed a person in charge of the designated centre. The person in charge had the required qualifications, skills and experience necessary for the role and demonstrated good oversight of the centre. The person in charge occupied a clear presence in the centre

Judgment: Compliant

#### Regulation 15: Staffing

This centre was staffed by a core group of dedicated staff with a skill mix appropriate to the assessed needs of the residents living there. Staffing levels in the centre had increased since the previous inspection. However, the registered provider had not ensured that there was a sufficient number of staff on duty in the centre to meet the residents assessed needs at all times.

Judgment: Not compliant

#### Regulation 16: Training and staff development

The person in charge had ensured that staff training, including refresher training was taking place. Some refresher training was overdue but appropriate measures had been taken to ensure that staff were equipped with appropriate information and guidance until this could be completed. Formal supervision was occurring in the centre and guidance issued by public health was available to staff.

Judgment: Compliant

#### Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents within the designated centre. Inspectors had sight of this and found it to be accurately maintained. This document included details of residents of the centre as set out in Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

Overall, effective governance and management systems were in place. There was a clearly defined management structure in place that identified lines of authority and accountability and management systems in place in the designated centre were appropriate. An annual review had been completed in respect of the centre and arrangements were in place for the supervision of staff. While overall the centre was well resourced, staffing levels were impacting on the quality of care being provided to residents.

Judgment: Substantially compliant

## Quality and safety

The inspector looked at the quality and safety of the service provided to the four individuals living in this centre during this inspection and was satisfied that the standard of care afforded to them was on the whole very good. A person centred approach was evident in the observations and the documentation viewed by the inspector, and residents' quality of life in the centre was seen to be good.

At the time of the previous inspection, there were long term plans for one resident to transfer to an individualised service in a single occupancy service, due to their specific support needs and the adverse impact on other residents when staff were redirected to support this resident. The person in charge told the inspector that these plans had since changed and this transfer was deemed to be no longer required following significant improvements that had occurred for all residents since the introduction of additional staffing for this resident. This had allowed for the consistent implementation of recommendations from the professionals involved in this resident's care and had brought about a significant improvement in the quality of the service provided to this resident as well as their quality of life. This had also meant that the impact on other residents was now significantly reduced.

The person in charge had ensured that there were individualised care plans in place for residents. These were found contain appropriate information to guide staff and

were updated regularly to take into account changing circumstances and developments. Evidence of consultation with the residents and their representatives was present. Residents were seen to have appropriate goals in place and were achieving these. Goals were guided by personal outcome measures (POMs) assessments and these were reviewed annually. The inspector saw that goals were being achieved. For example, one resident had set a goal to grow vegetables while their day service was curtailed. The inspector saw that arrangements had been made to move a poly-tunnel to the garden of the designated centre for this purpose and viewed the vegetables that the resident had sowed. Other goals in place related to improving residents communication skills using a sign assisted communication system known as LAMH and shopping on-line for specific desired items during the COVID-19 pandemic. A resident was seen to be working towards their goal to understand and control their own finances.

Some residents in this centre had very specific support needs in relation to behaviour management. The inspector saw that there were comprehensive individual behaviour support plans in place for residents and that these had been developed by an appropriate professional with significant input from the people that knew the resident best, such as the day and residential staff that worked regularly with them. This document provided clear guidance and rationale to staff supporting residents and staff were observed to follow this guidance throughout the day. This meant that residents were being supported in a manner that best met their needs and were offered the security and comfort of a consistent approach from all staff that worked with them. These plans were regularly updated and reviewed and residents had regular access to mental health supports from appropriate professionals such as a psychiatrist and psychologist.

There were significant restrictions in place in the centre including the locking of some doors on occasion, the use of harnesses on the bus for some residents and the use of some physical interventions such as prescribed MAPA holds and blocks. Staff had been provided with the required training to safely support residents when these restrictions were necessary. Most of these restrictions had been identified and reviewed by a human rights committee and were seen to be in place in line with best practice. Some of these reviews however, were out of date. The person in charge had identified this and the inspector viewed documentation showing that the person in charge had taken steps to highlight this to the relevant parties. Some restrictions in place had not been identified as restrictions in the restrictive practice records kept in the centre. For example a raised light switch, the use of a harness on the bus for transitioning periods as per a behaviour support plan, and restricted access to a communal area for one resident. Although there was clear rationale provided for these restrictions and this was documented in support plans in place for residents, some of these were significant restrictions with the potential to impact significantly on residents' rights and they did require approval and regular review by the human rights committee.

There were procedures in place to protect residents living in this centre from abuse. Staff and management spoken to had a good working knowledge of safeguarding procedures and had received training in this area. Staff were seen and heard to support residents appropriately during the time the inspector was in the centre and

residents appeared comfortable in the presence of the staff that supported them. Where concerns did arise, robust safeguarding plans were in place to protect residents. The provider had systems in place to ensure that Garda Síochána (police) vetting was carried out for all staff working in the centre.

Overall risk was being appropriately managed in the centre. There was evidence that review of risk was ongoing and responsive to changes occurring in the centre. For example, individual risk assessments were updated to reflect incidents that occurred. A risk register was in place that identified numerous risks and outlined the control measures in place to manage these. This was seen to be reviewed at least annually and more often as required. A safety audit checklist had been completed and there was an appropriate risk management policy and procedure in place. The inspector noted that the risk register in place did not clearly identify the risks present for one resident when they were left unsupervised due to staff working with another resident. This has been dealt with under Regulation 15 in the capacity and capability section of this report.

Fire precautions in place were found to be very good. Appropriate fire-fighting equipment and containment measures were in place including fire extinguishers, fire doors and a fire alarm system. Fire drills were occurring regularly, including drills that simulated staffing levels at night.

Infection control procedures in place in this centre were found to be very good and were in line with guidance issued by public health during the COVID-19 pandemic. This was an unannounced inspection and the inspector found on arrival that the centre was visibly very clean and staff were observed adhering carefully to cleaning routines and following guidance. One resident was supported by staff to wear a face mask when interacting with the inspector and regularly carry out hand hygiene and it was evident that residents had been provided with appropriate information about the COVID-19 virus and the associated precautions and restrictions that were in place around this. Staff were seen to adhere to maintain physical distancing from residents where possible, to carry out appropriate hand hygiene, and to wear appropriate personal protective equipment (PPE) when required, such as when taking a resident out on the bus. This was in line with the public health guidance at the time of the inspection. Cleaning schedules were in place, including enhanced schedules for cleaning high contact areas and the inspector viewed an ample supply of PPE and suitable cleaning agents in the centre. Resident and staff temperature checks were taking place regularly and appropriately recorded. Training records seen by the inspector showed that staff working in the centre had completed training in a number of areas such as how to don and doff PPE and hand hygiene. There was comprehensive documentation in place around the identification and management of the COVID-19 virus.

## Regulation 10: Communication

Residents in this centre were assisted and supported to communicate in accordance

with their needs and wishes. The person in charge had ensured that staff were aware of communication supports required. Visual schedules were in place and seen to be used appropriately by staff to guide residents and support them in their day-to-day activities. Staff were seen to communicate with residents in accordance with communication plans and behaviour support plans that were in place. Due to the specific needs of some residents, this was an important element in ensuring successful outcomes for residents in their day-to-day lives.

Judgment: Compliant

### Regulation 17: Premises

The interior premises was found to be clean and adequately maintained and decorated in a manner that suited the residents' preferences. Efforts had been made to personalise the decor in the centre for the residents that lived there and individual preferences were taken into account when considering the layout and décor of bedrooms. Residents had access to a large outdoor garden area that contained equipment for recreation and exercise. There were numerous potholes present in the gravel surrounding the centre and these were seen to present a trip hazard to residents and also presented accessibility issues for one resident with limited mobility. A fence surrounding the property was seen to be rotting and worn in some places and required maintenance.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider had put in place systems for the assessment, management and ongoing review of risk. A risk register was in place to provide for the ongoing identification, monitoring and review of risk. Overall, individual risks had been appropriately considered and risk assessments were updated to reflect and respond to changing circumstances and any incidents that occurred.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had in place infection control measures that were in line with public health guidance and guidance published by HIQA.

Judgment: Compliant

### Regulation 28: Fire precautions

The previous inspection had identified that additional containment measures were required in this centre to ensure fire safety. Additional fire doors had been installed by the provider since then. Suitable fire-fighting equipment including fire extinguishers and fire blankets were viewed throughout the centre. Equipment was regularly serviced by a competent professional in this area. There was emergency lighting in place and regular fire drills were occurring, including night time simulation drills. While some in-person staff fire safety refresher training was overdue, this was booked and staff were provided with appropriate guidance and had completed online training and in-house demonstrations to equip them with the required skills and knowledge in the interim.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was a locked cabinet in the centre for the storage of medications. Medication administration records were in place and being completed appropriately by staff. Staff had received training in medication administration and management. A pharmacist had recently completed a medication audit in the centre and this had identified no actions required. There was a combination lock box that allowed for secure storage of the medication press keys while allowing prompt access to medications if required by trained staff members. Medications were appropriately labelled and liquid medications, creams and lotions were clearly marked with the date they had been opened.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Individualised plans were in place for residents that reflected their assessed needs. These were comprehensive and person centred and were regularly reviewed to take into account changing circumstances and new developments. Goals that were set with residents were found to be relevant and the documentation around these was being updated regularly. This documentation clearly demonstrated how goals were being achieved and what steps were being taken to address any issues identified that might compromise the successful completion of goals.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents at this centre were adequately supported to manage any behaviours of concern and had access to appropriate supports, including psychology input. Some restrictive practices in place in the centre had been appropriately recorded and reviewed and were implemented in line with best practice. Some restrictions in place had not been identified. These required review to ensure that they were implemented in line with best practice.

Judgment: Substantially compliant

## Regulation 8: Protection

The residents in this centre were protected from abuse. Suitable intimate care plans were in place to guide staff. Staff had received appropriate training in the safeguarding of vulnerable adults and the staff member spoke to and the person in charge demonstrated a very good understanding and commitment to their responsibilities in this area. Robust safeguarding plans were in place to protect residents.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to make choices in this centre and there was access to advocacy services if required. A resident was involved in a local advocacy group. There was evidence of consultation with residents about things that were important to them and some documentation pertaining to gaining resident consent for specific things was viewed. Information on residents rights was viewed on display in the centre in an accessible format. However, some residents were being limited in their choices due to staff shortages and also some restrictive practices in place had not been fully considered to ensure that they protected the rights of residents.

Judgment: Substantially 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                               | Not compliant           |
| Regulation 16: Training and staff development         | Compliant               |
| Regulation 19: Directory of residents                 | Compliant               |
| Regulation 23: Governance and management              | Substantially compliant |
| <b>Quality and safety</b>                             |                         |
| Regulation 10: Communication                          | Compliant               |
| Regulation 17: Premises                               | Substantially compliant |
| Regulation 26: Risk management procedures             | Compliant               |
| Regulation 27: Protection against infection           | Compliant               |
| Regulation 28: Fire precautions                       | Compliant               |
| Regulation 29: Medicines and pharmaceutical services  | Compliant               |
| Regulation 5: Individual assessment and personal plan | Compliant               |
| Regulation 7: Positive behavioural support            | Substantially compliant |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Substantially compliant |

# Compliance Plan for Dun Aoibhinn Services Cahir OSV-0005066

Inspection ID: MON-0029233

Date of inspection: 13/08/2021

## 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  | Not Compliant           |
| Outline how you are going to come into compliance with Regulation 15: Staffing:<br>The Registered Provider and the PIC will ensure a sufficient number of staff are on duty in the centre at any one time to meet the assessed needs of the residents.   |                         |
| Regulation 23: Governance and management   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>The Registered Provider will submit a business case to the funder, the HSE, for additional staffing resources to support the needs of an identified resident. In the interim a risk assessment and management plan is in place for times during the day when the resident requires the support of two staff, utilising available resources in a manner that minimises the impact on other residents. |                         |

|  |                         |
|--|-------------------------|
| Regulation 17: Premises  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:<br/> The Registered Provider has engaged with the landlord of the property and reached agreement on the maintenance of the grounds and boundary fence to remedy these matters.</p>  |                         |
| Regulation 7: Positive behavioural support   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:<br/> All restrictions have now been identified and documented in line with best practice. The Human Rights Committee will review same on 18 October 2021.</p>  |                         |
| Regulation 9: Residents' rights  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:<br/> As per compliance plan for Regulation 7 all restrictions in the centre have now been identified and documented in line with best practice. The Human Rights Committee will review same on 18 October 2021.</p> <p>As per compliance plan for Regulation 23 a risk assessment and management plan is in place for times during the day when an identified resident requires the support of two staff, utilizing available resources in a manner that minimises the impact on other residents.</p> |                         |

## 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. | Not Compliant           | Orange      | 03/09/2021               |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.   | Substantially Compliant | Yellow      | 31/12/2021               |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the   | Substantially Compliant | Yellow      | 31/12/2021               |

|                     |   |                         |        |            |
|---------------------|---|-------------------------|--------|------------|
|                     | effective delivery of care and support in accordance with the statement of purpose.   |                         |        |            |
| 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 | 18/10/2021 |
| Regulation 09(2)(b) | The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.                   | Substantially Compliant | Yellow | 18/10/2021 |