



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

Issued by the Chief Inspector

Name of designated centre:	DC 14
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	20 May 2021
Centre ID:	OSV-0005315
Fieldwork ID:	MON-0032971

About the designated centre

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

DC14 is a designated centre operated by St John of Gods Kildare Services and consists of three houses located close to another in a big town in County Kildare. The centre is registered for 12 residents with a physical and or intellectual disability, both male and female. On the day of the inspection 11 residents were present with one resident remaining at home during the current health pandemic. The designated centre was staffed by a person in charge, clinical nurse manager, social care leader, staff nurses, social care workers and care workers. Residents have identified clinical supports from the provider such as psychology, occupational therapy and speech and language therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 20 May 2021	10:00hrs to 15:10hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

This designated centre consisted of three houses in the community and was registered for 12 residents. Each house reflected the collective needs of residents in the staffing support provided, with a mix of nursing staff, social care workers and health care assistants. To reduce movement between the houses as a result of the COVID-19 pandemic, the inspector visited and based themselves in one of the houses. The inspector was introduced and spoke with residents while adhering to public health guidelines and wearing personal protective equipment (PPE). The inspector met with three of the four residents living here, the person in charge, and two staff members. The inspector observed that there was sufficient staffing on duty to provide support to the residents. These staff had a good understanding of each resident's individual preferences, and it was observed that residents felt comfortable with staff.

The premises was clean and homely, with personal possessions evident in residents' bedrooms. There were some outstanding maintenance issues noted from the previous inspection, including painting and gardening, that were scheduled to be addressed by April 2021, but the public health restrictions impacted the works being completed. The person in charge outlined to the inspector the advanced plans to get the required works completed.

The inspector arrived at the premises while some residents were finishing their breakfast. One resident welcomed the inspector and spoke about where they were from and the football team they supported while having a cup of tea. In the background, a day service programme was being streamed over the Internet. Residents were observed opting in and out in engaging with the class and saying hello to their friends. The public health restrictions meant that day services were closed to many service users. However, the provider had reinvented these programmes remotely with the investment of computer tablets and smartphones. Staff informed the inspector that residents especially enjoyed catching up with their friends and the day service staff through this medium. Some residents had smart watches and the inspector was informed of a 'Step Challenge' between residents of different houses.

The inspector learned that a hobby that residents shared together was music. Residents were observed taking part in a music class that day with various musical instruments such as the guitar. Music was one of many classes facilitated through the remote day programme. The sound of residents singing and clapping along to an Abba tribute band was also heard during the inspection. Residents files and photographs of residents goals showed residents attending musicals prior to the lockdown. Therefore, residents were still being supported to engage in meaningful activities despite the restrictions placed upon them.

The majority of residents that lived in this centre had transitioned from campus-based congregated settings. Since that time, residents' opportunities to engage in

their local community and partake in social activities had significantly increased. It was apparent to the inspector that staff supported residents to live fulfilling and meaningful lives in line with their wishes. Some of the many activities that had taken place included meeting the Pope in Italy, horticulture classes, social farming, day services, swimming and rugby. Albeit, these were hampered by restrictions due to the COVID-19 pandemic. For example, residents were due to attend a tea party with the President in Aras an Uachtaráin, which involved several security pre-meetings but had to be cancelled. Residents were hopeful that they could avail of this opportunity at a later date. While it was evident that the restrictions had greatly impacted residents' lives, there were positive outcomes for some residents due to the fewer demands placed upon them. The person in charge informed the inspector that they were actively reviewing the return to day services and how this could be best utilised to suit all residents.

Two residents had transitioned into the centre in the last year. The inspector reviewed the records of these transitions. The transition plans had to be re-adjusted when the pandemic restrictions were implemented in March 2020. However, there was documented evidence of consultation with the residents in conjunction with family representatives and the staff team from the designated centre. Each resident had a transition plan, "Transition Journey, from here to there", outlining the residents' preferences and supports required for their move. The inspector found that other residents living in the centre were consulted with regarding the proposed moves. Feedback received during the inspection indicated that new residents were enjoying their new home, and there were documented positive outcomes for the residents as a result of living in the designated centre.

The inspector observed staff respecting the privacy and dignity of residents by knocking on bedroom and bathroom doors before entering, engaging with residents in a patient and kind manner and speaking about their needs in a sensitive and respectful way. It was clear that the staff team knew the residents and their individual needs very well. For example, staff members understood the emotional supports required by some residents and provided assurance as outlined in their care plans.

The provider and the person in charge were found to be actively supporting residents to exercise their individual and civil rights. The provider supported a self-advocacy group within the organisation, and information about this group was on display in the house. One resident, a member of this group, had been involved in lobbying local county councillors to support a pedestrian crossing that would benefit residents and the wider community. Residents also took part in residents 'Speak up' meetings. The minutes of these meetings showed that residents participated in the house's organisation and were informed of any developments or changes. For example, information was shared regarding the easing of restrictions and roll out of the vaccine programme. Residents also took part in fire safety training in these meetings and completed demonstrations of hand hygiene techniques as part of COVID-19 education.

The inspector observed during the inspection a resident going to the bank with staff support. The inspector was informed that residents were supported to manage their

finances as part of skill-building. Financial assessments were completed to determine the level of support required to match the level of dependence. From a review of files, residents were supported to manage and access their finances, paid into bank accounts in the residents' name. The inspector noted that aspects of the money management systems in place needed to be reviewed to ensure that they were effective and fit for purpose. This is discussed further under the quality and safety section of this report.

The next two sections of the report present the findings of this inspection regarding the governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was a short-term announced inspection and was announced by the inspector on May 18 2020. The aim of this inspection was to assess the improvement made by the provider in key areas since the previous inspection, such as the governance and monitoring of the care and quality of the centre and fire safety precautions. It also provided for the inspector to gain further information in relation to the centre's application for renewal of registration. Overall findings indicated that the registered provider had ensured that most actions from the most previous inspection had been appropriately addressed. This is evident in the high levels of compliance's identified on the day of the inspection.

The registered provider had notified the Chief Inspector on 31 March 2021, that due to financial concerns, that they would be no longer able to continue to provide residential services from 30 September 2021. At the time of writing the report, discussions were underway between St John of God Community Services Company and the Health Service Executive (HSE) to a solution and next steps to the operation of all 94 designated centres under this provider. Notwithstanding this, the inspector found that the provider had ensured that the designated centre was appropriately resourced in line with residents' assessed needs.

There was a person in charge in place who shared their role with one other designated centre. They were supported by a clinical nurse manager. The person in charge demonstrated sufficient knowledge regarding all the residents and their individual needs. Regular meetings were held with other persons in charge within the service. These were used as a platform for shared learning and discussion regarding the service and ongoing issues, such as COVID-19 and HIQA inspections. For example, the person in charge had reviewed their financial recording systems in light of findings made on inspection within another designated centre and had self-identified areas for improvement.

The provider and the person in charge also ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020 along with six-monthly auditing

reports/unannounced visits. The latest annual review in the centre also captured the views of residents and their representatives. In this report residents were all complimentary towards what it was like to live in the centre and their representatives were complimentary towards for the care and support for their relatives.

The inspector found that the number and skill mix of the staff team deployed in the centre was appropriate to meet the number and needs of residents. There was clear evidence to demonstrate that there was continuity of care and support amongst the staff team. This positively impacted residents who knew the staff members well and had developed good relationships with them. The person in charge informed the inspector of a potential staffing shortage risk due to COVID cocooning leave; however, the person in charge had measures in place to ensure the continued familiar staffing arrangements.

Staff had access to appropriate training, including refresher training. Training was provided in areas including fire safety, manual handling, safeguarding behaviour management and infection control. Following a review of training records, all staff mandatory training appeared to be up-to-date on the day of inspection. This was regularly reviewed by the person in charge. Formal supervision had commenced since the previous inspection for all staff to support them to carry out their roles and responsibilities to the best of their abilities. Staff who spoke with the inspector were aware of their roles and responsibilities and said they were well supported by other staff members, the person in charge, and the multi-disciplinary team.

The person in charge maintained a record of all notifications which had been submitted to the chief inspector; however, not all minor injuries had been notified in 2020 as required. The inspector found that this did not have a negative impact on the care provided as the person in charge had sufficient oversight of the incident reporting and risk systems.

Registration Regulation 5: Application for registration or renewal of registration

A full and complete renewal application was received from the provider in line with renewal requirements.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full time, they had a remit over this designated centre and one other centre. They were supported in their role by a staff team that was comprised of a clinical nurse manager, nurses and care assistants and ensured they had regular contact with all staff members. They were very knowledgeable of the

requirements of their role and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Where required, residents were provided nursing care as outlined in the centre's statement of purpose.

The person in charge had prepared a planned and actual roster that accurately reflected the staffing arrangements in the centre. Staffing arrangements were found to be flexible with regard to residents' changing needs, and provided for continuity of care.

The provider had a staffing plan to ensure continuity of care to residents in the event of a significant shortfall of staff attending work due to required self-isolation, an outbreak of the COVID-19 virus or the requirement to cocoon. Due to the increased protective measures issued by the Health Service Executive (HSE) for the protective leave of some employees, the person in charge had undertaken a review of all of their centres in their remit for additional capacity, in the event this leave had to be acted upon.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that a training needs analysis was periodically undertaken with all staff, and relevant training provided was to the needs the residents and promoted safe and high standards of social care practices.

The person in charge also assured that staff were aware of the standards and relevant guidance issued by statutory and professional bodies. Staff had commenced the recently launched e-learning module by HIQA, 'Human Rights-based Approach in Health and Social Care Services'. To help staff working in health and social care services apply a human rights-based approach to care and support for people using services.

Judgment: Compliant

Regulation 23: Governance and management

The management systems were ensuring that care and support for residents was being closely monitored. These systems included regular audits in the centre, an annual review and six monthly reviews by the provider or a person nominated by them. These audits and reviews were identifying areas of good practice and areas for improvement. Actions were identified along with timeframes for completion. The majority of these actions were being completed in line with the identified timeframes and resulting in positive changes for residents in relation to their care and support, and their home.

The latest annual review was made available for residents and their family representatives. The inspector noted that it was centre specific and provided a clear overview of the year 2020, the impact on residents and also the achievements made during this difficult time. Discussions were held during the inspection as to how the annual report could be improved upon to ensure it included the findings of the six month unannounced audits and national standards.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

On the day of inspection the inspector found that admissions to the centre were in line with the organisation's policy. There was evidence contained within the residents' personal plan that their move was determined on the basis of transparent criteria in accordance with the organisation's statement of purpose.

Improvement was needed in setting out a contract that would fully inform residents of the service they could expect to receive. Two recent admissions to the centre were not afforded a contract of care that reflected the current living environment. The inspector also identified that where contracts of care were issued, these were not regularly reviewed in line with increases in fees payable by residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some slight amendments were required to the statement of purpose to ensure it aligned with the submitted floor plans. This was completed prior to inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

Overall, notification of incidents were reported to the Chief Inspector in an appropriate and timely manner however, the inspector found that not all minor injuries had not been included on the necessary quarterly notification.

Judgment: Not compliant

Quality and safety

The inspector found that the governance and management arrangements in this centre ensured that the quality and safety of care delivered to residents was maintained to a consistently high standard, as evident in the high level of compliance with regulations. The person in charge and provider had ensured the changing needs of the residents were supported, such as referring residents for multi-disciplinary assessments where required. In addition, the provider and person in charge were actively reviewing the future care needs and any additional supports that the current and returning residents may require. The inspector found the systems in place to manage residents personal finances to be non-compliant. Improvements were required to ensure the accounting system was easy to use, monitored for effectiveness and equitable for residents.

As previously mentioned, one resident was due to transition from the centre to a dementia-specific designated centre also operated by St. John of God services. There was clear evidence that the resident was supported with a transparent planned approach to their proposed move. This included consultation with the resident, their family with multi-disciplinary input. While the resident could not visit the centre due to COVID-19 precautionary restrictions, the resident was able to take a virtual tour of the premises with several videos made by staff from the new centre. The resident would also be further supported by their keyworker and another familiar staff member in this life event. The person in charge had planned for these staff members to remain with the resident for some weeks until they had settled in their new home.

The inspector reviewed the fire precaution measures, which had been found non-compliant on the previous inspection. Concerns raised regarding fire containment measures in the centre on the previous inspection had been adequately addressed. Where required, automatic door release systems were fitted to fire doors in the designated centre to ensure fire doors were effective in the event of a fire. The provider also enlisted the services of a fire office to review the evacuation procedures. Based on this review and some complexities in safely evacuating all

residents, a horizontal evacuation procedure was devised, taking into consideration the fire containment zones and residents physical and cognitive ability. Fire drills completed since this review demonstrated a reduction in the time to evacuate residents.

Residents had taken part in their person-centred planning meetings and had identified goals that they would like to achieve. The plans were subject to annual review; in addition, each resident had a key worker with whom they had regular meetings. These meetings reviewed many aspects of each individual's life, including, if required, the progression or adjustments of goals. For example, one resident attended a horticulture programme; while this could not be progressed due to the pandemic restrictions, staff supported the resident to collect the materials needed for the gardening project through remote learning.

The provider had reviewed the risk management system since the previous inspection. A new online risk system for reviewing risk had been implemented. The inspector found that the person in charge had oversight of all risks and had escalated certain risks requiring additional controls. The centre-specific risks included the risk of choking with one of the controls requiring all staff to have completed dysphagia training. All staff had completed dysphagia training on review of the training records, with one staff member scheduled in the coming weeks.

A restraint-free environment was promoted. For example, environmental-restrictive practices used, such as bed rails, were reviewed and alternative trialled for effectiveness. This had resulted in alternative measures being used that were less restrictive such as lo-lo bed and crash mats. Recent quarterly notifications indicated the removal of restrictive practices in use. During the course of this inspection, the inspector did not observe any such practice. The person in charge explained how chemical restraints for behaviours and medical procedures were reviewed when residents transitioned from campus to the community-based house, and these were no longer required.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. There had been no safeguarding, or adverse incident occur in the centre since the previous inspection.

The inspector reviewed the systems in place to safeguard residents' finances and the recording of daily expenditure. The inspector found that improvements were required in the oversight and the management of residents' finances. Central to the effective administration of residents personal finances was the need to clearly separate residents funds from the provider's funds to ensure appropriate protection for both residents and staff. The inspector found that a lack of devolved budget or petty cash hindered the clarity of what residents were expected to fund from their resources and what they could reasonably expect the registered provider to provide for as part of their care obligations and required review.

Regulation 12: Personal possessions

The person in charge had self identified, on the back of other inspections within the organisation that the systems used for the management of finances required review. Two different systems were in place depending if the residents paid a set contribution towards their accommodation or split bills. The houses that used the system of split bills had two different cash books in place, one to document utility bills and one to record groceries. Residents paid a set amount each week for both that was put aside. The inspector found examples of household items being purchased through the bill's cash book, for example, stationary, car wash, cleaning products and other household items.

Judgment: Not compliant

Regulation 13: General welfare and development

The inspector found that the residents in this centre were supported to enjoy a good quality life and to have meaningful roles and relationships in their local community. The inspector observed that the residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre

In recent months residents had limited engagement in the community due to the implementation of public health guidance and restrictions. It was found that staff supported residents to maintain contact with their family and friends through alternative methods such as video calls. Residents also went for walks in their local community, were supported to attend local shops and enjoyed take-out meals from nearby restaurants. Garden visits were also being organised so residents could meet with families when safe to do so.

A review of records found that residents, prior to COVID-19, socialised in their local community, attended day services, visited family members and friends and had visits to their home.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to the number and needs of the residents and were in line with the centre's statement of purpose. There was a homely atmosphere in the house and residents displayed personal photographs and personal artwork throughout the house. There were some outstanding maintenance works to be

completed that had been delayed due to the restrictions. These included painting and gardening works. The inspector identified that the carpet in one house needed replacing due to fraying.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents receive appropriate support, based on their needs, as they transitioned between residential services. Transitions were determined on the basis of transparent criteria in accordance with the statement of purpose and took place in a planned and safe manner.

The resident's personal plan included information on how the resident was provided with information on the services and supports available to them in the new designated centre. An accessible plan with photos was created by staff for the use of the resident. The personal plan clearly stated the residents' likes, dislikes, routine and what was important to the resident. The inspector was satisfied that continuity of care would be provided for by the early and coordinated planning, effective information sharing, communication, and clear transition processes.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management procedures in the centre included the identification and assessment of risks and the development of risk management plans. Risk management plans outlined the control measures in place to mitigate against identified risks and plans were regularly reviewed. The inspector found control measures as outlined in plans were implemented in practice, for example, positive behaviour support measures for residents, infection control measures and interventions in response to an identified healthcare risk. For example, a resident with Coeliac disease had their own toaster for their bread to avoid any cross contamination from others using the toaster.

There was a system in place in response to adverse incidents including reporting and recording incidents, a review by the person in charge post incidents, and ensuring that any required follow up interventions were completed.

Judgment: Compliant

Regulation 27: Protection against infection

The person in charge ensured that staff had access to-up-to date infection control information and protocols. Staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre, with a range of resources available. There was adequate personal protective equipment available.

A review of training records showed that staff had completed the recommended infection prevention and control training, including hand hygiene and donning and doffing of personal protective equipment (PPE). Staff were observed to follow correct hand hygiene practices, and all staff wore face masks correctly and in line with the guidance.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken appropriate actions to ensure that residents, staff and visitors were protected in the event of a fire in the centre. There were suitable fire containment measures in place, and the provider had installed self-close devices on doors in higher risk areas and bedroom doors to improve containment arrangements. The person in charge had conducted fire safety audits and had self identified some areas for improvement and spoke with the inspector regarding the plans to address these. The inspector noted that none presented as high or medium risk.

The inspector found that residents took part in planned evacuations and that learning from fire drills was incorporated into personal evacuation plans.

Records showed that fire safety equipment was serviced and repaired in line with the manufacturer's guidance.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that all residents had an assessment of need and personal plan in place that was subject to regular review. Assessments of need, clearly identified levels of support required. All residents had communication passports and dietary care plans in place.

Residents were supported to make choices and decisions with regard to activities and personal goals. There was a key working system in place, and key workers supported residents to achieve set personal social goals in place, which were agreed upon at residents' personal planning meetings.

As previously mentioned, some goals could not be achieved due to the lockdown restrictions. However, goals were re-adjusted and reviewed in light of the current situation; for example, a resident who attended a horticulture course was supported by staff to collect the materials and completed the course through remote learning. Goals completed before the restrictions were implemented clearly showed residents individual preferences. One resident planned a holiday to Copenhagen to visit family members. Another resident had work experience in a nursing home and played rugby on a weekly basis.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans, and adequate support was provided to residents to experience the best possible health. Appointments with allied health professional were facilitated with records maintained of these. The health of residents was regularly monitored in line with their assessed needs. For example, Dexa scans were organised as required for the treatment plan for osteoporosis. Residents on special diets were under the regular review of their GP and speech and language therapist.

Judgment: Compliant

Regulation 7: Positive behavioural support

Detailed positive behaviour support plans were in place for residents that required this support. The positive behaviour support plan reviewed was comprehensive and explored aspects such as the residents' sensory profile, environmental profile, communication skills and health. A function-based assessment was used to identify possible functions of behaviours, and there were clear proactive and reactive strategies to guide staff practice to support the resident appropriately. Part of the plan also included skills teaching as part of the proactive strategies. The plans were reviewed on a quarterly basis to ensure the strategies put in place were effective.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre and the provider had systems in place which promoted the safety of residents, this included ensuring that staff had received appropriate training. The services of a designated safeguarding officer was available to support residents and staff if required.

Judgment: Compliant

Regulation 9: Residents' rights

Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that satisfactory consent forms and decision making assessments were included in resident's personal plans. Residents were encouraged and supported around active decision making and social inclusion. The inspector observed that residents rights were upheld in this centre.

Regular house meetings were taken place where residents were consulted in relation to the running of centre and given information on their rights such as complaints.

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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for DC 14 OSV-0005315

Inspection ID: MON-0032971

Date of inspection: 20/05/2021

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The registered provider will ensure that up-to-date Contracts of Care are issued to residents by the 31/08/2021. The contracts and the fees will be based on the Residential Supports Services Maintenance and Accommodation Contribution Assessments in line with the current legislation.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Person in Charge will ensure that all quarterly notifications are submitted in a timely fashion.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The Person in Charge and a Social Care Leader reviewed the financial contributions to ensure monies were spent on the correct items and addressed any that were not and</p>	

applied for monies to be reimbursed to residents.

A standardized process for RSSMAC assessments has been developed by the Registered Provider and will be implemented in designated centres across the region.

A regional RSSMAC oversight committee has been established to address any inequities arrears or disputes regarding fees or assessments and this committee will consider any outstanding and ongoing RSSMAC concerns.

Residential Support Services Maintenance and Accommodation Contribution Assessments will be completed and new Contracts of Care will be issued to the residents by the 31/08/2021

The current system of utility and food contributions will be reviewed and any identified deficits will be addressed. A more transparent and accountable system pertaining to house purchases will be implemented and changes will be communicated to residents and reflected in the Contracts of Care where relevant.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
New carpet will be fitted to the stairs and landing in two houses by 30/09/2021

Ceilings will be painted following on where a leak was previously repaired by 31/08/2021

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	31/08/2021
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	30/09/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative	Substantially Compliant	Yellow	31/08/2021

	where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	31/08/2021
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	30/06/2021