Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Newmarket Residential
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	01 June 2021
Centre ID:	OSV-0005528
Fieldwork ID:	MON-0032612

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, in consultation with residents and their families, a safe and welcoming home environment for residents in their own community. The support provided is tailored to specifically meet each person's needs, to provide opportunities to enjoy independence while still connected to family and home and, to participate in social activities, hobbies and community engagement that is suitable, meaningful and age appropriate. Residents receive an integrated type service where both residential and day services are provided from their home. Support is provided by a team of social care staff with management and oversight provided for by the person in charge supported by a social care worker. Each apartment is staffed by day and at night one staff on sleepover duty provides support as needed for both apartments. The premises consists of two separate adjacent, ground floor apartments with accommodation provided in each apartment for two residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

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
Tuesday 1 June 2021	10:00hrs to 16:30hrs	Mary Moore	Lead

What residents told us and what inspectors observed

There were areas that the provider needed to improve. However, the inspector found evidence of emerging, robust and effective management that was focused on each resident and, on the systems that assured the quality and safety of the service that they received. This management structure was establishing itself, for example the person in charge has been appointed in March 2021. Therefore, while there was evidence of improvement in the overall governance of the service and areas such as responding to complaints, risk management and fire safety, there was work still to be done. Based on these inspection findings areas that needed to improve included infection prevention and control plans, simulated evacuation drills and, plans that ensured the planned and safe discharge and transition of residents between services.

This 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 it is safe for residents, staff and inspectors. Arrangements were agreed with the provider for the inspector to be based in one of the two apartments that comprise this designated centre. The inspector did not move between the two apartments but still had the opportunity to speak with three of the four residents living in the centre. One resident greeted the inspector but did not express any interest in engaging further and this was respected.

The three residents met with gave a good account of what life was like for them and, were very confident and relaxed talking with the inspector. All three residents told the inspector that there was nothing good about COVID-19 and, they did not like the way the necessary restrictions had impacted on and, disrupted their lives and routines. For example, residents described the loss of access to community services, facilities and clubs, the loss of paid employment and, restricted access to family and friends. These strong views reflected the full and active lives that residents had ordinarily enjoyed in the centre and, the consequent impact on them because of this. The inspector and residents discussed how facilities, services and choices were opening up again. For example, one resident confirmed that they had returned to their paid employment that they really enjoyed. Residents were supported to go to the shops to purchase items that they wanted or needed; one resident was very eager to know what the inspector thought of their new shoes. Residents were supported to meet family and peers and, to visit their family home. A resident confirmed that they had been out and about with staff during the period of highest restrictions but they could not do what they normally enjoyed such as visiting a coffee shop and, meeting up with friends.

The three residents confirmed that they had received their first vaccination, said that they felt fine after it and knew that full vaccination brought more opportunities for them. For example, residents had enjoyed a short break away with staff in late 2020 between lock-downs and were planning a break for later in 2021. A resident

confirmed that he had just completed a hand-hygiene course facilitated by the accredited hand-hygiene assessor. Residents described the situations where they wore a face-mask such as when in the car and visiting shops.

While residents were emphatic of their dislike of the impact of COVID-19, they were in good form, relaxed and engaged in their home, with the staff on duty and the inspector. The inspector noted a very easy rapport between residents and the newly appointed person in charge. A resident was freely going about their home making snacks and refreshments for himself. Two residents left to do the weekly shop with staff, this gave residents the opportunity to chose and have input into what groceries were bought. Staff described how it also afforded the opportunity for community engagement and, some impromptu exercise.

Safely re-engaging with society, family and friends was supported by the process of risk assessment. There was noted improvement in this area that was further supported by the oversight, management and response to risk facilitated by the person in charge. Additional controls included the provision of a visual call-bell in one apartment so that residents if unsupervised could see and speak with the person calling. The inspector saw that residents understood the purpose and working of this device. The provider has also improved its fire safety arrangements. Additional training on the centre specific evacuation plan had been provided to staff, the person in charge had commissioned a recent fire safety review and, training for residents was scheduled. However, while there was no noted obstacle to the safe evacuation of residents and, simulated drills were regular there was no record of a drill that tested the ability of one staff to evacuate all four residents.

The inspector saw that there were measures based on guidance to prevent the accidental introduction and spread of COVID-19. For example, the risk assessments and education of residents mentioned above. Staff were seen to wear a face mask and, to complete regular cleaning of frequently touched items and surfaces. However, the plans for responding to any suspected or confirmed COVID-19 were poorly presented and, did not provide assurance that they could be effectively implemented. For example, where a resident would not understand or have the ability to restrict their movements or isolate in their room. The plans were also unclear on the practicality of clean and contaminated areas in the event of an outbreak.

Residents did understand the work of the inspector and did voice some concerns that they had about a planned transition to another service. Further to these concerns the inspector found that a compatibility assessment of resident needs had not been completed. The transition plan in place had evidently not assured the resident, was not sufficient to ensure the best possible transition and, a safe, quality of life for the resident in the planned new placement. The planned move was in line with the residents wishes; the failing was in relation to ensuring compatibility of needs in the planned shared living arrangement, having a plan to address needs that were not compatible and, communicating what was planned to the resident so as to allay their concerns. Given the imminent nature of the planned relocation the provider was requested to submit their plan to HIQA (Health Information and Quality Authority) within five working days of this inspection. This plan was

submitted and accepted.

Each resident living in this centre had their own challenges so while not a large service it was a busy service. For example, as stated above notwithstanding the additional support that had been provided, residents told the inspector how difficult they had found COVID-19 restrictions. Residents were also transitioning from home to a more full-time residential service. A resident told the inspector that they loved the independence that this gave them while still having contact with home. This was still however, a significant life transition for them. Another resident found the change that transitions brought to the service challenging to manage. Ordinarily, there was one staff on duty in each apartment. The inspector noted the difference in resident need and ability as residents sought to have the undivided attention of the inspector. There was recent evidence that a resident was somewhat challenged at times by their shared living arrangement now that residents lived together for longer periods of time. The person in charge had responded to the concerns raised, had allocated the resident some 1 to 1 staff support and, had scheduled a multi-disciplinary meeting (MDT). The provider's staffing arrangements were responsive and, based on the assessed needs of residents and their overall compatibility, there was no evidence to suggest that two staff were required at all times. However, the provider did need to review staffing levels to assure itself that they did not limit the individuality of the service. The provider needed to ensure that staffing levels were sufficient to provide residents with opportunity for space and, individualised support as needed.

In summary, there was evidence of improvement and, effective management and oversight that was focused on ensuring each resident received safe, quality support and services. It was acknowledged that there was more work to be done. The next two sections of this 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. However, there had been changes in the management structure, the current management structure was new and, while the impact of effective management was evident further improvement, as discussed in the opening section of this report was needed.

At the time of the last HIQA inspection the inspector found that greater clarity was needed in individual roles and responsibilities including decision-making responsibility. While very recently appointed to the role, the person-in-charge articulated and demonstrated management and leadership skills, accountability and responsibility, while also developing the skills and confidence of the staff team. The

person in charge described matters discussed and escalated to the senior management team. The person in charge said that she had good support from her line manager and, the provider was responsive and proactive in their response to any concerns that were raised. For example, the person in charge has identified a need for additional day-to day management support at social care worker level to ensure more effective management. The provider agreed and had sanctioned and approved the need for additional support.

The person in charge described to the inspector the importance of practical day-to-day management, oversight and guidance. In records seen there was evidence of consistent and effective oversight and, responsive action taken and planned in response to any concerns arising. For example, the annual review of the service had invited feedback from residents and representatives. Overall the feedback was positive but respondents had also identified areas that they believed could be improved on. There was a clear documentary pathway of the objective review of the matters raised and, the actions taken to improve and assure the quality of the service and support provided. In addition, the person in charge confirmed that a complaint that was unresolved at the time of the last inspection was now closed to the satisfaction of the complainant. The provider had installed a higher specification window to reduce street noise levels that were disturbing a resident.

Effective oversight was also evident in the monitoring and response to incidents and risk. For example, there was review and discussion at staff meetings, consultation with the relevant members of the multi-disciplinary team (MDT) and, direct input from them. As discussed in the opening section of this report there was a planned MDT meeting to review the changing needs of residents, the suitability of staffing arrangements and the support provided.

The inspector reviewed detailed and comprehensive records of staff meetings that were focused on residents, the quality and safety of the support they received, general staffing and operational matters including any areas where improvement was needed. The person in charge utilised the expertise and support available from the wider organisational structure to support staff in areas such as behaviour support and medicines management. The person in charge confirmed that staff supervisions were undertaken with all staff.

The occupancy of the centre had increased since the last inspection in the sense that two residents who had attended the centre on a part-time basis were now in receipt of a more extended service. Two residents were in receipt of a full-time service; two residents were now generally in the centre six nights each week. There was one staff on sleepover duty to provide support as needed to both apartments. The provider had improved the risk assessments that supported the appropriateness and safety of this staffing arrangement. For example, the risk assessment for residents to be unsupervised and, a risk assessment for staff leaving the staffed apartment if assistance was needed in the other apartment. There was no evidence, for example a pattern of incidents, to indicate that this arrangement was unsuited to the number and needs of the residents. However, as discussed in the first section of this report there was recent evidence to indicate that the provider needed to review the adequacy of the day-time staffing levels. Additional support had been provided

during the pandemic and an additional staff was in place one day each week to support the planned transition. However, the provider needed to assure itself that the current staffing ratio of one staff to two residents, did not limit the provision of individualised supports as needed by residents for their overall well-being including their psychological well-being.

A review of the staff rota confirmed the staffing levels described and observed and, also confirmed that residents received continuity of care and support from a team of regular staff. The training matrix was well maintained, it reflected the staff named on the rota and, indicated that all training requirements were up to date, for example in safeguarding, fire safety and responding to behaviour of concern or risk. Training records also indicated that all staff working in the centre had completed a suite of training that equipped them with the knowledge and skills to respond to the risk of COVID-19. This training included hand hygiene, the correct use of personal protective equipment (PPE) and, how to break the chain of infection.

Regulation 14: Persons in charge

While new to the role the person in charge articulated clear management and leadership skills and ability. The person in charge understood the working of the overall governance structure and, appropriately escalated concerns and matters while taking personal responsibility for the service provided in the context of their role in the governance structure.

Judgment: Compliant

Regulation 15: Staffing

The provider needed to review the adequacy of the day-time staffing levels. The provider needed to assure itself that the current staffing ratio while meeting residents direct support needs, did not limit the provision of individualised supports as needed by residents for their overall well-being.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to a programme of mandatory, required and desired training. Attendance at baseline and refresher training was monitored.

Judgment: Compliant

Regulation 23: Governance and management

While still establishing itself there was good evidence that management systems were in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. There was better clarity on individual roles and responsibilities and evidence of improved consistent oversight. The provider was effectively using and responding to data collated and feedback received to improve the quality and safety of the support and services provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on the records seen in the centre there were arrangements that ensured HIQA was notified as required, of events that occurred in the centre such as the use of interventions that had a restrictive dimension.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider notified HIQA of changes to the role of person in charge. The provider ensured that persons appointed to the role had the required qualifications, skills and experience to manage the designated centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider confirmed that the complaint that was unresolved at the time of the last inspection was satisfactorily resolved. The inspector saw that feedback from residents and their representatives was invited, listened to and, acted on as necessary. The person in charge described how residents and their representatives were advised of their right to complain.

Judgment: Compliant

Quality and safety

Residents received a good service in this centre and, as already stated there was evidence of management systems that were focused on ensuring and assuring the quality and safety of the support and service that residents received. The person in charge sought and utilised the knowledge and skills of the MDT to assure the evidence base of the support that was provided. However, while improvement was noted on the previous HIQA inspection findings, further improvement was needed in infection prevention and control, evacuation procedures and, in adequately supporting residents as they transitioned between services.

The inspector reviewed one personal plan and found that it was based on a comprehensive assessment of the residents needs, abilities and wishes. The resident, their representative and, the MDT were consulted with and had input into the assessment and the plan. From reading this plan the inspector saw the full and meaningful life lived pre-COVID-19 and, the impact of COVID-19 on routines, choices and opportunities as communicated by residents themselves to the inspector. It was evident in the plan how staff had sought to support residents during the necessary restrictions for example by the increased use of technology, a range of in-house activities and accessing outdoor amenities. The inspector also saw that as levels of infection in the community decreased, vaccination commenced and, services reopened, the plan was updated to reflect this. As stated in the opening section of this report residents were reengaging with society and life, with family and, with the opportunity they had for paid employment.

The personal plan included any support and care needed so that the resident enjoyed good health. Staff monitored resident well-being and sought access to the appropriate clinicians and services as needed such as the General Practitioner (GP), psychology, psychiatry, behaviour support, dental care and chiropody. Some reviews continued to be remotely facilitated using video applications such as a clinical review completed on the day of inspection. Nursing advice was sought from a newly created internal resource, for example, in relation to medicines management. Residents were supported to avail of vaccination programmes. There was an outstanding referral for a review by psychiatry, records seen stated that it was not urgent. The person in charge assured the inspector that the progression of this referral was being actively monitored.

A resident spoken with had a good understanding of their health needs. The resident reported they were currently enjoying good health but the resident was also aware of factors that could interrupt this stability such as, sleep disturbance and noise-levels. Specific concerns raised led the inspector to seek evidence of the completion of an assessment of the compatibility of resident needs and, the plan to ensure the safe and appropriate transition of residents between services. It was accepted by the provider that there were needs that were potentially incompatible

and, that gave credence to the concerns raised with the inspector, however, the assessment of compatibility had not been completed. While there was a transition plan it was not sufficient or adequate to provide the assurance needed by the resident and HIQA, assurance that moving to the new centre would ensure a safe, quality service for the resident. Given the imminent nature of this transition, the provider was requested to submit a plan, based on the findings of a completed compatibility assessment. The plan needed to set out for HIQA how the provider intended to assure itself, the resident and HIQA, that the new centre was suited to the needs of each resident and, the provider would have suitable and effective arrangements in place to meet the assessed needs of each resident.

Overall there was evidence of vigilance and, good day-to-day infection prevention and control practice to manage the risk of the accidental introduction and spread of COVID-19. For example, there was evidence as previously mentioned of training for staff, staff equipping residents with the skills that they needed to keep themselves safe, the use of PPE and, enhanced environmental cleaning. The programme of vaccination for both staff and residents was progressing and, a suite of risk assessments supported residents to safely re-engage with family and society in general. However, the plans for responding to any suspected or confirmed COVID-19 were poorly presented and, did not provide assurance that they could be effectively implemented. For example, where a resident could not understand or have the ability to restrict their movements or isolate in their room. The plans were also unclear on the practicality of clean and contaminated areas in the event of an outbreak in the apartment.

There was noted improvement in the identification, assessment, management and review of risk that was further supported by the oversight, management and response to risk and incidents facilitated by the person in charge. Additional controls included the provision of a visual call-bell in one apartment so that residents if unsupervised could see and speak with the person calling to their home.

The provider had also improved its fire safety arrangements. The inspector saw that the staff team had completed centre specific fire safety training that included the working of and, how to respond to the fire detection and alarm system that worked across both apartments. There were certificates that attested to the inspection and testing of this system, the emergency lighting and, fire fighting equipment at the required intervals. Doors designed to contain fire and its products and, devices designed to close these doors were provided. Each resident had an up-to-date personal emergency evacuation plan (PEEP); the centre specific evacuation plan (CEEP) was also up-to-date and reflected the design and layout and, staffing arrangements of the centre. Staff and residents participated in regular, successful, simulated evacuation drills. However, there was no record of a drill that tested the ability of one staff to effectively evacuate all four residents.

Regulation 10: Communication

Residents were effective communicators. Staff were aware of any particular communication supports required and, specialist review such as from speech and language therapy was accessed as needed. Residents had access to a range of media and were encouraged by staff to increase their use of technology so as to somewhat ease the impact of COVID-19 restrictions.

Judgment: Compliant

Regulation 13: General welfare and development

It was evident that ordinarily residents enjoyed full and active lives closely connected to family, peers and their local community. Residents told the inspector of how much they disliked COVID-19 and the way that it had disrupted their lives, their choices and their access to services and amenities. Residents said that they had been out and about with staff but it was not the same as they could not do the things that they enjoyed doing. Residents supported by the process of risk assessment and vaccination were reengaging with society and life, with family, friends and peers and, with the opportunity they had for paid employment.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was a planned and imminent relocation to another service. It was confirmed that while there were needs that were potentially incompatible, an assessment of compatibility had not been completed. While there was a transition plan it was not sufficient or adequate to provide the assurance needed by the resident and HIQA, assurance that moving to the new centre would ensure a safe and quality service for the resident.

Judgment: Not compliant

Regulation 26: Risk management procedures

There was noted improvement in the identification, assessment, management and review of risk that was further supported and assured by the oversight, management and response to risk and incidents facilitated by the person in charge.

Judgment: Compliant

Regulation 27: Protection against infection

The plans for responding to any suspected or confirmed COVID-19 were poorly presented and, did not provide assurance that they could be effectively implemented.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was no record of a drill that tested the ability of one staff to effectively evacuate all four residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The personal plan was based on a comprehensive assessment of resident needs, abilities and wishes. The resident, their representative and, the MDT were consulted with and had input into the assessment and the plan. It was evident in the plan how staff had sought to support residents during the necessary restrictions. The inspector also saw that as levels of infection in the community decreased, vaccination commenced and, services reopened, the plan was updated to reflect this.

Judgment: Compliant

Regulation 6: Health care

Staff monitored resident well-being and sought the appropriate advice and care. Residents had access to the services that they needed to enjoy good health; any current delay in access was monitored.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures. All staff had completed safeguarding training; reporting responsibilities and procedures were discussed at staff meetings. Staff used easy read and accessible material to discuss safeguarding with residents. The provider fulfilled its reporting obligations. The staff team and others such as the designated safeguarding officer and, the psychology team provided support to residents as needed.

Judgment: Compliant

Regulation 9: Residents' rights

The individuality of each resident was respected. Residents participated in decisions about the general operation of the service and the support that they received. For example, the person in charge had invited one resident to participate in planned staff interviews. The inspector saw that the provider shared invitations that issued for residents to participate in workshops such as those convened by HIQA and advocacy forums. Residents were supported to observe their religious and spiritual needs where this was important to them and, to have regular contact with friends and family.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Newmarket Residential OSV-0005528

Inspection ID: MON-0032612

Date of inspection: 01/06/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Day Time Staffing levels have been reviewed and an additional 5 hours support has been allocated to facilitate individualized supports for a resident during the week.	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: PIC in collaboration with PIC of the new Designated Centre completed a compatibility assessment. Issues concerning compatibility were identified and actions required to address concerns were documented in an Action Plan to Support Transition to the new DC. This ensures that both residents need and wishes have been identified and both can be accommodated in the new residence. The Compatibility Assessment and Action Plan to Support Transition were forwarded to HIQA inspector on 10/06/2021 Transition plan was updated to reflect both the transition plan and action plan to support transition to the new DC Transition Plan updated 10/06/2021	

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The registered provider shall ensure that residents who may be a risk of a healthcare associated infection are protected by adopting procedures and implementing robust IPC measures and controls. The IPC Framework for responding to any suspected or confirmed COVID-19 has been reviewed:

The following documents have been updated and are located in the COVID folder. Completed on the 10/06/2021
- Preparedness/Quality Improvement plan,
- Outbreak Management Plan,
- Individual Isolation Checklist
- Self-Assessment tool

The updated IPC framework will be discussed at team meeting

Completion Date: 30/06/2021

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider will ensure that effective fire safety management systems are in place with Designated Centre and ensure they are up to standard at all times.
A fire drill that tested the ability of one staff to effectively evacuate individuals within their home was successfully completed on 21/06/2021

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	12/07/2021
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.	Not Compliant	Orange	10/06/2021
Regulation 25(4)(b)	The person in charge shall ensure that the	Not Compliant	Orange	18/06/2021

	discharge of a resident from the designated centre take place in a planned and safe manner.			
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	30/06/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	21/06/2021