



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

Issued by the Chief Inspector

Name of designated centre:	Cuan Mhic Giolla Bhríde
Name of provider:	Inspire Wellbeing Company Limited by Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0005559
Fieldwork ID:	MON-0035105

About the designated centre

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

This service provides full-time residential care and support for two adults with disabilities. The centre consists of a modern, two storey house situated in a peaceful, scenic and rural setting in Co. Louth. It is within driving distance to a nearby city and a number of large urban towns. There are good sized grounds and well maintained gardens surrounding the centre and ample space provided for private car parking. The ground floor of the property is essentially divided into two separate living spaces for the residents who live on the ground floor of the property. The residents have their own bedroom, bathroom and a separate living area one of which is a sensory room and the other is a sitting room. The residents share the use of a communal kitchen with a breakfast bar, a dining room and separate laundry facility. Upstairs there is one staff sleepover room, a staff room and an office. There is a full time person in charge employed in the centre. The centre is required to be staffed on a 24/7 basis by nursing staff, team leaders, and a team of support staff. Part of the service provided includes as required access to general practitioner (GP) services, allied health professionals. Residents do not attend formal day services but instead are supported by staff to choose how they want to spend their day and what social/learning activities to engage in.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 (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 24 March 2022	11:00hrs to 19:30hrs	Anna Doyle	Lead
Thursday 24 March 2022	11:00hrs to 19:30hrs	Raymond Lynch	Support

What residents told us and what inspectors observed

Overall, the care and support being delivered in the centre by the staff team was observed to be caring and examples were evident where the quality of life of the residents had improved since the last inspection. However, as discussed later in this report, the governance and management arrangements, staffing and the management of records continued to be an ongoing issue that impacted on sustaining the quality and safety of care to the residents living here.

The two residents living in this service were provided with 'bespoke' services based on their assessed needs and, appeared comfortable and happy in their home on the day of the inspection. Staff were also observed to be caring, responsive and attentive to their assessed needs.

For example, one resident required a low stimulus environment and the inspectors observed them relaxing in their room listening to soft music on the radio. The resident appeared calm and at ease in the presence of staff and, staff were observed to be warm, person centred and professional in their interactions with the resident.

The environment in which this resident lived was 'specialised' and tailored to meet their multiple, complex assessed needs. At times, the resident required 4:1 staff support and staff spoken with by the inspectors, were observed to be knowledgeable on their care plans (to include behavioural support plans) and how best to support them. Staff explained that new activities and social outings had to be introduced to the resident slowly (and on their terms) and, at the time of this inspection it was observed that the resident was going for drives, engaging in short exercise, sensory stimulation programmes and going for short walks on the grounds around their home.

The other resident was out for a drive when the inspectors arrived to the house. The resident liked drives in the countryside and staff ensured that this activity was regularly available to the resident. The resident also liked computers and the inspectors observed they had their own hand held computer device. At times this resident was in the company of both inspectors and they appeared happy and relaxed in their home. The resident also liked to visit their family home and the staff team ensured that this important activity was supported and facilitated. At the time of this inspection the service was providing a day activation programme to this resident however, plans were at an advanced stage to support the resident in attending a day service away from their home where they could engage in activities of interest and based on their assessed needs.

The centre was for the most part clean and consisted of a large dormer style bungalow. The upstairs of the centre was not accessed by either of the residents. Remedial work had been carried out in the premises to address some of the issues since the last inspection. The downstairs had been painted and the flooring had

been resealed and varnished. However, one floor area still required attention which the registered provider had identified through their own auditing practices in the centre.

Written feedback on the service provided from family representatives was reviewed. Overall, both representatives said that they were happy with the services and were supported to keep in touch with their family members. One resident had just returned from a visit home with their family at the time of the inspection. Family contact sheets were also maintained and these records indicated that regular correspondence was maintained. One family stated in their feedback that they were satisfied with a concern they had raised about correspondence and said that the matter had been dealt with.

As stated the staff team knew the residents' needs well and came across as very well intentioned, professional and interested in supporting the residents to be more independent. Since the last inspection the majority of the staff had completed sensory integration training. This was having a positive impact on one residents care and support needs and meant that the resident now required less direct supervision and support from the staff team at all times. It was also evident that there had been a reduction in behaviours of concern for this resident. The resident was observed to be relaxed in the company of staff and staff interactions were warm and friendly.

Both residents had been assessed by a speech and language therapist and the staff team were in the process of developing new communication strategies for both residents. Inspectors observed a personal dictionary that was been collated for one resident. The aim of this was to observe and record what the resident was trying to convey from their non-verbal cues. This would assist the resident with their preferred communication style.

Inspectors observed sensory equipment in place for one resident. Staff were familiar with this equipment and said that it seemed to benefit the resident when they chose to use it.

The next two sections of the report outline 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 residents lives.

Capacity and capability

Overall, while there was evidence of improvements observed to the quality of life of residents since the last inspection, the registered provider had failed to adequately address a number of ongoing issues in the centre that had been highlighted at previous inspections of this centre in relation to governance and management and the staff team. This resulted in a number of improvements being required at the time of this inspection.

While there was a defined management structure in place, the person in charge of the centre was also responsible for other key areas of service provision of the provider. There had been ongoing recruitment issues with employing a full time person in charge and team leaders to ensure effective oversight of the centre. The registered provider was also unable to recruit and retain a full staff team in the centre over the last number of years. This meant that there was an over reliance on agency and relief staff to provide care and support in this centre. While the provider endeavoured to ensure that a core group of agency and relief staff were employed, this was not sustainable and was impacting on the quality of life of one resident.

For example; an intervention for one resident recommended by an allied health professional could not be implemented because the nursing staff were employed on an agency basis. Inspectors also reviewed minutes of a meeting from a group of allied health care professionals who met regularly to discuss one residents care and it was agreed that a consistent staff team was required to support this resident.

Inspectors also found that a business continuity plan had not been updated to reflect the changes in the operations of the centre. This plan had last been updated on 15 November 2021 and there had been significant changes to the operation of the centre since then. For example; the plan guided the reader to a guidance document relating to the management of COVID-19, however, this was not the most up to date information.

The provider had systems in place to monitor and review the care and support being provided. An annual review and six monthly unannounced quality and safety review had recently been conducted. Actions arising from this had been included in a service improvement plan. Other audits included fire safety and an environmental audit. Inspectors followed up on a number of the actions from these and found that they had been completed. However, the annual review of the centre did not include consultation or feedback from the residents or their representatives.

There was a sufficient number of staff on duty every day in order to meet the needs of the residents. However, the skill mix was not in line with the statement of purpose for the centre or the assessed needs outlined in the residents support plans, both of which stated that a nurse was available in the centre on a 24/7 basis. This was not always the case and inspectors found a number of instances of where a staff nurse was not on duty. This had been highlighted at an inspection of the centre in September 2021 and the provider had provided assurances that a nurse would be provided in line with the statement of purpose for the centre.

Based on the findings of this inspection in relation to the skill mix of staff, the provider is required to carry out a risk assessment to ensure staff have the appropriate skills to carry out certain tasks and to submit an updated statement of purpose when there is a change to the service being provided to residents.

In light of this the provider was requested to submit assurances the day after the inspection indicating how they intended to address this going forward. Some of those assurances included a review with a representative of the funding body, a review of care plans and ensuring that a core number of skilled non nursing staff

were on duty to ensure that the residents needs were met.

The inspectors were also not assured that the designated centre was resourced to ensure the effective delivery of care and support in line with the statement of purpose for the centre. As well as the over reliance on agency and relief staff in the centre, inspectors noted that one resident did not have timely access to allied health supports recommended. For example it was outlined in the statement of purpose that where a resident required the support of allied health professionals and this could not be sourced, a private appointment would be arranged and paid for by the registered provider. This is discussed further in the next section of this report.

The staff spoken with said they were supported in their role and demonstrated a good knowledge of the residents needs in the centre. The seven full time staff employed in the centre had completed mandatory training in basic life support, safeguarding adults, fire safety, manual handling and supporting residents infection prevention and control. The provider was managing this through their own audits of the centre.

Staff meetings were held to review the care and support provided to the residents in the centre and to keep staff informed of any new changes occurring there.

The statement of purpose contained all of the requirements of the regulations however, as already stated the provider outlined in the their statement of purpose for the centre that nursing care was provided on a 24/7 basis. This was not being provided everyday at the time of this inspection.

Since the last inspection improvements had been made to the records stored in the centre. However, significant work was still required to the records contained in the residents personal plans. For example the assessment of need was not comprehensive and individual risk assessments and personal plans were not always reviewed to include the most up to date information. This was evident on a number of occasions throughout the inspection when staff were asked about interventions included in personal plans and they informed inspectors that those outlined in personal plans were not always the most up to date practices. This was particularly significant given the level of support the residents living in this centre required and the large number of relief and agency staff employed in the centre.

The provider had indicated following the last inspection that they intended to apply to vary the conditions of registration of the centre as the floor plans had been amended, the provider had not submitted this application to the chief inspector since the last inspection. This is required under the regulations.

Registration Regulation 8 (1)

Based on the findings of this inspection the registered provider had not applied to vary the conditions of registration for this centre to change the skill mix of the

centre from nursing care on a 24/7 basis. This is required under the regulations.

The provider had also indicated following the last inspection that they intended to apply to vary the conditions of registration of the centre as the floor plans had been amended, the provider had not submitted this application to the chief inspector since the last inspection.

Judgment: Not compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified and had significant experience working in disability settings. However, as discussed under the governance and management section of this report, they were responsible for other areas of service provision in the wider organisation.

Judgment: Compliant

Regulation 15: Staffing

The skill mix employed was not in line with the statement of purpose of for the centre or the assessed needs outlined in the residents support plans, both of which stated that a nurse was available in the centre on a 24/7 basis.

There continued to be an over reliance on agency and relief staff in the centre at the time of the inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

The seven full time staff employed in the centre they had completed mandatory training in basic life support, safeguarding adults, fire safety, manual handling, supporting residents infection prevention and control. The provider was managing this through their own audits of the centre also.

An intervention recommended for one resident which required specific training, could not progress as nursing staff were not employed on a full time basis.

Judgment: Substantially compliant

Regulation 21: Records

Significant work was still required to the records contained in residents personal plans. The assessment of need was not comprehensive enough. Some of the plans were not concise and clear enough to guide practice. This was particularly significant given that a large number of relief and agency staff were employed in the centre. Individual risk assessments and support plans were not always reviewed to include the most up to date information.

Judgment: Not compliant

Regulation 23: Governance and management

The inspectors were not assured that the designated centre was resourced to ensure the effective delivery of care and support in line with the statement of purpose for the centre. As well as the over reliance on agency and relief staff in the centre, inspectors noted that one resident did not have timely access to allied health supports recommended as outlined in the statement of purpose.

There was ongoing recruitment issues with employing a full time person in charge and team leaders to ensure effective oversight of the centre.

The annual review of the centre did not include consultation or feedback from the residents or their representatives.

Judgment: Not compliant

Regulation 3: Statement of purpose

The Statement of Purpose contained all of the requirements of the regulations however as already stated the provider outlined in the their statement of purpose for the centre that nursing care was provided on a 24/7 basis. This was not being provided everyday at the time of this inspection.

Judgment: Substantially compliant

Quality and safety

While systems were in place to meet the complex, multiple and significant needs of the residents, improvements were required so as to ensure the service remained responsive to their assessed needs. The improvements required included, risk management, infection control, personal plans and the premises.

The premises were for the most part clean and well maintained. Since the last inspection the provider had carried out remedial work to the premises. For example; some of the rooms downstairs had been painted and the floors had been sanded and varnished. Some of the actions had not been addressed as yet. This included fixing perspex to the wall behind where the hand sanitisers were located and ensuring that the outside area for one resident was adapted to make it safe. In addition, the flooring in one area of the centre was damaged due to a water leak and the closing mechanism on a door to an office upstairs needed to be repaired (this had been identified by the provider prior to the inspection).

The individual social care needs of residents were being encouraged and were based on their assessed needs and expressed preferences. Residents were also being supported to maintain regular contact with their families. Access to multi-disciplinary support was also provided to include occupational therapy, speech and language therapy, dietitian and psychiatry support. Where required, care plans were in place and staff spoken with as part of this inspection process, were found to be knowledgeable on the assessed needs of the residents.

However, the assessment of need and personal planning process required review as it did not provide sufficient detail on some of the health care related needs of the residents. For example, one resident had issues with regard to attending some health care related appointments such as the dentist and there was insufficient information available in their assessment of need as to how this issue was being managed and addressed.

Residents were being assisted and supported with their communication and sensory needs and where required, had access to both occupational therapy (OT) and speech and language therapy. One resident recently had an OT and sensory integration assessment completed the aim of which was to provide them with an appropriate sensory diet, improve their level of participation in activities, reduce the level of staff physical intervention required when supporting the resident and, to support them with anxiety related issues. A number of recommendations arose from this assessment to include encouraging the resident to go for regular drives (if they wished to do so), introducing a sensory related exercise programme and supporting the resident with structured morning time routine regarding their personal care.

These recommendations were all in place at the time of this inspection and staff reported that their level of physical intervention had decreased and the resident was engaging in more activities. Staff also reported that where the resident may refuse to go for a drive, they would offer a different activity such as a walk around the

grounds of the house. A number of other recommendations arising from this assessment were in progress at the time of this inspection to include the trialling a reclining shower chair and seeking further advice/input from a behavioural specialist in sensory integrative approaches and a physiotherapist. These needed to be addressed in a timely manner to ensure that the residents needs were being met.

Residents had access to a behavioural support therapist and where required, had behavioural support plans in place. Of a small sample of files viewed, the inspectors saw that one resident had a comprehensive behavioural support plan in place and staff were found to be knowledgeable on how best to support this resident in line with their plan. The plan also included strategies to promote a reduction on the level of restrictions used when supporting the resident and, was kept under regular review by the behavioural specialist.

Systems were in place to manage and mitigate risk in the centre and both residents had a number of individual risk assessments in the care plans. However, the risk management process required review and updating.

For example, a patio door leading onto the external grounds of the house had been damaged and, in order to address this issue and reduce the risk of a resident absconding, it had been tied shut. However, this door was an exit pathway out of the building for one resident and the way in which this risk was being managed was not appropriate or safe. While another exit from the building was in close proximity to the resident and they always had staff support available to them on a 24/7 basis, this issue needed to be addressed as a priority.

Additionally, the risk register required review and updating so as to ensure it accurately identified the numbers and types of staff required to support the residents to ensure their general safety and well-being in their home.

There were systems in place to prevent/minimise an outbreak of COVID-19 in the centre. Staff had been provided with training in infection control. Personal protective equipment was provided and staff were observed wearing this on the day of the inspection. There was a system in place to monitor residents for signs of COVID-19. Cleaning schedules were in place to ensure that the premises was clean. However, staff were observed to be only wearing surgical masks instead of the recommended FFP2 masks on the day of the inspection. The person in charge provided assurance the day after the inspection that staff were now wearing FFP2 masks at all times. The storage of floor mops and buckets also needed attention as they were stored outside, which could pose an infection control risk.

The policy on infection control was last reviewed in June 2020 despite significant changes relating to the management of COVID-19. This had the potential to impact negatively on both the residents and staff working in the centre as the most up to date guidance was not available.

Staff had been provided with training in safeguarding vulnerable adults. Since the last inspection one residents intimate care plan had been updated to guide staff practice. Since the last inspection there had been no safeguarding concerns reported

in the centre.

Regulation 10: Communication

At the time of the inspection residents were being supported with their communication needs which included access to a speech and language therapist.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to engage in activities that they liked to do and other activities were being explored that they might enjoy going forward.

Judgment: Compliant

Regulation 17: Premises

Perspex had not been fitted to the wall behind where the hand sanitisers were located.

The outside area for one resident was not adapted to make it safe.

The flooring in one area of the centre was damaged due to a water leak and the closing mechanism on a door to an office upstairs needed to be repaired (this had been identified by the provider prior to the inspection).

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Risk management process required significant review, a patio door leading onto the external grounds of the house had been damaged and, in order to address this issue and reduce the risk of a resident absconding, it had been tied shut. However, this door was an exit pathway out of the building for one resident and the way in which this risk was being managed was not appropriate or safe. While another exit from the building was in close proximity to the resident and they always had staff support

available to them on a 24/7 basis, this issue needed to be addressed as a priority.

The risk register required review and updating so as to ensure it accurately identified the numbers and types of staff required to support the residents so as to ensure their general safety and well-being in their home.

Judgment: Not compliant

Regulation 27: Protection against infection

On the day of the inspection staff were observed to be only wearing surgical masks instead of the recommended FFP2. The person in charge provided assurance the day after the inspection that staff were now wearing FFP2 masks at all times.

The storage of floor mops and buckets needed attention as they were stored outside, which could pose an infection control risk.

The policy on infection control was last reviewed in June 2020 despite significant changes relating to the management of COVID-19.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The assessment of need and personal planning process required review as it did not provide sufficient detail on some of the health care related needs of the residents. For example, one resident had issues with regard to attending some health care related appointments such as the dentist and there was insufficient information available in their assessment of need as to how this issue was being managed and addressed.

A number of other recommendations arising from this assessment were in progress at the time of this inspection to include the trialling a reclining shower chair and seeking further advice/input from a behavioural specialist in sensory integrative approaches and a physiotherapist. These needed to be addressed in a timely manner to ensure that the residents needs were being met and as referenced under governance and management was not in line with the statement of purpose for the centre.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents had access to a behavioural support therapist and where required, had behavioural support plans in place. Of a small sample of files viewed, the inspectors saw that one resident had a comprehensive behavioural support plan in place and staff were found to be knowledgeable on how best to support this resident in line with their plan. The plan also included strategies to promote a reduction on the level of restrictions used when supporting the resident and, was kept under regular review by the behavioural specialist.

Judgment: Compliant

Regulation 8: Protection

Staff had been provided with training in safeguarding vulnerable adults. Since the last inspection one residents intimate care plan had been updated to guide staff practice. Since the last inspection there had been no safeguarding concerns reported in the centre.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8 (1)	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cuan Mhic Giolla Bhríde OSV-0005559

Inspection ID: MON-0035105

Date of inspection: 24/03/2022

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
Registration Regulation 8 (1)	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8 (1):</p> <ol style="list-style-type: none"> 1. The application to vary the conditions of registration for a change of room use on the floor plans was notified to the Inspector by the Provider on 05/04/22; 2. The Multi-Disciplinary Team (MDT) agreed changes to the staffing skills mix required for safe and effective care for one resident in line with their assessed needs on 31/03/2022; The Provider will submit an application to vary the conditions of registration in an updated statement of purpose to reflect this change by 29/04/2022. 	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Reg 15(1)</p> <ol style="list-style-type: none"> 1. Improved terms and conditions of employment have been approved by the Board of Trustees and announced on 06/04/22 to support recruitment and retention of staff across all grades and address the over-reliance on agency and relief staff. 2. All current staff will benefit from the improved salary scales and other benefits 3. The Provider is meeting an external PR specialist on 25/04/2022 for specialist advice on targeted campaigns/media and recruitment events in the locality. 4. Recruitment of remaining vacant roles and the permanent Person in Charge on 08/04/22 (in a rolling recruitment process) will now include the new terms and conditions. 5. A full-time nurse on staff commenced on 20/04/2022; this reduces the reliance of agency staffing the service. 6. The Provider remains committed to the recruitment and retention of a full staff team in the service. <p>Reg 15(2)</p> <ol style="list-style-type: none"> 7. The staff members covering sleepover shifts have the experience, training and skills to be able to meet the needs of residents, (confirmed with the MDT on 31/03/2022) 8. The Statement of Purpose will be updated to reflect the changes to the staffing model 	

and nursing support by 29/04/2022; this removes the provision of 24/7 nursing cover, by agreement with the MDT.

Regulation 16: Training and staff development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

1. One full time nurse commenced this role on 20/04/2022.
2. Bespoke training with the Speech and Language Therapist (SALT) is scheduled for the nursing team on 05/05/2022 and 06/05/2022. Following this training, the nursing team will implement the recommendations within the SALT assessment.

Regulation 21: Records	Not Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:

1. The Person in Charge arranged for the completion of the comprehensive individual assessment of the resident's health, social care and personal needs with the MDT under the clinical governance of the Director of Nursing on 31/03/2022
2. Personal Plans and Individual Risk Assessments will be reviewed by the PIC with the staff team by 29/04/2022 to ensure they are up to date and that all out of date records are routinely archived.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

Reg 23(1)(a)

- The provider has implemented revised salary scales and improved benefits to employees on 06/04/22 to address challenges in staffing recruitment and retention and to reduce the reliance on relief and agency staff;
- The residents have access to nursing care in line with their assessed need, and this will be reflected in the updated Statement of Purpose.

Reg 23(1)(c)

- The Assistant Director is filling the Person in Charge role until the permanent role is recruited;
- A recruitment campaign with the new terms and conditions for a permanent Person in Charge and the remaining Nurse vacancy has commenced, closing on 22/04/2022. The vacancy for Team Leader is to be re-advertised with the new terms and conditions by 29/04/22.

Reg 23(1)(e)

- Feedback sought by the Provider as part of the six monthly unannounced review (25.02.22) included consultation with the relatives of residents on 26/02/22 and 28/02/22.
- The next six monthly unannounced review is due to be completed by 30/09/2022
- The Provider will ensure that family member consultations are arranged ahead of or

during annual & six-monthly reviews, to cater for family's overseas arrangements and time differences.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Statement of Purpose is being updated by the Provider and submitted to HIQA with an application to vary the conditions of registration by 29/04/2022	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. Installation of Perspex sheets behind hand sanitizers on walls will be completed by 06/05/2022 2. The outside area of the centre will be developed for use in conjunction with an Occupational Therapist by 31/12/2022, in line with the particular needs of one resident. 3. The water damage to the flooring is caused by a shower leak and repairs to both are scheduled for full completion by 20/06/2022 4. Closing mechanism to upstairs door will be repaired by 29/04/2022 5. Patio door at the rear of the property has been repaired 21/04/2022	
Regulation 26: Risk management procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. The Workplace Risk Assessment was updated on 25/03/2022 to include - the mitigations of the risks arising from the damaged door until it is repaired; - the numbers and types of staff required to ensure the general safety and well-being of residents 2. The Workplace Risk Assessment was updated again on 22/04/2022 to reflect the patio door repairs being completed. 3. There is a Personal Emergency Evacuation Plan (PEEP) in place for the resident, most recently reviewed on 22/04/22 reflecting the patio door repairs. 4. The repairs to the damaged door were completed on 21/04/2022	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: 1. Staff have been reminded by the PIC on 25/03/2022 of the current public health measures in relation to the wearing of face masks and have been provided with FFP2 masks; 2. The IPC 'Safety Pause' is being implemented at handovers to support these practices from 22/04/2022 3. Suitable arrangements for the safe storage of mops and buckets have been made in the service, a new dedicated cleaning store has been identified and communicated with	

all staff on 30/03/2022, to ensure the safe disposal of waste and to manage infection control; This has been added to the Workplace Risk Assessment on 25/03/2022.

4. The scope of the current Infection Control Procedure includes COVID 19 and was made operational by the Provider on 18/06/2020 with a full review scheduled for June 2023 in line with organisational policy. The Procedure provides direction to staff on the Management of a Coronavirus Pandemic and includes reference to 'any other specific control measures promoted by the Trusts, Government, regulatory bodies or the HSE'. Interim guidance received from public health authorities during the COVID 19 pandemic is circulated to services and is used to inform & update Business Continuity Plans and Risk Assessments.

Regulation 5: Individual assessment and personal plan

Substantially Compliant

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

1. The Person in Charge will complete a review of the care plans, health care plans and assessment of need as well as the risk management plans for both Residents and updated all documents by 29/04/2022
 2. The PIC and a member of the MDT had a meeting with the Occupational Therapist on the Sensory Integrative approaches on the 05/04/22
 - a. Agreed new recommendations regarding new activities for one Resident;
 - b. Daily logs to be recorded and sent weekly to the Sensory OT for their review and feedback
 - c. 6 week programme commencing 26/04/2022 with the Sensory OT via Zoom once per week to discuss interventions and progress on activities and strategies.
 - d. Training for bespoke Speech and Language training for nurses is scheduled for 05/05/2022 and 06/05/2022
 - e. On 11/04/2022, the PIC requested referrals for Occupational Therapy (OT) and Physiotherapy from HSE Louth Disability Services for one resident:
 - i. An OT assessment is required to explore the possibility of one Resident using a shower chair.
 - ii. The PIC has requested referral for HSE physiotherapy as an alternative to the private provider (which has indicated they are no longer able to provide the service).
 - f. Contact records are being kept by the Service for all correspondence regarding the care and support and professional input for both Residents in order to document the background and interim work ongoing whilst awaiting referrals and appointments with OT & Physiotherapy, this has been in place since 25/03/2022.
- The dental needs of one resident (who does not tolerate having dental work done) is being reviewed routinely by the MDT/SALT and incorporated into the individual's assessment of need.

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Not Compliant	Orange	29/04/2022
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	30/09/2022

Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Red	25/03/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/05/2022
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	20/06/2022
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any	Substantially Compliant	Yellow	31/12/2022

	required alterations to the premises of the designated centre to ensure it is accessible to all.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	20/06/2022
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	29/04/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	29/04/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	30/09/2022
Regulation	The registered	Substantially	Yellow	30/09/2022

23(1)(e)	provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Compliant		
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	22/04/2022
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	25/03/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set	Substantially Compliant	Yellow	06/05/2022

	out in Schedule 1.			
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	27/05/2022