

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

Issued by the Chief Inspector

Name of designated centre:	Fair Winds
Name of provider:	St Catherine's Association Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	11 November 2021
Centre ID:	OSV-0005580
Fieldwork ID:	MON-0030495

About the designated centre

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

Fair Winds is a designated centre operated by St Catherine's Association. The centre is as a large detached residential home located in County Wicklow and provides full-time residential services with a maximum capacity for three male or female residents at any one time. The current registration conditions for this centre state that only persons 18 years or older shall be accommodated at the designated centre with the exception of two residents who are under the age of 18 who will continue to live in the centre. The centre provides young persons with single bedrooms which are decorated in line with their personal tastes and interests. Communal spaces in the property include two living room spaces, a kitchen and dining area and a utility room. A garden space is located to the rear of the property. The person in charge works in a full-time capacity and manages this designated centre and two other designated centres within St. Catherine's Association. A deputy manager also forms part of the management team alongside social care workers and social care assistants. The centre is resourced with one transport vehicle to support residents' participation in activities and school runs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
------------------------------------------------	---

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 11 November 2021	09:30hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

The provider and person in charge were endeavouring to ensure that the residents living in the centre were in receipt of a good quality service.

On the day of the inspection, the inspector met two of the three residents living in the centre. One of the residents was attending school and had an appointment after school, so the inspector did not get an opportunity to meet them on the day. The other residents, who were no longer attending school, were awaiting a placement in a day service. In the interim period they were provided a type of in-house day service in their own home which included a choice of activities in their home and community. For example, baking, zoom classes, country drives, horse-riding and household chores such as laundry and recycling.

Engagements between the inspector and the two residents took place, (as much as possible), from a two metre distance and wearing the appropriate personal protective equipment (PPE) in adherence with national guidance. The two residents used non-verbal communication and were supported by staff when engaging with the inspector. The residents did not communicate their views of the service however, the inspector observed the residents to appear happy in their home and be relaxed and comfortable in their environment. On a few occasions throughout the day, the inspector observed a resident to be vocalising loudly. The inspector observed staff support the resident during these times and that they did so in a caring and respectful manner.

The inspector observed the house to be suitable to meet residents' individual and collective needs in a comfortable and homely way. The residents' living environment provided appropriate stimulation and opportunity for the residents to engage in recreational and sensory activities. The house that was well equipped to meet the residents' sensory needs. For example, there was an indoor hammock, bubble tube and numerous sensory aids throughout the premises. Outside the centre, there was a large garden which included swings and a bark and mulch pit to support the residents' sensory needs. On the garden fence there was a recycling art project in process (made with bottle caps) which the residents were supported to be part of.

Overall, the inspector observed the house to be clean and tidy however, some improvements were needed to the cleaning and upkeep of some areas of the house including equipment used by residents. This was to ensure that, at all times, residents were living in an environment that was appropriately cleaned, in good decorative repair and mitigated the risk of infection.

In summary, the inspector found that, overall, the residents' well-being and welfare was maintained to a good standard and that there was a person-centred culture within the designated centre.

The inspector found that, through speaking with management and staff and through

observations, it was evident that staff and the local management team were striving to ensure that residents lived in a supportive and caring environment.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The registered provider was striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a deputy manager, who was knowledgeable about the support needs of the residents and this was demonstrated through good-quality care and support. However, on the day of the inspection, the inspector found that a small number of improvements were needed to some of the designated centre's quality improvement monitoring systems to ensure that they were, at all times, timely and effective and ensured the safety of residents living in the centre.

The provider was endeavouring to ensure that governance and management systems in place within the designated centre were appropriate to residents' individual needs, and that residents were in receipt of a safe and quality service. The provider had completed an annual report in June 2021 of the quality and safety of care and support in the designated centre. During 2020, the centre's management had carried out two six monthly reviews of the centre and completed a written report on the safety and quality of care and support provided in the centre.

In addition, the provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak, which was regularly reviewed by the person in charge. Furthermore, the provider had ensured there were contingency plans, self-isolation plans and infection prevention control checklists in place during the current health pandemic.

However, the inspector found that not all provider audits were timely or effective. For example, the health and safety audit was last completed in June 2019. On the day of the inspection, the inspector was advised that the provider had arranged for an external company to carry out a health and safety audit of the centre the week following the inspection. In the interim, the person in charge, assisted by the deputy manager, had completed a local health and safety audit in September 2021 which overall, was comprehensive in nature. However, the audit had not identified some of the findings on this inspection, for example, issues relating to fire drills, infection control and electrical risks. The impact of these issues not being addressed in a

timely manner, potentially increased risk to the residents' health and safety. However, the provider, through their local monthly audits had self-identified that the centre's health and safety emergency response plan and safety statement were out of date since June 2021. These had been sent to the provider for review, however, as on the day of inspection, there was no timeline in place for the task to be completed.

The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of the residents through person-centred care and support. The centre was staffed by a team of skilled social care workers and social care assistants and staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was a planned and actual roster and it was maintained appropriately. The person in charge was responsible for three designated centres in total and were currently based on-site in this centre (which was represented on the centre's roster). There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Where relief staff were required, the roster demonstrated that the same staff members were employed. The inspector spoke with a number of staff throughout the day, including observing their interactions with residents, and found that they had a good understanding of the residents' needs and supports required to meet those needs. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. A training matrix was maintained which demonstrated that staff were provided with both mandatory and refresher training. On the day of inspection, the inspector found that a number of staff refresher training courses were overdue and a specific training relating to the needs of the residents was required for a number of the workforce. Staff were provided with one to one supervision meetings with the person in charge and deputy manager, to assist them perform their duties to the best of their ability when supporting residents.

Regulation 15: Staffing

The centre was staffed by a team of skilled social care workers and social care assistants and staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with training in Children’s First, safeguarding, fire safety, managing behaviours that challenge, safe medicine practices and food hygiene but to mention a few. Training was regularly reviewed and monitored by the person in charge. However, on the day of the inspection, the inspector found that a number staff had yet to complete refresher training courses. For example; Fire safety training – one staff; Children’s First – two staff; foods safety – two staff; intimate care – three staff; manual handling – three staff. A number of staff were booked to attend refresher training courses within the next month.

For the most part, staff had been provided training that was specific to the assessed needs of residents, however, improvements were needed to ensure that training relating to Autism was provided to nine staff members.

Judgment: Substantially compliant

Regulation 23: Governance and management

For the most part, the inspector found that the local governance and management systems in place in the centre operated to a good standard. The person in charge carried out a schedule of audits on a monthly and quarterly basis that related to the care and support provided to the residents living in the centre.

However, not all provider audits were timely or effective and potentially increased risk to the residents' health and safety. For example, the health and safety audit was last completed in June 2019. A local health and safety audit completed in September 2021 had not identified some of the findings on this inspection, for example, issues relating to fire drills, infection control and electrical risks.

The centre’s health and safety emergency response plan and safety statement were out of date since June 2021. These had been sent to the provider for review, however, as on the day of inspection, there was no timeline in place for the task to be completed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. For the most part, there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. However, not all restrictive practices had been notified to

the Health Information and Quality Authority as required.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life. For the most part the residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The provider and staff endeavoured to promote an inclusive environment so that each of the resident's needs, wishes and intrinsic value were taken into account. The inspector found that improvements were required to the centre's fire drill, infection control, risk management and food and nutrition systems, to ensure the health and safety of residents at all times. Furthermore, improvements were needed to residents' person-centred plans to ensure that their review was effective at all times, and that each resident was provided with a plan which they could fully understand.

Each resident was provided with a personal plan which reflected their assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. Overall, the plans were continuously developed and reviewed in consultation with the resident, relevant keyworker, their parents and where required, allied health professionals. However, the inspector found that improvements were needed to ensure that residents were provided with an accessible format of their personal plan to ensure enhanced participation, consultation and understanding of their plan. The person in charge advised the inspector that a committee had been set up to review ways to better achieve accessible formats of residents' personal plans.

One of the residents was attending school however, the other two residents had been discharged from school and children's services and on the day of the inspection, neither resident was attending a community day service. The inspector was advised that two community day services, which met the residents' needs, had been identified. There was a delay in residents commencing these services due to outstanding building works and ongoing recruitment of staff. Subsequent to the inspection, senior management provided assurances that both residents will be supported to commence their day services placement on the week beginning 13th December 2021.

In the interim, the provider had put systems in place to deliver a type of in-house day service in the residents' home. Residents were offered a choice of meaningful activities in the centre and out in the community each day. These choices were recording five days a week on an individual 'day service' log for each resident. The log noted the choices offered and accepted, how the resident engaged in the activity and how it linked in with achieving each resident's overall goals. However, a small improvement was needed to the recording and monitoring of the logs, as some gaps

were found.

The residents were protected by appropriate safeguarding policies and procedures in the centre which were regularly reviewed and up-to-date. All staff had received training in the safeguarding and protection of vulnerable adults and in Children's First policies and procedures. There were safeguarding measures in place to ensure that staff providing personal intimate care to residents, did so in line with each resident's personal plan and in a manner that respected each resident's privacy and dignity. Risk assessments, with appropriate control measures, were in place to safeguard residents from the potential risks of using social media and video calls. Furthermore, the person in charge had systems in place to ensure residents were safeguarded from financial abuse. Where appropriate, the person in charge carried out a monthly audit of residents' financial records to ensure that the systems in place to keep residents' money safe, were effective.

The inspector found that the provider and person in charge promoted a positive approach in responding to behaviours that challenge. Where appropriate, residents were provided with positive behaviour support plans. Systems were in place to ensure that where behaviour support practices were being used, that they were clearly documented and guided staff practice in meeting the residents' needs.

There was a number of restrictive practices in place in the centre which, for the most part, were guided by the centre's restrictive procedure's policy and in line with national policy and evidence based practice. The inspector found that the person in charge endeavoured to ensure that where restrictive practices were used they were the least restrictive for the shortest duration. For example, after receiving recommendations from the organisation's right's review committee's recommendations, there had been a significant reduction in the use of a night-time restriction relating to the locking of a resident's wardrobe.

On the day of the inspection, the inspector found that not all restrictions, were in line with national based policy and evidence based practices. For example, two vanity cabinets, which included residents own wash-bag and toiletries, were locked. The inspector was advised by the person in charge that these restrictions were in place to protect the health and safety of two residents. However, the rationale for the restrictions had not been included in either of the resident's person plans. In addition, an appropriate risk assessment, specific to the restriction had not been completed. While there were centre and individual risk assessments for asphyxia, neither had included a locked vanity cabinet as a control measure. Furthermore, the restriction had not been logged when in use or notified to HIQA as required. As such the provider could not be assured, if these two restrictions were the least restrictive for the shortest duration.

There had been an outbreak of infectious disease in the centre in January 2021. The inspector found that there were satisfactory contingency arrangements in place for the centre during the current health pandemic including self-isolation plans for residents, an outbreak response plan and numerous protocols to ensure the safety of residents. Residents were kept informed about matters relating to COVID-19 in ways that meet their communication needs. For example, there were a number of

social stories comprised for residents to support their understand of the current health pandemic. The inspector observed there to be adequate supply of hand sanitizer, hand washing facilities and soap for staff and residents to use and there was ready access to an ample supply of personal protective equipment (PPE). Staff had completed specific training in relation to the prevention and control of COVID-19.

However, the inspector found that a review of the cleaning systems and schedule was needed to ensure that it was comprehensive and included all areas of the centre, including equipment that required cleaning. This was to make sure that the cleaning of the centre and its equipment, was effective and efficiently managed and ensured the safety of residents at all times, including mitigating the risk of infection. For example, the inspector observed a resident's specific use mobility support, (which was part of the resident's personal emergency evacuation plan), to be unclean. In addition, the material on a resident's indoor hammock was stained in areas. Furthermore, the inspector observed patches of mould in a number of areas of the house including a resident's bedroom window, a shower tray in an en-suite and an air vent in the laundry room. By the end of the inspection, the person in charge had completed a new system to monitor the maintenance of the hammock (as per the protocol in place) including a cleaning schedule specific to the hammock.

The inspector found that residents were encouraged to eat a varied diet when they so wished and were always communicated about their meal and their food preferences. On observing the centre's fridges, freezers and food cupboards, the inspector saw that there was an adequate amount of food and drink which was wholesome, nutritious and offered choice at meal times. There were snacks available to residents throughout the day. Mealtimes were planned to fit around the choices and needs of the residents. For example, a dining table and chairs had been set up in one of the centres' sitting rooms to facilitate a resident who regularly chose to eat on their own.

For the most part, there was adequate provision for food to be stored in hygienic conditions and regular temperature checks of cooked and stored food were taking place. However, on the day of the inspection, the inspector observed that opened food packages and containers, in the centres' two fridges, were not appropriately labelled and dated. In addition, the freezer was observed to require defrosting.

The inspector found that all firefighting equipment and fire alarm systems were appropriately serviced and checked. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow. To support the needs and wishes of residents, a specific devise to keep doors open during the day were fitted to a number of internal doors in the house. An external company had carried out an assessment of the fire doors in the house on the 19th of October and had made recommendations for a number of repairs to the doors. For example, a door required adjusting so that it closed appropriately, a new door handle was required for one door so that it closed properly, screws were required to be tightened on the door hinges and a thumb turn lock was required for another door. On the day of the inspection, the repairs had not yet been completed

however, the inspector had been advised that there was a plan in place for the maintenance team to address the doors the following week.

Fire safety checks took place regularly and were recorded appropriately. Fire drills were taking place at regular intervals. The mobility and cognitive understanding residents was adequately accounted for in the residents' individual personal evacuation plans. However, the mobility needs of all residents had not been fully accounted for in the centre's fire drills. For example, a resident's personal evacuation plan noted that a specific mobility chair may be needed during their night-time evacuation. On review of the fire drill records, and on speaking with the person in charge, the inspector found that no drill had included the use of the chair. In addition, fire drills or simulations had not included all possible scenarios, for example, no fire drill had taken place with the least amount of staff and most amount of residents (such as a night-time scenario where there were two staff and three residents). This meant that the provider could not be assured of the safe evacuation of all residents at all times. Four days after the inspection, the person in charge advised that a simulated fire drill, with one staff and four residents, had taken place.

The inspector reviewed the centre's risk register and found that it was regularly reviewed. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. For the most part, appropriate individual and location risk assessments were in place to ensure that safe care and support was provided to residents staying in the centre. On the day of the inspection, the inspector identified a risk which had the potential to impact on the safety of residents living in the centre. The inspector observed a number of mobile device chargers plugged into an extension lead in the centre's laundry room. This potential electrical hazard had been identified previously on the providers six monthly unannounced review of the centre in June 2021. On the day of the inspection, the inspector requested the person in charge to address the risk due to the safety concern. The person in charge promptly removed the extension lead and chargers from the room and provided assurances that the risk was adequately addressed.

The inspector observed that the design and layout of the designated centre ensured that the residents could enjoy living in an accessible, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure. The centre provided appropriate indoor and outdoor recreational areas for the residents, including age-appropriate play and recreational facilities. In addition, there was a range of sensory equipment, facilities and aids to support residents' sensory needs, wishes and likes. There had been a number of improvements made to the upkeep and repair of the house for example, a number of bedrooms had a recent upgrade to the flooring. However, the inspector found that further improvements were needed to the upkeep of the centre to ensure residents were living in an environment that was in good state of repair and mitigated the risk of infection. For example, a number of walls, window sills and doorframes throughout the house required paintwork including repair where the paint was chipped and peeling. A local audit of repair needs of the house was carried out by the person in charge and deputy manager and had identified a number of maintenance tasks

required including the ones identified on the day of inspection. Plans were in place for the painter to commence work the day after the inspection and the maintenance team were commencing work the following week and in particular, to prioritise tasks that posed a safety risk. For example, maintenance work required for the centre's fire doors.

Regulation 17: Premises

The inspector observed that the design and layout of the designated centre ensured that the residents could enjoy living in an accessible, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure. The centre provided appropriate indoor and outdoor recreational areas for the residents including age-appropriate play and recreational facilities.

Improvements to upkeep and repair of the centre have been addressed in Regulation 27.

Judgment: Compliant

Regulation 18: Food and nutrition

For the most part, there was adequate provision for food to be stored in hygienic conditions and regular temperature checks of cooked and stored food were taking place. However, on the day of the inspection, the inspector observed that opened food packages and containers, in the centres' two fridges, were not appropriately labelled and dated. In addition, the freezer was observed to require defrosting.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The inspector reviewed the centre's risk register and found that it was regularly reviewed. There were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the centre appeared clean and tidy, however, some of the resident's equipment required cleaning and some areas needed a deeper clean. For example, there was ingrained dirt and splashes on the tiles and skirting board in the main bathroom and the perspex on a large framed photograph collage in one of the sitting rooms was found to be unclean. Resident's equipment such as, a hammock and specific use mobility chair, were found to be unclean.

In addition, the ventilation systems in place required reviewing as mould was found in a number of areas of the centre. For example, patches of mould were observed on a resident's bedroom window, on an en-suite shower tray and skirting board, and on the laundry room vent.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Recommendations of repairs to be completed on a number of fire doors in the house had not yet been completed however, the inspector was advised that the maintenance team would address the repairs the following week.

Fire drills, (or simulations), had not included all possible scenarios, which meant that the provider could not be assured of the safe evacuation of all residents at all times. For example;

(1) A resident's personal evacuation plan noted that a specific mobility chair may be needed during their evacuation. However, no fire drill had yet included the use of the chair.

(2) No fire drill (or simulated) had taken place with the least amount of staff and most amount of residents.

Subsequent to the inspection, the person in charge advised that a simulated drill had taken place post inspection, on the morning of the 15th of November 2021, with the least amount of staff and most amount of residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident was provided with a personal plan which reflected their assessed

needs and outlined the supports required to maximise their personal development in accordance with their wishes, individual needs and choices. While improvements were needed to ensure that residents were provided with an accessible format of their personal plan the person in charge advised the inspector that a committee had been set up to review ways to better achieve accessible formats of residents' personal plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

For the most part, restrictive practices used in the centre were guided by the centre's restrictive procedure's policy and in line with national policy and evidence based practice. However, this was not the case for all restriction practices in place. For example where there was two locked vanity cabinets (which included residents' own wash-bag and toiletries;

(1) The rationale for the restriction had not been included in either of the resident's person plans.

(2) An appropriate risk assessment, specific to the restriction had not been completed.

(3) Risk assessments for asphyxia, had not included a locked vanity cabinet as a control measure.

(4) The restrictions had not been logged when in use or notified to HIQA as required.

As such the provider could not be assured, if these two restrictions were the least restrictive for the shortest duration.

Judgment: Substantially compliant

Regulation 8: Protection

The residents were protected by appropriate safeguarding policies and procedures in the centre which were regularly reviewed and up-to-date. Staff were provided with training in the safeguarding and protection of vulnerable adults and in Children's First.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially 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 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Fair Winds OSV-0005580

Inspection ID: MON-0030495

Date of inspection: 11/11/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>1. On the day of inspection Fairwinds were 94% compliant in terms of mandatory / compulsory staff training requirements. Following inspection, the Person-In-Charge completed a full review of all training deficits, in line with the requirements of the center’s Statement of Purpose, and appropriate steps were taken to address any gaps. Where deficits were identified, the relevant staff member has been booked to attend the next available training opportunity;</p> <p>a. Fire safety (one staff due) – Staff member completed by 3rd December 2021</p> <p>b. Manual Handling (3 staff due) – One staff member has since left St Catherine’s. The two remaining staff members are scheduled to complete no later than 31st March 2022</p> <p>c. Children’s First (2 staff due) – One staff member completed by 14th December 2021. The second staff member is scheduled to complete by 19th January 2022. Please note that all staff member had completed the Children’s First HSE online module on the day of inspection.</p> <p>d. HACCP (2 staff due) – One staff member completed by 29th November 2021. The second staff member is scheduled to complete by 20th December 2021.</p> <p>e. Intimate Care (3 staff due) - One staff member has since left St Catherine’s. One staff member complete by 30th November 20201. The final remaining staff member is scheduled to complete no later than 31st March 2022</p> <p>Based on currently available training opportunities remaining in 2021, the deficits identified on the day of inspection in Fairwinds will be fully addressed by 31st March 2022. Where a staff member is unable to attend and / or the course does not proceed as scheduled, a further booking will be made for the next available training opportunity.</p> <p>2. With respect to Autism specific training, six (6) of the current staff team attended an Autism seminar in 2019. St Catherine’s will explore the possibility of hosting a further Autism seminar in early 2022, but no later than 31st March 2022. All staff members are fully qualified social care workers with the required skills and competencies to work with a broad range of intellectual disabilities. St Catherine’s will also explore other online options available via HSELand as a means to upskilling staff teams.</p>	

3. As per the Fairwinds Statement of Purpose, all staff training requirements are coordinated by the organisational Training Development Officer (TDO) & training records stored centrally. Regular communication between the PIC and TDO ensure staff members receive appropriate training in line with regulations 16. (1)(a). This ensures that all employees of St Catherine's have access to appropriate training, including refresher training, as part of a continuous professional development program.

Time-scales;

1. 31st March 2022
2. 31st March 2022

Regulation 23: Governance and management	Substantially Compliant
------------------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. St Catherine's engaged an external health & safety consultant to conduct a full health & safety audit of the designated centre. The assessment was conducted on 17th November 2021 and St Catherine's received the final health & safety report on 15th December 2021. St Catherine's have implemented an appropriate, priority based, time-bound compliance plan response to the external audit report.
2. The Quality Compliance and Training Department conducted a full review of the Fairwinds Safety Statement. The revised Safety Statement was forwarded to Fairwinds on 6th December 2021
3. St Catherine's have been actively engaged in a recruitment process to identify and employ a new Environmental Health and Safety Officer since 5th October 2021. On 10th December 2021, St Catherine's confirmed the appointment of a suitable internal candidate for the role. A key function of the Health & Safety Officers role is the annual review of safety statements, and associated emergency response plans. The new Health & Safety Officer will begin their new role in early 2022, subject to appropriate back-filling of their current position.

Time-scales;

1. 1st February 2022
2. 6th December 2022 – Complete
3. 1st February 2022

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"> 1. Moving forward, the person-in-charge will ensure that the locking of the vanity cupboard for one individual is logged on a daily basis, noting the day that the cupboard was required to be locked for the health and safety of one resident. 2. The person-in-charge commits to notifying the Regulator at the end of each quarter, in writing, on the use of the restrictive practice beginning on 31st January 2022. <p>Time-scales;</p> <ol style="list-style-type: none"> 1. 11th November 2021 2. 31st January 2022 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ol style="list-style-type: none"> 1. Following inspection, the Person-In-Charge completed a full review of existing food labelling protocols in the centre. While a majority of food is labelled appropriately, deficits in the labeling of sauce jars / olives were evident. The Person-In-Charge has therefore revised current food labeling protocols to include all opened jars, and to ensure a consistent approach in the centre is implemented. 2. The Person-In-Charge / designate will ensure monitoring of labelling practices as part of on-going weekly in-house management audits. Where deficits arise, they will be addressed with the staff team directly through the next staff meeting forum. 3. Following inspection, the Person-In-Charge / designate arranged for the freezer to be defrosted. Moving forward, an annual (or sooner if required) defrosting of the freezer will be conducted & appropriately monitored by local management. <p>Time-scales;</p> <ol style="list-style-type: none"> 1. 19th November 2021 – Complete 2. 19th November 2021 - Complete 3. 4th December 2021- Complete 	
Regulation 27: Protection against infection	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"> 1. The Person-In-Charge will review and update, as necessary, existing cleaning protocols to ensure all areas of the centre are appropriately maintained; with particular focus on cleaning of all resident's equipment (i.e. hammock), and monitoring for splash marks on tiles/skirting, and hand / finger marks on framed displays. 2. The Person-In-Charge will refer the issue around ventilation to the maintenance team for further examination. Existing patches of mould, as observed, have been removed, treated and will be repainted as necessary. Repainting is due for completion in January 2022. 3. The Person-In-Charge will review and update local management audit practice to ensure on-going, appropriate monitoring of daily housekeeping. 4. The provider will review current six-monthly provider audit practices to ensure that an appropriate renewed emphasis is placed on the upkeep of the premises. <p>Time-scales;</p> <ol style="list-style-type: none"> 1. 26th November 2021 - Complete 2. 31st January 2022 3. 26th November 2021 - Complete 4. 12th November 2021 - Complete 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. Through our internal process of monthly fire drills, St Catherine's identified an issue with fire doors as a result of minor during previous incidents of challenging behaviour. St Catherine's engaged an external fire safety consultant to conduct a full review of fire doors in the designated centre. The quality assurance report, received on 4th November 2021 for an assessment conducted on 19th October 2021, confirmed upgrade works were required on ten (10) doors and suggested minor maintenance works to correct all issues. The consultant provided the following assurances; "The fire door upgrades works ... do not render the existing fire doors inadequate. The fire doors in their current state are still capable of being effective in a fire situation". All deficits were referred to the St Catherine's maintenance department for corrective action, and all upgrade works were completed on 17th November 2021. 2. Following the inspection, the Person-In-Charge conducted a fire drill with the minimum number of staff evacuating the maximum number of residents in Fairwinds on 15th November 2021. 3. As per the location's Statement of Purpose, monthly fire drills will continue to be conducted in the location; incl. two annual night-time drills to ensure all staff are familiar with fire evacuation procedures. A record of all fire drill, incl. those who participated, will be maintained in the Fairwinds Fire & General Register. 	

4. The Person-In-Charge conducted a full review on the requirements for the use of an evacuation chair for one specific resident. As the resident is fully able to evacuate independently with staff support, the evacuation chair is no longer required and has been removed.

Time-scales;

1. 17th November 2021 -Complete
2. 15th November 2021 - Complete
3. 11th November 2021 – Complete
4. 15th December 2021 – Complete

Regulation 7: Positive behavioural support	Substantially Compliant
--------------------------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

1. Following inspection, the Person-In-Charge conducted a full review of the identified restrictive practices. Upon review, it was determined that limited / restricted access to personal items (i.e. toiletries & washbag) for one individual was not longer required and there it was removed as a restriction.
2. In relation to the second resident, the restriction was deemed necessary for their on-going health and safety due to their risk profile. The Person-In-Charge therefore tasked the relevant key-worker to update this resident's personal plan to include the health and safety rationale pertaining to the restriction of items in a vanity cupboard in the bathroom.
3. The Person-In-Charge completed an appropriate risk assessment detailing the risk and associated control measures for mitigating same.
4. The Person-In-Charge / designate updated the relevant risk assessments for asphyxia to include all health and safety control measures in use.
5. The Person-In-Charge will continue to ensure that all personal plans are subject to a review, and that reviews are carried out annually or more frequently if there is a change in needs or circumstances.
6. The Person-In-Charge will submit a Rights Review Form to the organisation's right's review committee to be assessed to ensure that due process is evident in the application of the restrictive practice, and also to ensure a continuous process of on-going review is maintained.
7. Moving forward, the person-in-charge will ensure that the use of this restrictive practice is logged on a daily basis and commits to notifying the Regulator at the end of each quarter, in writing, on the use of the restrictive practice.

Time-scales;

1. 15th December 2021 - Complete

2. 15th December 2021 - Complete
3. 17th December 2021 - Complete
4. 31st January 2022
5. 11th November 2021 – Complete
6. 22nd December 2021
7. 15th December 2021 - Complete

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 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	31/03/2022
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	04/12/2021
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	Substantially Compliant	Yellow	01/02/2022

	to residents' needs, consistent and effectively monitored.			
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	31/01/2022
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	17/11/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/11/2021

Regulation 31(3)(a)	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 occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	31/01/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/01/2022