



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

Issued by the Chief Inspector

Name of designated centre:	Comeragh Residential Service Avondale
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	28 April 2021
Centre ID:	OSV-0006450
Fieldwork ID:	MON-0032599

About the designated centre

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

In this centre, a full-time residential service is available to a maximum of four adults. In its stated objectives the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction based on individual needs and requirements. Presently, three residents live in the centre full-time. Prior to the pandemic, residents attend off-site day services Monday to Friday. Residents present with a range of needs in the context of their disability and the service aims to meet the requirements of residents with physical, mobility and sensory supports. The premises is a bungalow type residence. Each resident has their own bedroom and share communal, dining and bathroom facilities (one bedroom is en-suite). The house is located in a mature populated suburb of the city and a short commute from all services and amenities. The model of care is social and the staff team is comprised of social care and care assistant staff under the guidance and direction of the person in charge. Other than when residents are at day services, there is one staff on duty at all times. At night there is a sleep over staff in the house.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 28 April 2021	09:30hrs to 16:00hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

The inspector reviewed pre-requested information in the staff office of this house. Social distancing was observed in a well ventilated area and the inspector wore a face mask and attended to hand hygiene. Interaction with residents was confined to periods of less than 15 minutes at a time. All staff wore face masks.

Both residents met with the inspector. One resident used words to communicate. This resident discussed their care and support freely with the inspector. One resident used few words but vocalised and gestured. This resident demonstrated good understanding of what staff said and also engaged with staff who used LAMH sign language. Both residents had finished breakfast and planned to make chocolate brownies with staff support. Residents liked to engage in arts and craft work. One resident had travelled home the previous day to celebrate their mothers birthday in a garden setting. Both residents made this journey as there was one member of staff on duty. Both residents confirmed that they had gone home to their families for Christmas and had enjoyed their time at home. Residents were observed making chocolate brownies, listening to music and watching a musical. One resident was supported to engage in household chores and was proud of the jobs they completed. One resident had recently purchased an exercise bicycle. Residents were becoming more familiar with their community and were making contact with neighbours and a local community of nuns who visited prior to the pandemic.

Day service provision to residents had ceased due to the current pandemic. There was little evidence that additional supports were provided to the residents in the absence of day services. There was a visible person-centred culture held by the staff met on inspection who engaged with residents respectfully. All communication was observed to be gentle and unhurried. Residents smiled and appeared very comfortable in the presence of staff. The sole staff member on duty had been allocated to the designated centre from day services and was familiar to the residents. This staff member was directly rostered to provide all care and supports to the two residents. The staff on duty was observed to be fully engaged with both residents who on numerous occasions had competing demands and requests.

One resident had significant assessed needs documented by the registered provider and observed by the inspector. This resident did not like the dark and did not like to be alone at any time. This resident remained in close proximity to staff at all times. A sensory box containing sensory aids were located in the staff office and the resident would remain in the office with the staff member on duty while they attended to paperwork. Whenever the staff member was required to attend to support other residents, this resident appeared perplexed and lost and would wait outside the room that the staff member was working in. The second resident also liked to spend time in the direct company of staff. Consequently, all residents had to be in agreement to take part in the same activity as there was only one staff member on duty. One resident indicated and was upset that they had to leave the house for a walk when the other resident wished to do so. All residents had been

deemed too vulnerable by the registered provider to remain alone in the house. The records of the resident who was on leave indicated that at times they did not wish to attend a cafe with their peers. This in part was sometimes due to the limitations on the food and fluids this resident could consume due to swallowing difficulties. Other times it was because the resident was tired. The registered providers risk assessment stated that this resident could be left alone in the vehicle and checked every ten minutes by staff. The records indicated that this residents family approved of such a practice. The risk assessment also recorded that the resident had vulnerabilities to choking and strangers. The staff practices of leaving residents in vehicles unsupported had no controls or actions to mitigate the identified risks.

One residents records reflected that they could display behaviours that challenge, self harm and vocalise loudly as well as remove their seat belt while the sole staff member was driving all three residents. This resident could also remain up all night impacting residents and the staff sleepover from sleeping. The same staff finishing a shift from 16.30 hours to 09.30 hours as a sleepover could be due on duty again at 16.30 hours. In such instances the person in charge stated that a staff member could request their shift to be covered but staff didn't always make this request.

Residents indicated that the inspector could view their single bedrooms which were bright, homely and personalised. One resident who was on leave had an en-suite bathroom. The main kitchen adjoined a living room. These two rooms were the focal point of the house. Residents could take part in food preparation. When not involved in food preparation, residents could see and smell the food being cooked. Residents ate at the one table with staff support and supervision. Residents indicated that they could choose particular foods.

The inspector found that each resident's well-being was maintained to a good standard but that staff supports in place were not aligned to residents assessed needs and wishes. The nature and extent of residents disability were assessed by the registered provider without substantive actions arising to meet assessed or changing needs. The designated centre was not sufficiently resourced to meet the assessed needs of existing residents nor those of a resident proposed to transfer into the service.

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 inspector found that the designated centre overall had a good degree of compliance with a number of regulations but was not managed to meet the assessed needs of residents. It was observed that residents had distinct and separate needs that were in direct competition of each other for a limited staff

resource. The focus of staff was very much person centred in a homely environment, however the actual level of support delivered was not sufficient. Staff did demonstrate a good understanding of the residents needs. There was significant documentary evidence that the registered provider had a clear understanding of residents vulnerability but failed to ensure that the necessary resources, controls and actions were put in place to mitigate identified risks.

The registered provider had in place a small team of support staff that were trained to meet the assessed needs of residents. The person in charge was employed in a full-time capacity and had responsibility for one other designated centre. Staff numbers allocated to the designated centre did not afford person centred care in line with residents needs. Staff employed in a team leader role were the sole occupant of the team on duty in the designated centre. Two residents did not have access to day services in line with current public health guidelines. Activities were facilitated in the absence of structured day services by the sole staff member on duty. This staff member had total responsibility for the support and care delivered, the cleaning of the designated centre and the preparation and supervision of meals. The staff member was also responsible for community outings and the transportation of residents. A third resident who was residing with their family because of the pandemic was in receipt of a day service from the registered provider. The registered providers records relating to individual multidisciplinary updates and risk assessments conducted on residents documented assessed needs greater than the allocated staffing resource for the two residents met on the day of inspection. The person in charge indicated that the registered provider was considering the admission of an additional resident who had an intellectual disability with impaired cognition. There was no confirmed additional staff resource for the service but a business case was to be made to the registered providers primary funder. The inspector was not assured that the registered provider was meeting its obligation to existing residents as the staff numbers were not appropriate to the documented assessed high needs of residents. The one staff member on duty from 16.30 hours to 09.30 hours was a designated sleepover. Residents records reflected that one resident at times could be awake all night preventing all residents and staff from sleeping. There was no written evidence indicating that staff raised concerns relating to staffing in meetings or through direct supervision but the person in charge indicated that conversations would have taken place with staff.

The provider had in place a training schedule for all staff. Mandatory training provided by the registered provider was effected by the current COVID-19 restrictions. The training matrix records of five staff were reviewed. 20% of staff required refresher training in fire and safety. 40% of staff needed current training in the management and prevention of aggression. All staff had received training in relation to safeguarding vulnerable adults. Staff training records demonstrated recent training in breaking the chain of infection as well as the proper use of personal protective equipment (PPE). All staff had undertaken hand hygiene training. Staff had also undertaken additional training to meet the assessed needs of the residents.

The registered provider had conducted an unannounced six monthly visit in November 2020. This had been conducted by the team leader working in the

designated centre to reduce footfall to the premises as a consequence of COVID-19. Areas of previous non compliance with regulation had been recorded as addressed and there were no areas for improvement identified by the registered provider. Residents views and wishes not to return to day services was highlighted and the possibility of a specific wrap around service based in the residents home was being explored. An annual review of the quality and safety of the service was undertaken by the person in charge and the person participating in management in March 2020. Feedback from residents families was reflected and this included good satisfaction levels with the service provided. Objectives for the coming year were noted and challenges regarding the increased needs of residents was stated, however, there was no evidence to reflect organisational concerns in relation to staffing, residents rights, risk management and the overall governance and management of the service. There was no plan or actions arising from the reviews.

Notifications of incidents arising per regulation 31 were notified to the Chief Inspector in writing, within three working days of the adverse incident occurring in the centre. One resident had experienced two fractures and a significant burn since the previous inspection. One fracture was recorded as cause unknown. The resident told the inspector that they had caught their finger in the sitting room door. The registered provider did not have arrangements in place that evidenced learning from serious incidents and adverse events involving residents which is addressed under Regulation 26 Risk Management.

The provider's statement of purpose was current and required the addition of some information as prescribed by regulation. The person in charge ensured that the statement of purpose was updated on the day of inspection. The directory of residents was well maintained and all required information was included. The certificate of registration was clearly displayed in the main entrance hall.

The registered provider had agreed in writing with each resident and their representatives, the terms and conditions of residency. Contracts were noted to be clear and easily understood. There was evidence that residents relatives signed contracts on their behalf.

The provider had in place a complaints policy. How to make a complaint was displayed in an easy to read format in the designated centre and residents could readily identify the nominated complaints officer. This was a matter that had been addressed since the previous inspection. The information was clear on how an appeals process could be accessed. No complaint had been registered since the previous inspection in January 2020.

Regulation 14: Persons in charge

The registered provider had in place a suitably qualified and experienced person in charge of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider did not ensure that the number of staff was appropriate to the number and assessed needs of residents.

Judgment: Not compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training and were properly supervised, however some staff required refresher training in fire and safety as well as managing behaviours that challenge.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had in place a directory of residents for all residents availing of residential services.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider did not ensure the designated centre was effectively resourced, the management systems in place did not ensure that services were appropriate to residents needs. There were no concerns identified by the providers own internal audits regarding the standard of care and support nor was there evidence that staff were facilitated to raise concerns regarding the quality of care and support provided to residents. The registered provider did not have arrangements in place that evidenced learning from serious incidents and adverse events involving residents.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services
The registered provider had agreed with each resident or their representative a signed contract of the conditions that demonstrated the terms on which the resident resided in the designated centre.
Judgment: Compliant
Regulation 3: Statement of purpose
The registered provider had in place a current statement of purpose that was available to residents and their families.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had notified to the Chief Inspector all notifications and incidents within three working days.
Judgment: Compliant
Regulation 34: Complaints procedure
The registered provider had in place a complaints process and procedure that was prominently displayed. No complaints had been made since the previous inspection in January 2020.
Judgment: Compliant
Quality and safety
Overall, the registered provider was not achieving the objectives stated in their statement of purpose particularly in relation to residents rights, safety and independence. The registered provider was recording, collating and discussing

evidence that demonstrated residents had high assessed needs without addressing the matter. The opportunity for residents to attend day services and activation had been greatly impacted by the pandemic and the provision of activities was solely the responsibility of the staff member on duty in the residents house. This significant change to the registered providers intended service model had a direct impact on the quality and safety of the service provided as residents were no longer in receipt of day services. Staff and resident interactions were observed to be warm, respectful and meaningful. It was clear that residents liked living in the designated centre and enjoyed the homely atmosphere while their families also indicated satisfaction with the service.

Three residents files were reviewed by the inspector. Residents had defined goals that were subject to review by a named key worker. The annual review of plans in 2020 incorporated the input from the resident, their key worker, families and the multidisciplinary team. Priority goals were agreed with the residents. All personal care planning documentation was readily accessible and maintained in good order, however one residents goals reviewed in 2020 referenced their previous place of residence in 2019 in relation to continuity and privacy goals. Person centred plans reflected two goals that were meaningful to residents. Some were functional in nature and once achieved, no further goals were outlined. Each resident had a current plan and information in relation to their healthcare needs. This plan was comprehensive and covered all aspects of a residents physical and mental health. Changes noted in relation to residents health were supported by relevant follow up and appropriate requests for assessments. Residents had an annual medical check-up with their general practitioner that was deferred due to the pandemic. Healthy eating and exercise was incorporated into residents healthcare plans. Each resident had a current risk assessment in place in relation to COVID-19 and residents and staff had been vaccinated. While residents had positive behaviour support plans in place that staff were familiar with, it was not apparent how these plans could be effectively implemented with one staff member on duty. One residents plan did demonstrate that they would tell staff if they had a complaint, worry or felt unsafe. These records reflected the significant work undertaken by staff employed in the designated centre to provide appropriate care to all residents. Consequently, it was evident that while staff were very familiar with the nature and extent of residents disability and assessed needs, they were not always able to meet residents specific wishes or support them in individual and preferred tasks. Residents had to agree to take part in the same activity whether they wished to or not. The inspector was not assured that residents assessed needs and wishes were and could be met due to the limited staff supports made available to residents as previously referred to in Regulation 15 Staffing.

The designated centre contained a modern fire alarm system. All fire exits on the day of inspection were observed to be clear. Staff recorded daily fire checks and fire drills demonstrated that all residents could be safely evacuated. Residents personal emergency evacuation plans were specific to the resident and available in each bedroom. All rooms and corridors had emergency lighting. All fire prevention and detection systems had recently been serviced by a fire competent person. A missing

electrical conduit tray cover for the power supply to the fire alarm panel was requested by the person on charge on the day of inspection.

The premises was maintained to a high standard and in good decorative condition. Residents indicated that they liked living in a home where they had their own single bedroom. All rooms were bright and airy and the living area was homely. The premises was clean and well maintained internally and externally. Residents were supported and assisted to maintain their own living areas, bedroom, bathroom and kitchen dining areas. Areas had good natural light. Residents were also supported to do their own laundry. There was sufficient room for residents to store personal property, possessions and items of interest. Financial records were clear and receipts were maintained for items purchased on behalf of residents. An external shed that was used by residents for arts, crafts and exercise was noted to have a number of exposed wires from an uncovered electrical fuse board. The person in charge undertook to have the matter addressed and to cease using the facility until it was. Confirmation that this matter was addressed was provided after the inspection.

There was a current risk register in the designated centre. Risks were particular to the service and the residents. Evidence very much focused on hazard identification and the assessment of risks without identifying the measures and actions in place to control identified risks. A risk assessment to leave a resident unsupervised in a car also clearly highlighted the residents vulnerability to strangers and choking. The registered provider accepted family members agreement to such practices without consideration of the impact on residents safety and quality of life. Additionally, risks specifically requested by regulation were not included in the risk register.

The risk of COVID-19 and its impact on the residents was included in the risk register. The registered provider had easy to read documents to explain COVID-19 to residents. The person in charge had conducted audits and a self assessment in relation to the services preparedness to deal with COVID-19. Families were kept apprised regarding safety measures in place to combat COVID-19. Staff had facilitated family visits to the designated centre through garden visits and in line with public health guidelines. Home visits had recommenced.

Residents were been supported to communicate in accordance with the residents' needs and wishes. Some residents used phones and had access to the internet in the staff office. All communication with residents family members was well recorded. Records reflected that staff supported one resident to visit their family. Communication logs also reflected that residents used telephones and virtual forums to talk with and see their families and friends. Staff demonstrated that they used LAMH sign language to support a resident who used few words to communicate.

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and all food was properly prepared, cooked and served. Residents were supported to take part in food preparation.

Regulation 10: Communication
The registered provider ensured that each resident was assisted and supported to communicate in accordance with the residents wishes.
Judgment: Compliant
Regulation 11: Visits
The registered provider ensured that each resident could receive visitors in line with current public health guidelines.
Judgment: Compliant
Regulation 12: Personal possessions
The person in charge ensured that each resident used and retained control of their own clothes as well as having adequate space to store personal property.
Judgment: Compliant
Regulation 13: General welfare and development
The registered provider was not always providing appropriate care and support with regard to the residents disability and the extent of the disability and individuals assessed needs and wishes.
Judgment: Substantially compliant
Regulation 17: Premises
The designated centre was designed and laid out to meet the assessed needs of residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had a choice of food stuffs, had wholesome and nutritious food and all food was properly prepared, cooked and served.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had in place a residents guide and general information that was understood by residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had failed to risk assess regulatory required risks nor did they demonstrate that risks that were assessed had appropriate actions and controls in place to mitigate risks to residents. There was no evidence of learning from some adverse incidents or the impact that control measures had on residents.

Judgment: Not compliant

Regulation 27: Protection against infection

The registered provider ensured that residents were protected from the risk of healthcare associated infections and the designated centre complied with current COVID-19 guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that there was an effective system in place for the management of fire and safety.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider had safe and appropriate practices in place in relation to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

While each resident had an individual care plan in place, care plans did not reflect changes in need and circumstances where residents day services were closed and the level of supports required by residents was significantly higher.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider did provide appropriate healthcare for each resident having regard for the residents personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider did ensure that staff had up-to-date knowledge and skills appropriate to their role to respond to behaviour that is challenging.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge, self-awareness, understanding and skills needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not ensure that residents participated and consented to decisions about their care and support, nor had residents the freedom to exercise choice and control in their daily life.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Comeragh Residential Service Avondale OSV-0006450

Inspection ID: MON-0032599

Date of inspection: 28/04/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. A system has now been introduced which will facilitate the provision of additional staffing to meet the planned expressed wishes of the residents in this designated centre including evenings and weekends 2. A risk assessment is underway in consultation with frontline staff; the Multidisciplinary team; residents and their families which will inform the staffing levels required to ensure that the assessed needs of residents can be met 3. A schedule of activities in day services will be offered to residents from mid July 2021	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. Requests have been submitted to the training department regarding the identified training refreshers required	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Staffing:</p> <ul style="list-style-type: none"> • Please refer to the actions identified under Regulation 15 on page 20. <p>Consultation with staff:</p> <ul style="list-style-type: none"> • Front line staff will be facilitated to raise concerns regarding the quality of care and supports provided to the residents through Multi-Disciplinary meetings and the risk assessment process currently underway. <p>Shared learning:</p> <ul style="list-style-type: none"> • All incidents and adverse events involving residents are reviewed by the Multi-Disciplinary Team. • Dissemination of learning from incidents and adverse events will now be evidenced • Shared Learning will be a standing agenda item at all team meetings. 	
Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <ol style="list-style-type: none"> 1. A system has now been introduced which will facilitate the provision of additional staffing to meet the planned expressed wishes of the residents in this designated centre including evenings and weekends. 2. A schedule of activities in day services will also be offered to residents from mid July 2021 	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. A review of risk assessments will be conducted to include the required regulatory risks. 2. A review of incidents is completed quarterly. This will now incorporate identified 	

<p>learning from serious or adverse incidents. 3. This learning will also be shared within the organisation.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1. A review of personal plans will be completed to reflect the changes in need and circumstances when resident's day service is closed. 2. A system has now been introduced which will facilitate the provision of additional staffing to meet the planned expressed wishes of the residents in this designated centre including evenings and weekends. 	
<p>Regulation 9: Residents' rights</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. A system has now been introduced which will facilitate the provision of additional staffing to meet the planned expressed wishes of the residents in this designated centre including evenings and weekends. 2. The expressed activity schedules of residents will identify their individual preferences 	

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	31/08/2021
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/08/2021
Regulation 15(1)	The registered provider shall ensure that the number,	Not Compliant	Orange	31/08/2021

	<p>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.</p>			
<p>Regulation 16(1)(a)</p>	<p>The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.</p>	<p>Substantially Compliant</p>	<p>Yellow</p>	<p>24/01/2022</p>
<p>Regulation 23(1)(c)</p>	<p>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.</p>	<p>Not Compliant</p>	<p>Orange</p>	<p>31/08/2021</p>
<p>Regulation 23(3)(b)</p>	<p>The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support</p>	<p>Not Compliant</p>	<p>Orange</p>	<p>31/08/2021</p>

	provided to residents.			
Regulation 26(1)(c)(i)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: the unexpected absence of any resident.	Not Compliant	Orange	18/06/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: accidental injury to residents, visitors or staff.	Not Compliant	Orange	15/06/2021
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified	Not Compliant	Orange	30/06/2021

	risks: aggression and violence.			
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the following specified risks: self-harm.	Not Compliant	Orange	30/06/2021
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Not Compliant	Orange	15/06/2021
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact	Not Compliant	Orange	30/06/2021

	such measures might have on the resident's quality of life have been considered.			
Regulation 05(1)(b)	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 subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	30/06/2021
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/08/2021
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in	Substantially Compliant	Yellow	31/08/2021

	accordance with his or her wishes.			
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	15/09/2021
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	18/06/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her	Not Compliant	Orange	31/08/2021

	disability has the freedom to exercise choice and control in his or her daily life.			
--	---	--	--	--