



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

Issued by the Chief Inspector

Name of designated centre:	Telford Houses & Apartments
Name of provider:	Health Service Executive
Address of centre:	Dublin 4
Type of inspection:	Short Notice Announced
Date of inspection:	01 December 2020
Centre ID:	OSV-0002314
Fieldwork ID:	MON-0031085

About the designated centre

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

The designated centre is located on a campus in South Dublin. This centre is comprised of three semi-detached houses and 10 apartments and supports residents with residential services with a wide range of needs. Primarily residents have a diagnosis of visual impairments, however, support needs include communication difficulties, mild intellectual disabilities, and psychological and mental health needs. The staff team is comprised of a person in charge and care attendants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 1 December 2020	09:30hrs to 15:30hrs	Marie Byrne	Lead
Tuesday 1 December 2020	09:30hrs to 15:30hrs	Andrew Mooney	Support

What residents told us and what inspectors observed

There were 17 residents living in the designated centre on the day of the inspection, with one resident on a family visit. As this inspection was completed during the COVID-19 pandemic, inspectors followed national guidelines with respect to infection prevention and control. The inspectors reviewed documentation in an empty apartment in the designated centre, and one inspector visited one of the houses. The inspectors also met residents in the apartment whilst following public health advice.

The inspectors had the opportunity to meet with seven residents, seven residents completed a residents' questionnaire prior to the inspection, and one resident returned their questionnaire by post following the inspection. In line with the findings of previous inspections in the centre, residents again reported to the inspectors that they were upset and worried about their future accommodation. However, most residents reported that communication from the provider had improved and they now had more information in relation to plans for the future. Counselling services were now available to residents who wished to avail of it, and residents continued to access the support of advocates from a number of different advocacy agencies.

Residents reported that there had been a number of improvements since the last inspection such as; weekly residents' meetings, the availability of a space for them to meet and take part in activities, and improved communication with the local management team. They told the inspectors that they now had more information in relation to how they could be supported to move to suitable accommodation, in line with their assessed needs. A number of residents described the new provider as fair and some told inspectors how they now felt that someone was listening to them. They talked about a recent meeting with the registered provider representative. Overall residents were complimentary towards how information was shared with them at this meeting. They felt that the provider representative was open and honest and listened to them. They told the inspectors that they now had a timeframe to work with in relation to the closure of the designated centre, as they had been informed that it would be closing within 24 months. They talked about some of the accommodation options which may be available to them and the areas where this may be. A number of them said they were happy to know that there would be options for them to live on their own.

One resident talked about the fact that it was nice to now know that there was someone responsible for the day-to-day running of the centre. They described the new person in charge as "lovely" and said that they were doing their best to support everybody. They talked about the high number of new staff but said that it was early days and that they were still getting to know them. They said that they were happy that with time, they would get to know them more. They said they were finding the weekly residents' meetings useful. They also said that they were going to wait until January to start asking questions about their future accommodation. They

told inspectors that the most important thing for them in relation to moving from the centre, was that they would move to somewhere where they could feel safe where they could stay for many years.

Residents talked about the building on the campus which was now available to them to meet up and engage in activities. Most residents were happy to now have a space to meet and socialise with each other. They were happy that they now had more opportunities to take part in activities. Work was ongoing to further develop the timetable to ensure activities were available in line with residents preferences. A number of residents described activities they would like to see on this timetable and changes they would like to see in relation to the times and with whom they would like to take part in these activities.

A number of residents told the inspectors that they were not happy with the food, choices or mealtime experience in the centre. They described their dissatisfaction with quality of the food and the temperature of the food when it was served to them. They described the food as greasy, sticky and salty.

One resident told the inspectors that they were frightened about moving from their home. They talked about trying to have a nice Christmas and not worrying about the moved until afterwards. They described the food in the centre as nice and told the inspectors that they could have foods they liked at any time. They described their favourite meal and talked about how staff prepare it for them, whenever they want it. They talked about how there was a lot of new staff and how they were in the process of getting to know them. They also talked about how much they enjoyed living with their house mate.

Another resident talked about still feeling sad about the news of the closure of the designated centre. They told the inspectors that things were a bit more stable now and that they felt comfortable raising concerns with the local management team. They talked about missing the old staff and the little things they used to do for them. They said they were finding it hard to get to know the new staff and sometimes found it hard to understand them. However, they said they could go to the person in charge or clinical nurse manager, if they needed anything. They talked about options for future housing which had been mentioned by the new provider and discussed how important it would be for them to find a new home in a nice area with access to local shops, where they felt safe. They said they wanted to live on their own but also wanted the security of knowing that there was someone there if they needed some support. They finished by saying that "I will never get what I have here", but said that they just needed some reassurance that they would be supported to feel safe and secure when they moved.

One residents talked about not being happy with some of the new management team. They described concerns in relation to not being consulted with about the central kitchen closure or the fact that staff were now based in a different part of the designated centre. Another resident said that they were finding it difficult to build relationships with the new provider and local management team. They told the inspectors that they felt that staff needed training in relation to supporting residents

with a visual impairment.

A small number of residents continued to report that they were not happy with how complaints were dealt with, with one feeling that there was no point in making a complaint. In addition, a number of residents described the importance of information being presented to them in a format which suited them. They described recent changes to how information was being presented and talked about the importance of removing unnecessary tables and texts from it to make it easier for them to read.

Another resident talked about there being a tense atmosphere in the designated centre. They talked about how much quieter the campus was since the nursing home, main building, and kitchen had closed. They described the impact for them, of restrictions relating to COVID-19 and talked about how much they were looking forward to getting back to meeting their friends regularly and going on holidays.

In the residents' questionnaires completed, some residents reported that they were happy and felt safe in the centre and some residents reported their dissatisfaction with elements of their care and support. Overall residents reported in the questionnaires they were happy with the comfort and warmth of their homes. However, a number of residents reported that their home was draughty and hard to heat.

One resident indicated that staff were "pleasant" and stated that they had happy memories from living in the centre. They also said they hoped to "live here until the end". Another resident stated that they liked all the staff and said they were helpful and pleasant. Other residents wrote about how all the staff and management have left and most new staff were agency. They also referred to staff wearing masks and how this was making it difficult for them to get to know them. Another resident stated that the manger and staff were always kind and good to them.

A number of residents stated in their questionnaires that they were looking forward to meeting their visitors once the current level of restrictions related to COVID-19 were lifted. Some residents reported they were happy with the amount of choice and control they had in their daily lives and their access to activities. They described activities they enjoyed such as going on holidays, walking, gardening, social interactions with other residents, listening to music, dancing to music, bingo, spending time with their family, going to the cinema, having tea and a chat, quiz days, crochet, exercise classes, arts and crafts and up cycling, and pottery. One resident described activities they would like to take part in more often such as crazy golf, bowling, snooker, football and ping pong.

Residents indicated they were happy with their care plan. However, one resident stated that they sometimes thought the plan was more important than the care. Residents who completed the questionnaire indicated that they were aware of the complaints process and that they knew who to go to if they had any concerns.

A number of residents described areas where they would like to see improvement in relation to their care and support and the centre, in their questionnaires. These included, improvements to the environment such as; works to fix the drainage

problems in the apartments, an area previously set aside for drying clothes now having waste bins, and the availability of parking. They reported their dissatisfaction with dogs' gear being washed in communal washing machines, and with noise levels from the laundry room early in the mornings and late at night. One resident commented that some staff ring the doorbell and turn the key, and asked that staff remember they are guests in peoples home and not to go in uninvited.

One resident indicated that the COVID-19 restrictions seem to change depending on who you were speaking to. Another resident indicated they would like to see improved continuity of staff, as they find the changes in staffing stressful.

One resident stated that they would like the freedom to have breakfast at time they want, with no restrictions. Another resident wrote in their questionnaire that they had not been happy with the cleanliness or furnishings when they moved to the centre and then stated that they now had to "gather myself together and look for somewhere else to live out my life".

Capacity and capability

This risk based inspection was completed to follow up in relation to residents' care and support since the Health Service Executive (HSE) had taken over as provider of the designated centre on 02 November 2020, under Section 64 of The Health Act 2007, as amended. On the last inspection, the HSE had been providing guidance and assistance to the newly appointed person in charge, with the presence of two senior staff in the centre, at least three times per week.

This inspection was facilitated by the person in charge and the person participating in the management of the designated centre (PPIM). Overall, in line with the findings of the last inspection, improvements had been made in relation to the oversight and day-to-day management of the centre, and communication between the provider, local management team and residents. These improvements were in their infancy and required further time to be fully implemented in order to have a positive impact for residents. Residents reported to the inspectors that they were still worried about their future but most of them stated they were now better informed about their options for future accommodation and the supports that could be made available to them.

During this inspection, improvements were noted in relation to the number of staff available to support residents, communication with residents, support for residents, safeguarding, the identification and management of risk, oversight of care and support for residents, and the management of complaints. However, concerns remained in relation to fire containment, food and nutrition, residents' rights, continuity of care and communication. The inspectors acknowledge that the provider was aware of these concerns and had plans in place to address them.

Most significantly, improvements were noted in relation to the oversight and

monitoring of care and support for residents in the centre. There was a member of the local management team available in the centre Monday to Friday and on call nursing support available out of hours and at the weekend. The person in charge reported to the PPIM, who in turn reported to the registered provider representative. There was also now a clinical nurse manager 2 working in the centre.

During the inspection, the inspectors were furnished with a compliance plan update from the inspections completed in the centre in July, August and September 2020. There was evidence that efforts were being made to address the majority of the actions. For example, additional staffing was put in place, residents were being supported to access counselling and advocacy services, and one resident had been supported to move to another designated centre in line with their changing needs. Some of the actions had not been completed in line with the identified timeframes. For example, planned fire works had not been completed. The inspectors acknowledge that the provider was aware of this and waiting for a lease agreement to be signed by the landlord, before these works could be completed.

The provider had reviewed staffing requirements in line with residents' assessed needs and recognised the need to increase staffing numbers and change the skill mix, to ensure staff with the relevant experience were recruited to meet residents' needs. They had also recognised that as staff left or took redundancy over the last number of months, that this had added to residents' stress levels. They had identified that a total of 16 whole time equivalent (WTE) staff would be required. This would include the person in charge, a clinical nurse manager, two staff nurses and 12 WTE care staff. While they were in the process of recruiting to fill these posts, they had an arrangement in place with three agencies to provide regular agency staff to fill all of the required shifts. There were now six staff on duty during the day and two staff on duty at night time. Plans were in place to ensure that residents would be supported by a staff team who were familiar to them and familiar with their care and support needs. Plans were also in place to ensure each resident had access to a keyworker to support them. However, residents reported that due to the number of agency staff, there was a lack of continuity of care and support for them at the time of the inspection.

There was an effective complaints procedure in place that included supporting residents to access advocacy if they made a complaint or raised a concern. The procedure in place was consistent with the relevant Regulation and took account of best practice guidelines. The procedure was used by residents and others to exercise their rights to raise issues and have those issues addressed in a timely and respectful manner. Residents told the inspectors about some of the complaints they had raised and these complaints were accurately recorded on the centres complaints log. While some complaints within the centre remained open, the provider had demonstrated that they were responding to those complaints. Where complaints were closed, the outcome of the complaint and whether the complainant was satisfied, was recorded.

Transition planning had not commenced in the centre, but had been discussed at residents' meetings and at the recent meeting with the registered provider representative. Plans were in place to meet with residents and start transition

planning in the New Year.

Regulation 15: Staffing

There were not enough staff with the right skills, qualifications and experience to meet residents' assessed needs. The provider was aware of this and working to recruit to ensure there were 16 WTE staff working in the centre.

Whilst improvements had been made in relation to the number of staff on duty, and to the skill mix of staff working in the centre, residents reported that continuity of care was impacted by the number of agency staff working in the centre. There was evidence that the provider was attempting to improve this by ensuring the same agency staff were working in the centre, until they recruited to fill the vacancies.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements were noted in relation to the monitoring and oversight of the quality of care and support for residents in the centre. The person in charge was being supported by a PPIM and there was now an out of hours on call system to ensure staff could escalate incidents and concerns relating to residents' care and support.

Management meetings had commenced and plans were in place to complete regular audits relating to the safety and quality of service provided for residents. Whilst improvements were noted in relation to the oversight in the centre, the systems were in development and required further time to fully impact on residents' lived experience in the centre.

A six monthly review had been completed and was identifying areas for improvement and the provider was putting plans in place to make these necessary improvements. An annual review of care and support was planned before the end of 2020.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified in relation to incidents occurring in the centre, in line with the requirement of the Regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There is a suitable nominated person to deal with all complaints and ensure that all complaints are recorded and fully and promptly investigated.

Judgment: Compliant

Quality and safety

In line with the findings of previous inspections, residents remained upset and worried about their future. However, they reported that they were now being kept informed by the provider in relation to the day-to-day management of the centre, and plans for the future. A small number of residents reported that some improvement was still required in relation to communication, the premises, residents' rights and food and nutrition in the centre. In addition, planned fire works had not progressed.

A number of residents spoke to the inspectors about areas in need of maintenance and repair in the centre. For example there was a long standing problem with the drains in the apartments and draughts in a number of apartments. The provider's maintenance team had engaged a contractor to look at what work needed to be done and they were waiting for a lease agreement to be put in place prior to completing the required works.

The central kitchen on the campus had closed since the last inspection. This change occurred quickly and the provider had made efforts to put suitable arrangements in place to ensure residents had access to meals and adequate supplies of food and drink in line with their dietary requirements and preferences. However, due to the timing of the closure of the kitchen and the limited availability of companies to provide meals during the pandemic, the provider was unable to provide the choice and food options required to meet all residents' needs. They had sourced a company to provide the main meal and sourced additional equipment and supplies to ensure that other meals could be prepared in the houses for residents and those in the apartments who required it.

At the time of the inspection, a number of residents living in the apartments were shopping for and cooking their own meals. Other residents living in the apartments and houses were availing of the support of staff to prepare and serve their meals. In response to a number of residents reporting that they were not satisfied with the meals provided, the provider had asked their catering manager to review the quality, content and choice of meals available for residents. They had identified

areas for improvement and were in the process of implementing the required changes. At a recent meeting with the provider representative, residents had raised their concerns and were informed that other options for meals would be explored. A survey was planned to capture residents' feedback.

The provider had ensured that there were systems in place to safeguard residents from all forms of potential abuse. All incidents, allegations and suspicions of abuse at the centre were investigated in accordance with the centre's policy. Staff spoken with had good understanding of safeguarding processes and this ensured residents were safeguarded at all times.

The provider demonstrated their capacity to communicate with residents, their families and visitors to promote and enable safe infection prevention and control practices. The provider had adopted a range of infection prevention and control procedures to protect residents from the risk of acquiring a healthcare-associated infection. There were hand washing and hand sanitising facilities available throughout the centre. There were suitable arrangements for clinical waste disposal. The provider had ensured adherence to standard precautions and there were ample supplies of personal protective equipment (PPE). There were clear arrangements in place to protect residents and staff from acquiring or transmitting COVID-19. The provider ensured all relevant public guidance was adhered to, including providing appropriate access to testing for COVID-19 as required. During the inspection, the inspectors observed staff engaging in social distancing and wearing appropriate PPE. Staff spoken with were knowledgeable regarding the precautions needed to protect residents during the COVID-19 pandemic, this combined with the measures taken by the provider, ensured that residents and staff were protected from unnecessarily contracting COVID-19.

There were appropriate systems in place for the prevention and detection of fire, including emergency lighting. All staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre. However, not all parts of the centre were appropriately protected by fire doors with self closing mechanisms. The provider was aware of this issue and had a broad plan in place to resolve these fire containment issues. However, at the time of inspection there was no clear start date for these works to commence.

Improvements were noted in relation to how residents were consulted about and making decisions relating to the services and supports they receive. Weekly residents' meetings were now occurring. The agenda items for these meetings included, complaints, safeguarding, advocacy, fire safety, personal plans, activities, transitions, health and safety and any other business. These meetings were well attended and actions were developed and there was evidence that they were followed up on at the next meeting. Residents told inspectors that the local management team were available to them should they have any concerns. Residents who wished to seek the support of an independent advocate, had been supported to and were now accessing these services.

However, one resident told inspectors that not all staff waited for them to answer

the door before they used a key to enter their home. In addition, one resident talked about how staff including administrative staff were now based in their home. They reported that whilst they enjoyed the company of staff, they would prefer if things could go back to the way they were. They described how their home was now very busy and noisy. The provider had plans in place to accommodate administration staff, reception and security personnel, and the local management team in another area of the designated centre and informed inspectors that residents would be informed prior to these changes occurring.

There was evidence that efforts had been made to improve communication between the provider and residents since that last inspection. A number of residents remained dissatisfied with the format which information was being presented to them. The provider has recognised the need to ensure residents have access to Braille and audio recordings to keep them informed in a timely manner, and had also recognised the need to have other documents available in a format which suited residents' needs.

The main telephone line for the designated centre was not working at the time of the inspection. The provider reported that this was a technical issue and that they were working on getting it resolved. A number of residents discussed the impact of this for them, and were eager for this issue to be resolved as their family and friends ring them on this number from abroad. Residents had also brought the issue of Internet access to the attention of the provider at a recent meeting. The provider was in the process of exploring options to provide Internet access in the centre. In addition, residents had requested TV and audio scanner for the resource room. The provider was in the process of developing better communication pathways and was keeping resident informed of progress at residents' meetings.

Regulation 10: Communication

Improvements were noted in relation to communication between the provider and residents. However, they had recognised that further improvement was required to ensure that information was available for residents in a format which suited their needs and preferences.

There were technical issues with the land line on the day of the inspection and the provider was working to get this resolved. Some residents were paying for broadband services to their home, but it was not available in a central area to ensure all residents had access to the Internet. The provider was aware of this and looking into making Internet available for residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

The central kitchen had closed since the last inspection. This had occurred very quickly and the provider had attempted to be responsive and source suitable meals for residents. The provider had also sourced additional equipment to ensure they could store and prepare meals in two of the houses. However, a number of residents reported that they were not satisfied with the quality of some of the food, the presentation, or the temperature when it was served to them.

In response the provider had their catering officer review the meals and a plan was in place to complete a further survey to capture residents' feedback. Residents had also brought their concerns to the provider representative at a recent meeting and the provider was looking into alternative arrangements for provision of residents' main meal.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The prevention and control of healthcare-associated infections was effectively and efficiently governed and managed. Staff were observed to maintain social distancing and demonstrated good hand hygiene during the course of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate systems in place for the prevention and detection of fire, including emergency lighting. All staff had received suitable training in fire prevention and emergency procedures.

However, not all appropriate parts of the centre were protected by fire doors with self closing mechanisms.

Judgment: Not compliant

Regulation 8: Protection

The person in charge initiated and carried out an investigation in relation to any incident, allegation or suspicion of abuse and took appropriate action where a resident was harmed or suffered abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' meetings were now occurring regularly. The agenda was varied and complaints, advocacy, safeguarding and rights were discussed regularly at these meetings.

Residents were being supported to access counselling and advocacy services, should they so wish.

A number of residents reported that improvement was still required in relation to ensuring that their privacy and dignity was maintained in their home.

Judgment: Substantially 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 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Telford Houses & Apartments OSV-0002314

Inspection ID: MON-0031085

Date of inspection: 01/12/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider has approved a local recruitment campaign for the existing staff compliment to offer them fixed term/purpose HSE contracts. The interviews will take place in February 2021. HR will process paperwork and offer contracts by Quarter 2 2021.</p> <p>In the interim agreement has been reached with the recruitment agencies in place that the existing staff will continue to work on a full time basis across the houses the apartments.</p> <p>Bespoke disability training has commenced with further sessions agreed for Quarter 1 2021. Areas of training included; working with the residents, safeguarding, communication, rights and dignity.</p> <p>Further sessions in will focus on dignity, rights, safeguarding and communication.</p> <p>Performance Achievement has commenced and will be rolled out for core staff in Quarter 1 and 2 2021.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Annual review of care and support has been completed.</p> <p>Six monthly review to take place in 2nd quarter 2021.</p> <p>Keyworkers assigned to residents in December 2020 to support continuity of care for residents. This will be reviewed at the end of Quarter 1 2021.</p>	

Staff team meetings dates agreed for the year.

Support for residents for their individual transitions meetings with the identification of advocates where requested is being put in place, with meetings to commence in Quarter 1 2021.

Performance Achievement has commenced and will be rolled out for core staff in Quarter 1 and 2 2021.

Maintenance concerns are being forwarded weekly with confirmation of works completed provided and any outstanding jobs remaining on the list for the following week.

Work has been completed on the drains, laundry area, gutters, grounds, electrical works and heating.

A glazier has assessed the integrity of windows/window seals and develop a workplan accordingly. Same is expected within the coming weeks to be discussed with the Provider Representative.

Apex Fire servicing fire equipment in place in line with regulations. 21 staff completed bespoke training in December 2020. Upgrading to fire prevention will be completed in Quarter 1 2021 includes; replacement of fire door intumescent strips, cold smoke seals, new grade hinges and fire stopping sealant between houses and apartments.

Infection Control Audit and completed in Q 4 2020 with a number of actions as provision of paper hand towel only, toilet repaired and painting completed in one house with remaining actions actioned for completion in Quarter 1 and Quarter 2 2021.

Regulation 10: Communication	Not Compliant
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Outline how you are going to come into compliance with Regulation 10: Communication: A license for a software program to convert documents to word to augment/enhance communication pathways for residents has been sourced and is being put in place.

The telephone system has been upgraded and now all houses and apartments have telephone access with their own phone line.

Internet access has been improved for a number of areas with further work to be completed to ensure all residents have access to internet.

Weekly meetings for residents in place since November 2020 to ensure clear open communication with residents.

Bespoke training with staff commenced in December 2020 with emphasis on communication for individuals with visual impairment and or communication difficulties. This will continue to be rolled out in line with Covid-19 guidelines in Quarter 1 and Quarter 2 2021.

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Options regarding the provision of the main meal of the day have been further explored with a new provider in place and more varied options across the weekly menu available for residents.</p> <p>Opportunity is available through the weekly meetings for residents to voice their concerns regarding the meals. These concerns and feedback are reviewed by the PIC and Catering Officer, who will support actions required to improve the provision of meals; quality of the food, presentation of meals and the temperature of meals.</p> <p>The Catering Officer will complete a feedback satisfaction/ improvement survey with residents regarding the meals on a quarterly basis, beginning in Quarter 1 2021.</p> <p>Training for staff in relation to Nutrition, heating, cooling, kitchen hygiene and storage of foodstuffs commenced with Catering Officer in December 2020, with further sessions to be provided in Quarter 1 and Quarter 2 2021 within Covid-19 restriction guidelines.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All fire equipment was serviced in December 2020.</p> <p>Bespoke Fire training completed with 21 staff in December 2020.</p> <p>Following works approved to commence in Quarter 1 2021 includes; replacement of fire door intumescent strips, cold smoke seals, new grade hinges and fire stopping sealant between houses and apartments.</p> <p>Staffing at night is two waking staff supported by a security person who have all completed fire training.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Regular meetings with residents continue to take place, with opportunity given to voice their opinion, concerns and make recommendations for improvement.</p> <p>Staff Training with focus on working with the residents, safeguarding, communication, rights and dignity, safeguarding and communication has commenced and will continue in line with Covid -19 guidelines.</p> <p>Counselling continues for those who wish to avail of it.</p> <p>All residents who wish to have an assigned advocate or family member to support them with their transition plan will be in place by January 15th 2021.</p>	

Transition meetings to commence in February 2021 with individual residents, their advocate/ family member and relevant others as; Psychologist, Social Worker and personnel from other Service Providers.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	30/03/2021
Regulation 10(3)(a)	The registered provider shall ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.	Not Compliant	Orange	30/01/2021
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less	Substantially Compliant	Yellow	31/05/2021

	than full-time basis.			
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.	Substantially Compliant	Yellow	28/02/2021
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 to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2021
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships,	Substantially Compliant	Yellow	30/03/2021

	intimate and personal care, professional consultations and personal information.			
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