Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Goldfinch 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	23 September 2020
Centre ID:	OSV-0004828
Fieldwork ID:	MON-0030524

About the designated centre

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

Goldfinch No 1 is a residential service providing full time care for adults with intellectual disabilities. The centre comprises of three residences located in Limerick City environs. The houses are all located in residential areas with good access to public transport, local shops and amenities.
There are two houses both of which are two–storey with parking facilities at the front and garden areas at the rear of the properties. Each of these properties supports four residents. The third residence is a self-contained, one bedroom apartment with a small garden area to the rear of the property and is located adjacent to one of the houses in this designated centre. All residents have their own bedrooms; there are adequate dining and kitchen facilities in each area. Each residence has a sitting room /reception area to receive visitors.
Residents have access to transport and the service is provided through a social care model of support. All residents regularly attend either day services, employment or a vocational training centre outside of the designated centre. Residents are not usually present in the centre between 08:30 – 16:00hrs. However, the centre can also provide limited support in the centre, if required due to changing needs of a resident. Residents are supported by social care staff during the day, with sleep over staff at night time in both of the houses. There is an intercom system in the apartment for the resident there to have support from the staff in the adjacent house. Individuals are supported to access other services such as GP and consultant services as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 23 September 2020	10:00hrs to 16:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet with four of the residents who live in one of the houses of the designated centre. In an effort to minimise movement as a result of the COVID-19 pandemic, the inspector was located in the staff office in this house during the inspection. The inspector did not visit the other dwelling during this inspection which provides full time residential support to five residents.

On arrival the inspector met four residents in the dining room prior to their departure on a planned activity with staff. The residents told the inspector they had prepared their own lunches for a picnic. They spoke of their different choices and what provisions had been placed in the picnic bag. They had chosen to go to a park and on return to the designated centre staff supported residents to explain how the group had enjoyed their picnic under a sheltered area as there was a light summer shower at the time they had chosen to have their lunch.

The house was decorated with a lot of artwork which the residents had completed and two residents were observed to be relaxing while they participated in an art activity in the dining room prior to going out for the day. One resident was supported by staff to talk to the inspector about them going to the local shop recently. The resident explained how they had worn a mask and sanitised their hands upon entering and leaving the shop. Residents talked of how staff had supported them in the house during the lockdown restrictions, however, they did miss meeting their peers in their day services. Staff supported the residents to explain to the inspector how they kept in contact with their relatives and peers during the lock down restrictions through regular video calls. Residents also spoke of how they had met their relatives in recent weeks while adhering to public health safety guidelines. One resident had spent time sitting outside with their sibling in the back garden of the house on a few occasions during the good weather in recent months.

As the inspector was unable to visit the other house in this designated centre due to the current guidelines in place, the person in charge had been advised that the inspector could speak with the residents if they chose by phone or video call. No resident availed of this opportunity on the day of the inspection.

The inspector observed a number of interactions between staff members and the residents which were respectful in nature. It was evident residents were familiar with the staff supporting them. Staff were also aware of the individual preferences and routines of each of the residents in the house on the day of the inspection.

Capacity and capability

This risk based inspection was undertaken to provide assurance that actions identified during the last inspection in April 2019 had been completed prior to the renewal of the registration of this designated centre. Overall, there was evidence of a competent service and workforce that responded to the identified needs of the residents. Effective leadership arrangements were in place to ensure good management and oversight so that residents were in receipt of a person-centred and meaningful service. While the provider had addressed actions from the last inspection, further review of some of these actions was required, these will be outlined in the report under regulation 26: Risk management procedures and regulation 28: Fire precautions.

The provider had ensured the person in charge of the designated centre had the required skills and qualifications to carry out the role. They were supported in the role by persons participating in management, with regular meetings scheduled. The person in charge demonstrated their knowledge and oversight of the centre during the inspection. The residents were supported through a social model of care. The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the residents and the statement of purpose. The inspector reviewed the actual and planned staff rota which indicated continuity of care from a core staff team. Staff supervision had recommenced in the designated centre while adhering to public health guidelines. Regular relief staff were also available to assist with annual leave and as part of a contingency staffing plan if required.

The provider had a system to ensure a comprehensive training programme was in place for staff working in the designated centre. The person in charge had ensured staff had undertaken additional training specific to the assessed needs of the residents. Training in relation to COVID-19 had been completed by the majority of staff, one staff had yet to complete all modules of the e-learning programmes as required by the provider. In addition, not all staff had completed required refresher training at the time of the inspection; three staff required refresher training in fire safety while two staff required refresher training in managing behaviours that challenge. The inspector was informed by the person participating in management that staff in the designated centre were scheduled to attend fire safety training in early October 2020.

The registered provider ensured a directory of residents was maintained within the designated centre, this was an action from the previous inspection. All required information in relation to each resident was up to date.

There was evidence that the designated centre was resourced to enable effective delivery of care and support to residents in accordance with the statement of purpose that was provided to the inspector. The registered provider had undertaken both six monthly unannounced visits and an annual review. Issues identified in these reviews were addressed or in the process of being addressed by the person in charge.

One resident was supported to move into one of the houses in July 2020. This

resident was already known to the other residents living in the house and they attended the same day service as some of the residents. The person in charge outlined how the staff team included the residents already living in the house in the discussions regarding a new resident moving into the house. Residents were kept informed of the planned admission and the staff team supported all the residents as required during the planned transition period.

There were no open complaints in the designated centre at the time of this inspection. Following a review of the complaints log by the inspector, it was evident staff had supported residents to make complaints regarding a number of different issues. All complaints had been resolved in a timely manner.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application for the renewal of the registration of the designated centre as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualification to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured the number, skill mix and qualifications of staff was appropriate to the number and assessed needs of the residents in the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training,

however, some staff required mandatory refresher training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had ensured a directory of residents was maintained in the designated centre.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

Clear management structures and lines of accountability were in place. The provider had ensured an annual review and unannounced six monthly audits had been completed in line with regulatory requirements.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider and person in charge met the requirements of this regulation. Suitable arrangements were in place for the admission of residents to the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector was notified in writing of adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had ensured that there was an effective complaints procedure which was accessible to residents.

Judgment: Compliant

Quality and safety

Overall, the inspector found evidence of a good quality service. The provider ensured that the focus of care was person-centred and specific to the identified needs of the residents. However, the inspector issued an urgent action regarding the provider's compliance with regulation 28: Fire precautions. The inspector requested assurance from the provider that effective fire safety management systems were in place.

Prior to this inspection, the inspector was aware the provider had not carried out phase 2 of their fire safety upgrade works in this designated centre. These works required the installation of fire doors in the designated centre. However, the inspector was not assured on the day of the inspection that adequate measures were in place to reduce the risk of fire. The crumb tray in the toaster had evidence of not been emptied regularly, the cooker extractor hood had evidence of grease build up. On review of the personal emergency egress plans, PEEPs, while all had been regularly reviewed, information was not consistent in some documents. One resident required "verbal prompts" to evacuate in a section of their PEEP, but in another section of the same document "no verbal prompts required" was

documented. While there was evidence of regular fire drills taking place including minimal staffing drills, the length of time it took to evacuate the house was not documented on the drill that took place in August 2020. Also, the documentation only contained the numbers of staff and residents taking part, it was not clear if all staff and residents in the designated centre had taken part in a fire drill. In addition, while daily and weekly fire checks were required to be completed by staff, these were not always documented in the logs reviewed by the inspector. Daily visual checks had not been documented for 8th, 9th and 21st of August and no weekly checks had been documented between 31st July 2020 to 14th August 2020. The protocol in place for checking the tumble dryer stated daily checks to be carried out but this was not completed. The inspector was informed that staff only did a check if the dryer was used. These issues were discussed with the person in charge during the inspection. As mentioned previously not all staff had up-to-date-training in fire safety. The provider had fire systems in place in the designated centre including a fire alarm system, emergency lighting and fire extinguishers; with such equipment being serviced at regular intervals. Fire exits were observed to be unobstructed on the day of the inspection, while fire evacuation procedures were also on display in easy-to-read format.

During the inspection the residents who met with the inspector spoke of their use of technology to keep in contact with their peers and relatives. Residents had access to WiFi and tablet devices. One resident had been supported at home with relatives for an extended period during the initial lockdown measures imposed by the government. The person in charge and residents used video calls to keep in regular contact with this resident. One resident had access to the support of a designated interpreter due to a hearing impairment. The person in charge outlined how this support had not been consistent for a period of time since the last inspection. This was also identified as an action in the annual review for the designated centre. The person in charge outlined how they had met with the interpreter and explained how the resident required a commitment for the agreed scheduled weekly meetings to take place. The resident looked forward to this activity and was disappointed if they were cancelled. The inspector was informed that the interpreter had given an undertaking to continue the scheduled meetings. In addition, staff supporting this resident have downloaded a sign language phone application which demonstrates by video the word or action when typed into the phone. The resident can then understand what is being communicated to them by looking at the screen. The inspector was informed that the resident was actively engaging with staff using this application and this was helping greatly with their ability to effectively communicate with all staff. The person in charge demonstrated this application to the inspector at the end of the inspection and it appeared to be easy to use, the signing of the word could be repeated easily if the resident didn't understand the action initially. The residents were also supported with easy-to-read information which included financial training, fire evacuation and their personal plans for the year.

Personal care plans were in place and reflected clear information about residents. The plans reviewed by the inspector showed evidence of regular multi-disciplinary review and regular updates to reflect residents' changing needs and circumstances. The goals identified were meaningful and had been developed in consultation with the resident and their family. Some goals could not be achieved due to the lockdown

restrictions, such as attending horse shows or going on holidays. However, there was documented evidence of goals being re-adjusted and reviewed in light of the current situation; for example, one resident was being supported to improve their road safety awareness and another with financial training. The person in charge had ensured staff were identified as key workers for residents. While residents had not yet returned to the location of where they attended their day services prior to COVID-19, day service staff were supporting residents in the designated centre. The provider had increased the staff support for one resident during the lockdown period and this was continuing and working well for the resident according to the person in charge. This resident was being supported to return to their day service in a limited capacity at scheduled times during the week and they had additional staff support at the weekend for a number of hours each day so they could engage in activities of their choosing while adhering to public health guidelines. The person in charge outlined that the provider had recently re- commenced day services for non-residential service users. This has resulted in a reduction of the number of day service staff available to support the residents in the designated centre. While there were a cohort of staff available, the person in charge outlined that they were monitoring if this would impact residents to complete individual activities on occasion. The person in charge identified changing needs of some residents which may present difficulties in the future if this situation continues and residents are unable to return to their day services.

Residents healthcare needs were well met in the designated centre. Residents had regular access to a general practitioner and were supported to attend allied health care professionals and specialists as required. The staff team were also liaising with a clinical nurse specialist regarding the ongoing needs of one resident and advocating for their ability to access appropriate medical investigations for an ongoing condition. While the inspector did not review regulation 29: Medicines and pharmaceutical services during this inspection, the person in charge outlined the actions taken following the findings of the the last inspection which ensured all residents had been assessed to take responsibility for their own medication, in accordance with their preferences. At the time of this inspection no resident was self-medicating.

The inspector was informed of safeguarding plans that were in place at the time of the inspection. All staff had been provided with relevant safeguarding training while those spoken to during the inspection demonstrated a good awareness of any safeguarding issues and how to respond to these. Relevant plans were also available to provide guidance in this regard such as safeguarding plans, intimate personal care plans and positive behaviour support plans. There was evidence of these been updated to reflect changes or developments. Residents were also supported at weekly meetings and had viewed a safeguarding video. In addition, a behavioural support specialist had recently visited the designated centre where the importance of respecting each others' rights and privacy was discussed. Following this meeting the specialist complied easy-to- read picture tools for all residents to respect each other.

The inspector had been kept informed in recent months of the planned transition of one resident to another designated centre. The resident was assisted by the staff

team and the person in charge to move to a more suitable house that was able to continue support their current assessed needs and future needs. The inspector was informed of the positive impact this transition had on the resident and the residents who continued to live in the house. The family of this resident had also been satisfied with the services provided to their relative.

An action from the last inspection regarding the timely review of the risk register had taken place. While the person in charge and person participating in management had completed detailed individual risk assessments for all residents which had evidence of regular reviews and included the risks associated with COVID-19; the risk register for the centre had not been completed in the same format. While most of the risks for the designated centre had been identified in a risk log, there were no controls or risk ratings assigned to each of the risks. In addition, the risk associated with the lack of fire doors in the designated centre was not included in the risk log. However, the inspector was aware that the provider had identified this issue on their organisational risk register, impacting on it's compliance with the regulations.

The provider had measures in place to ensure that all residents were protected from potential sources of infection. A COVID-19 folder was available in the designated centre with updated information and guidance. Easy-to-read information for residents was also available. There was evidence of regular temperature checks being taken for both staff and residents. Staff members working in the designated centre wore face masks in line with public health and the provider's guidelines. In addition, staff were knowledgeable of procedures in place regarding wearing personal protective equipment, PPE and infection control measures. The person in charge and person participating in management wore gowns when in the centre in line with the provider's policy. There were supplies of PPE available in the houses with additional stock available in a regional office as required by staff. On return to the designated centre in the afternoon the inspector observed residents being reminded by the staff supporting them to wash their hands. The designated centre had a regular routine and record log of additional cleaning applied to regularly touched areas. Cleaning checklists had documented evidence of being completed by staff and reviewed by the person in charge. While hygiene practices were good, not all staff had undertaken training in areas of hand hygiene and the use of PPE. This will be actioned under regulation 16.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to maintain contact with relatives and friends. Visitors were able to meet residents in the designated centre while adhering to public health guidelines and staff supported residents to visit their relatives in accordance with their wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that each resident had access to and retained control over their personal property.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had opportunities to participate in activities in accordance with their interests and were supported to maintain links with the wider community.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and had ensured that a copy was provided to residents.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that residents were supported to transition between residential services.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had policies and procedures in place relating to risk management which included COVID-19 and a process for escalating risk where required. While individual risk assessments were in place for residents, a centre wide risk register did not contain all risks in the designated centre or the measures and actions in place.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the health protection and surveillance centre.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety systems including a fire alarm, emergency lighting and fire extinguishers were in place. However, upgrade fire safety works had not yet commenced and fire precautions in place required review.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of residents was carried out.

Judgment: Compliant

Regulation 6: Health care

The health and well-being of the residents was promoted in the designated centre. Staff demonstrated a good knowledge of the residents' health care needs and how to support them.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans to guide staff practice and to promote positive behaviour amongst residents. This ensured consistency in the care and support given to residents.

Judgment: Compliant

Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents form harm or abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had ensured that residents' privacy and dignity was respected and the services provided were in accordance with the residents' wishes.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	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	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Goldfinch 1 OSV-0004828

Inspection ID: MON-0030524

Date of inspection: 23/09/2020

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 16: Training and staff development	Substantially Compliant

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

• The BOCSIL have resumed back with face to face training where it is safe to do so with limited numbers to commence training and follow public health advice based on the restrictions. At the start of the pandemic in March we cancelled all training face to face and offered online training with The Open Training College and HSELAND.IE to ensure staff would have training on PPE in community healthcare settings, breaking the chain of infection and Hand Hygiene for HSE Non-Clinical staff & Safeguarding of Vulnerable Adults training.

• In recent weeks we have consulted with our Fire Safety Engineer and we have ensured that the IT department put in place remote fire safety training in which we have informed and enrolled staff on Fire training in the next couple weeks remotely with the fire Safety Trainer to conduct training in this area.

Below outlines a list of mandatory training for all staff to attend and complete refresher training every two years.

• Fire Safety Training,
• MAPA,
• Infection Prevention Control, - This includes training on putting on and taking off PPE in community healthcare settings, breaking the chain of infection and Hand Hygiene for HSE Non-Clinical staff.
• Responsible and Safe Medication Management
• Safeguarding of Vulnerable Adults.
• Children's First

PIC and PPIM have scheduled staff on the above mandatory refresher training in line with our training calendar from our Training Department. Staff will attend all of the scheduled training over the next couple of weeks. Staff will provide certificates and this will be update by the training department in accordance to each staff training records. This will be completed by all staff before the 31st December 2020 in order to be

compliant with regulation 16 of Training and staff development.

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
• The Health and Safety Statement for the BOCSILR sets out the organizational level controls in place to mitigate against a range of environmental risks and hazards including the risk of fire.
• The PIC and PPIM will use these organizational level risk assessments to individually assess risks associated to Goldfinch 1 Designated Center. A review of the 2 houses in the designated center will be conducted to consider if there are any further site specific hazards that require monitoring.
• This will be completed by 31st October 2020.The risks will be reviewed and monitored on a six monthly basis at a minimum thereafter in line with Policy and Procedure to ensure the designated center will be fully compliant with regulation 26 Risk Management Procedures.
• The PIC will also include the risk ratings in the individual risk log to ensure the ratings are identified in the log and visible for all staff to follow by 31/10/2020

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Fire Safety Engineer inspection has taken place in Goldfinch1. The fire report outlining recommendations sent to HIQA by the Director of services 12/10/20.
• Installation of fire doors will be planned during 2021 as part of an ongoing programme of works.
• L1 fire panel and emergency lighting in place and quarterly checks will continue to be carried out.
• Fire register in place and signed by all staff working in the centre. Fire panel in place in the centre.
• Daily, weekly & quarterly checks are carried out by staff when on duty.
• Fire extinguishers are in place across the centre (Inspected quarterly by maintenance)
• Checked weekly for damage by staff on duty
• PEEPs in place for all residents they will continue to be reviewed on a regular basis with consisted information regarding each resident outlining how staff will need to evacuate each resident out of their home in the event of a fire.
• Staff will complete a checklist each night before going to bed to verify that all plugs are

plugged out in the communal areas of the designated centre. This includes all appliances in the kitchen (where there is access to the plug and where it is reasonable to plug the appliance out) and the living room.
• Quarterly night time drills will be continued. Fire Evacuation completed by all staff working in the centre with all residents.
• Scheduled quarterly daytime/evening drills completed and logged and all staff will continue same.
• Going forward new staff will participate in fire drills during shadowing period of Induction.
• Fire Drill template updated to include staff and residents initials to reflect the participants of who are in attendance in the fire drill.
• We will discuss the importance with residents of plugging out their appliances in their bedrooms before they go to sleep each night cognisant of the resident's right to privacy. This will be added to the agenda of the weekly house meetings with the all residents of the centre.
• We will ensure the electrical equipment is cleaned on a regular basis e.g. extractor hood, toaster etc. - This will be included in our cleaning check list to ensure that Staff are checking and cleaning these items.
• Fire Drill template updated to include staff and residents initials to reflect the participants of who are in attendance in the fire drill.
• PIC has developed a Fire safety risk for the Risk register of the designated centre to ensure the safety of residence in the designated centre and will be monitored quarterly.
• Emergency break glass key boxes in place at all exits (Checked weekly by staff on duty and recorded).
• Daily visual inspection of fire exits by staff on duty/ Tumble dryer checks daily by staff.
• Inventory of fire extinguishers in place.
• Annual safety Checklist completed by Person in Charge
• Personal emergency Egress plans (PEEP) in place for all residents across the centre and are in date and will be kept under review in line with resident's needs.
• Emergency assembly point identified across 3 houses.
• Discussion of fire safety in house meetings will be discussed with staff.
• In Goldfinch 1 they have adaptable devices in place for residents who require them for the evacuation of fire.

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	31/12/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	31/10/2020
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of	Substantially Compliant	Yellow	31/10/2020

	Schedule 5, includes the following: the measures and actions in place to control the risks identified.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/10/2020
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Not Compliant	Red	31/12/2021
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	09/10/2020
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	09/10/2020