



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

Issued by the Chief Inspector

Name of designated centre:	Hazelville Home
Name of provider:	St Joseph's Foundation
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	21 July 2020
Centre ID:	OSV-0001820
Fieldwork ID:	MON-0030042

About the designated centre

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

This service is provided in a purpose built single storey property located in a pleasant rural village. A maximum of ten residents can be accommodated; each resident has their own bedroom and share communal, dining and sanitary facilities.

The provider describes the service as suited to residents who require a retirement or pre-retirement service; residents who require full-time support and care and who are unable to attend additional/external day services due to additional health needs.

Full time residential services are provided and the staff team is comprised of nursing staff and care assistants led by the person in charge; 24 hour nursing care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
--	---

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 21 July 2020	10:00hrs to 15:30hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector had the opportunity to meet and interact with seven residents who lived in the designated centre. On arrival to the designated centre, the inspector was welcomed and greeted by one resident. In an effort to minimise movement as a result of the COVID-19 pandemic, the inspector was located in the visitor's room during the inspection. However, the inspector did complete a walk around of the designated centre with the person in charge.

During the walk around, the inspector had the opportunity to interact with a number of residents. Two residents were sitting in the kitchen. One resident had finished their lunch and was having a nap in their chair. The other resident was having their lunch, with supports provided by staff members. In the sitting room, one resident was watching television following a visit to the dentist, while another resident was watching television in their bedroom. One resident told the inspector that they had recently had their hair styled by the hairdresser and that they were very happy with how it looked. Another resident said a brief hello to the inspector before returning to an activity they were completing.

Although a number of residents were non-verbal communicators, it was evident that staff members could interpret the needs of the residents. For example, a staff member spoken with told the inspector that one resident was indicating that they had mild pain and had been given pain relief. The inspector observed a number of interactions between residents and staff members and found them to be positive and respectful in nature. It was evident that residents appeared relaxed and comfortable in the presence of staff in the designated centre. During the inspection, it was evident that two of the residents were aware that they could not shake the inspector's hand due to COVID-19. These residents were happy to offer the inspector a wave and a smile instead, while maintaining social distancing.

The person in charge was advised that residents who wished to speak with the inspector could be facilitated in the visitor's room. It was also advised that residents could be afforded the opportunity to speak with the inspector on the telephone after the inspection.

Capacity and capability

The inspector reviewed the capacity and capability of the services provided to residents and found that some improvements were required.

Residents living in the designated centre were supported by staff nurses, care assistants and household staff. The inspector discussed the staffing levels in the

designated centre with the person in charge. The inspector also reviewed the actual and planned roster for the designated centre. On review it appeared that the staffing levels on the rosters reviewed since March 2020, were below the minimum staffing level documented in the designated centre's statement of purpose. Following the inspection, it was acknowledged that the roster that was given to the inspector for review did not accurately reflect the staff on duty since March 2020. The designated centre's statement of purpose had been updated to reflect that day service staff had been redeployed to the designated centre, due to COVID-19. The roster provided to the inspector had not been updated to reflect this. Assurances were required in relation to the staffing levels in place at night time for the purposes of evacuation in the event of a fire. This will be discussed under Regulation 28 Fire precautions.

Staff members in the designated centre had participated in a number of mandatory trainings including fire safety, managing behaviour that is challenging, safeguarding of vulnerable adults and manual handling. It was noted that a number of mandatory trainings had been cancelled due to COVID-19, however the person in charge had ensured that staff members had access to appropriate online trainings until face to face training could recommence. As a response to COVID-19, the person in charge had also ensured that staff members had access to appropriate trainings such as infection control, hand hygiene and the appropriate use of personal protective equipment.

An annual review and unannounced six monthly visits had been completed by the registered provider to ensure oversight of the designated centre. However, it was noted that a number of areas requiring improvement were outstanding from the previous inspection of the designated centre. In response to the previous inspection carried out by the Health Information and Quality Authority (HIQA) in February 2019, the registered provider had committed to accessing psychology support for the residents living in the designated centre. At the time of this inspection, one resident was awaiting psychology input. In addition, the provider had failed to demonstrate that it had effective fire evacuation procedures. This finding was consistent with the findings in the February 2019 inspection carried out by HIQA. Therefore, it was not evident that the registered provider had management systems in place to ensure that the service provided to residents was safe, appropriate to residents' needs, consistent and effectively monitored. The registered provider had ensured the appointment of a person in charge who held the necessary skills and qualifications to carry out the role. At the time of the inspection, the person in charge was carrying out the role for a total of two designated centres. Throughout discussions with the person in charge, it was evident that they had good knowledge of the support needs of residents living in the designated centre. Clear lines of authority and accountability were evident in the designated centre.

One resident had been admitted to the designated centre since the last inspection. According to the designated centre's statement of purpose, the specific care and supports needs for which the designated centre provided supports was as follows; residents with a diagnosis of an intellectual disability with additional health needs which required full time management and who were unable to attend day service due to these needs. The inspector spoke briefly with the resident, and reviewed the

resident's file and comprehensive assessment of need. It was not evident that the resident had a physical or mental health need that met the requirement that they could not attend a day service, if they so wished. Staff spoken with informed the inspector that the resident could attend a day service, if they would like to. This was not in line with the specific care and support needs outlined in the designated centre's statement of purpose.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed in the designated centre. The individual appointed as person in charge held the necessary skills and qualifications to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had not ensured that there was an actual and planned rota, showing staff on duty during the day and night and that it was properly maintained. It was acknowledged that the roster that was given to the inspector for review did not accurately reflect the staff on duty since March 2020.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training, including refresher training as part of a continuous professional development programme.

Judgment: Compliant

Regulation 22: Insurance

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

Judgment: Compliant

Regulation 23: Governance and management

It was not evident that the registered provider had management systems in place to ensure that the service provided to residents was safe, appropriate to residents' needs, consistent and effectively monitored. Assurances were required to ensure that all residents could safely be evacuated in the event of a fire. It was noted that not all actions from the previous inspection of the designated centre had been addressed.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had not ensured that an application for admission to the designated centre was determined on the basis of transparent criteria in accordance with the statement of purpose. It was not evident that one resident who recently transitioned into the designated centre had a physical or mental health need that met the requirement that they could not attend a day service, if they so wished.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development of a statement of purpose which contained the information set out in Schedule 1.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of the care and supports provided to residents living in the designated centre and found that although some improvements had been made, further improvements were required to ensure that residents received a good quality service.

The premises of the designated centre was a large bungalow located within walking distance of a small village. There was a garden and patio area at the rear of the centre, with a small herb garden. The inspector viewed a number of residents' bedrooms and saw that they had been decorated with residents' personal items. It was noted that improvements could be made to personalise one resident's bedroom following admission to the designated centre. It was observed that the resident had a hospital bed which was not in line with their assessed needs. The person in charge told the inspector that they planned to discuss personalising and decorating the resident's bedroom in consultation with the resident. It was noted that a number of areas were due to be painted however this had been delayed due to COVID-19. A new kitchen was due to be fitted in the designated centre however this had also been postponed due to COVID-19. It was observed that one bathroom required upgrade.

Residents living in the designated centre had been subject to a comprehensive assessment of their health, personal and social care needs. Following the assessment, plans had been developed to ensure supports were provided in line with the needs of residents. There was evidence of regular multi-disciplinary review, and regular updates to reflect residents' changing needs and circumstances. However, improvements were required to the recording of personal care. It was noted in the documentation that there were periods of up to seven days where residents' personal care needs were not documented as being carried out, in line with their assessed needs.

A safeguarding folder had been implemented in the designated centre, which included records of safeguarding plans in place for residents living in the designated centre. It was evident that these plans were regularly reviewed by the person in charge and the designated safeguarding officer. An assessment of residents' capacity to manage their finances had also been completed. It was evident that supports had been put in place to ensure residents retained control over the finances in line with their assessed needs. An annual financial audit was completed to ensure residents' finances were managed appropriately.

Since the last inspection of the designated centre, improvements had been made to residents' behaviour support plans. It was noted that five residents had now received psychology input, however one resident was still awaiting an assessment of their behaviour support needs. This action was outstanding from the last inspection of the designated centre.

The inspector reviewed the practices relating to the storage, prescribing and administration of medicines. A locked medicines press and a medicines fridge were located in the staff office. Residents' medicines were stored separately and clearly labelled. When opened, liquid medicines were dated to ensure that they were disposed of as required. Residents had access to a local pharmacy. The inspector reviewed the record of one resident's medicines and found that improvements were required to ensure that the maximum dose of PRN medicines (a medicine only taken as required) in 24 hours was clearly documented on the medicines administration chart. PRN protocols were readily available, to ensure a clear rationale for the

administration for PRN medicines was outlined.

Improvements were required to ensure that all residents could be safely evacuated from the designated centre in the event of a fire. Although fire evacuation drills had been carried out in the designated centre, it was not documented how many staff and residents had participated in the fire drill, or their location at the time of the evacuation. Therefore, it was not evident if a fire drill that accurately reflected the day time and the night time staffing level had been carried out. It was also noted that a number of residents required two staff to safely evacuate in the event of a fire at night. Two staff members were rostered on each night duty. It was documented in residents' personal emergency evacuation plans that a number of residents had medical needs including epilepsy and diabetes. In the plan it was stated that emergency medication would need to be available when evacuating these residents, in the event this was required. However, it was evident that there would not be provision for the supervision of residents once evacuated or the administration of emergency medicines, when two staff were evacuating other residents from the designated centre. Therefore, the provider had failed to clearly demonstrate that it had effective fire evacuation procedures in place at the time of the inspection.

The registered provider had implemented a range of measures in response to COVID-19, to ensure that residents were safe and protected against potential sources of infection. It had been noted that due to the size and layout of the designated centre, and the number of residents and staff members that it was difficult to effectively maintain physical distancing. In response to this, staff members wore disposable face masks at all times. Visiting restrictions had been put in place, and were being relaxed in line with public health guidance at the time of the inspection. Alcohol hand gel was readily available in a number of areas in the designated centre. The registered provider had ensured that guidance specific to the designated centre had been implemented to provide clear guidance to staff members.

Regulation 10: Communication

The registered provider had ensured that each resident had access to appropriate media, such as television, radio, newspapers and Internet.

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, and that supports were provided to manage

residents' financial affairs.

Judgment: Compliant

Regulation 17: Premises

The designated centre required update to ensure that the premises was kept in a good state of repair. One resident's bedroom require update to ensure it was homely in nature. One bathroom also required upgrade.

Judgment: Substantially 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 each resident.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider had systems in place to ensure that residents were protected against infection.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had not made adequate arrangements for the evacuation of all residents in the designated centre, and bringing them to safe locations. This was an outstanding action following the previous inspection of the designated centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured that the designated centre had appropriate practices relating to the prescribing of medicines. It was observed that the maximum dose required for PRN medicines (medicines taken only when required) in 24 hours was not always documented on the medication chart.

Judgment: Substantially 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 each resident was carried out.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that appropriate health care was provided for each resident, having regard to the individual residents' personal plan. However, improvements were required to the documenting of healthcare provided to residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had not ensured that staff had up to date knowledge and skills to respond to behaviour that is challenging. One resident was awaiting psychology review. This was an outstanding action following the previous inspection of the designated centre.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured that residents were protected from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that residents' rights were promoted in the designated centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hazelville Home OSV-0001820

Inspection ID: MON-0030042

Date of inspection: 21/07/2020

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 person in charge has now ensured that there is an actual and planned roster, reflecting what staff are on duty by day and night. The actual roster reflects any changes to the planned roster such as staff leave or training. This is printed as changes occur and is displayed and available in the Designate Centre.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC ensured that a risk assessment regarding night time fire was completed on July 22nd 2020. The risk assessment assured that there is an automatic fire alarm system in place along with certified fire doors, break glass units, smoke and heat detectors, emergency lighting, emergency exits, illuminated pictogram signs and fire evacuation notices displayed in the designate centre. There are also appropriate fire extinguishers for the various hazards involved. Annual checks are completed by external contractors and regular maintenance checks are conducted on fire detection equipment by competent personnel (Allied Fire Protection). Fire drills are conducted by staff in accordance with statutory regulations. All staff members attend Fire safety training. Regular internal checks are carried out by staff on all equipment. Individual Personal Emergency Evacuation Plans (PEEPS) are in place and reviewed every six months or sooner if there is a change in any resident.</p> <p>A night time simulated fire evacuation was completed on July 23rd 2020. In the event of</p>	

a night time evacuation staff members are to follow each residents PEEPS. There is an evacuation bag in place with prompts that may assist residents to exit the building. Residents must be evacuated via the nearest available emergency exit. Residents should be evacuated to the identified emergency safe area at the rear of the house. Simulated night time fire evacuations are to take place every three months to reflect night time staffing levels. If a simulated night time fire drill has been carried out this is to be noted on the fire drill monitoring form. The evacuation drill monitoring form has been updated following the inspection to allow for greater detail to be provided with regards the type of evacuation (day/night) and the number of residents and staff involved in the evacuation.

Two outstanding items under Regulation 23 from the previous HIQA inspection are firstly, the kitchen press surfaces are to be updated, as suggested in a previous Environmental Health Officer report. Work was scheduled to commence in the kitchen in March 2020 however this was delayed due to COVID-19 Pandemic Restrictions. External contractor plans to complete this work in October 2020. Secondly, all relevant residents Positive Behaviour Support Plans were to be reviewed and updated. A Psychologist for Adult Services commenced on May 11th 2020. All PBSP's were reviewed prior to this inspection, with the exception of one. This review was scheduled for July 22nd 2020. This PBSP has been updated and in the designate centre since August 14th 2020.

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

The identified resident was admitted to the designate centre for emergency respite on August 12th 2019. Through consultation with Social Work department and through a Compatibility Assessment process the resident transferred to living in the designate centre on a permanent basis on 27th November 2019. A full Multi Disciplinary Team Meeting was held for identified resident on December 12th 2019. PIC arranged supports for resident at this time including GP and Psychology input. A Positive Behaviour Support Plan was devised and implemented on April 28th 2020.

Following this inspection the possibility of attending a day service was discussed with the identified resident who stated that they wished to consider this possibility and will discuss it again in the future. A referral was also made to Occupational Therapy in relation to assessing for an Activity Profile to support the residents leisure and occupational needs. The Registered Provider will ensure compliance with Regulation 24 by adhering to the admission criteria when considering any new admissions to the designated centre.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Registered Provider will ensure compliance with Regulation 17 by requesting painting contractors to submit quotations for repainting the entire premises and agree a schedule for same. Following a discussion with the identified Resident they indicated that they do wish to have their bedroom repainted at this time. They indicated that they would like some pictures and a lamp, which is in situ since August 9th 2020. Resident is looking forward to choosing a colour scheme. After further discussion with the resident the option of a double bed was selected and agreed. The double bed is in the designate centre.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Registered Provider has ensured that a risk assessment regarding a night time fire in the designated center completed on 22nd July 2020. A night time simulated fire drill completed on 23rd July 2020. The evacuation drill monitoring form has been updated to allow for greater detail to be provided with regards the type of evacuation (day/night) and the number of residents and staff involved in the evacuation.</p> <p>The PIC ensured that a risk assessment regarding night time fire was completed on July 22nd 2020. The risk assessment assured that there is an automatic fire alarm system in place along with certified fire doors, break glass units, smoke and heat detectors, emergency lighting, emergency exits, illuminated pictogram signs and fire evacuation notices displayed in the designate centre. The fire doors allow time for areas of the premises to be zoned. There is also an evacuation plan highlighting which residents each staff member is responsible for evacuating so as to increase supervision of residents. There are also appropriate fire extinguishers for the various hazards involved. Annual checks are completed by external contractors and regular maintenance checks are conducted on fire detection equipment by competent personnel (Allied Fire Protection). Fire drills are conducted by staff in accordance with statutory regulations. All staff members attend Fire safety training. Regular internal checks are carried out by staff on all equipment. Individual Personal Emergency Evacuation Plans (PEEPS) are in place and reviewed every six months or sooner if there is a change in any resident.</p> <p>A night time simulated fire evacuation was completed on July 23rd 2020. In the event of a night time evacuation staff members are to follow each residents PEEPS. There is an evacuation bag in place with prompts that may assist residents to exit the building. Residents must be evacuated via the nearest available emergency exit. Residents should be evacuated to the identified emergency safe area at the rear of the house. Simulated night time fire evacuations are to take place every three months to reflect night time</p>	

staffing levels. If a simulated night time fire drill has been carried out this is to be noted on the fire drill monitoring form. The evacuation drill monitoring form has been updated following the inspection to allow for greater detail to be provided with regards the type of evacuation (day/night) and the number of residents and staff involved in the evacuation.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Person in Charge will ensure compliance with Regulation 29 by discussing with all staff nurses responsible for administering medications the need for vigilance with regards to the completion of drug kardex and the checking that all details are completed and accurate. Prescription sheet with error present on the day of inspection was corrected by GP on July 23rd 2020. There is a Medication Policy within the designate centre which is available for all nurses involved in Medication Management. Drug kardexes are rewritten every six months or sooner if required. All nurses have completed Medication Management on HSEland. All nurses are registered with the Nursing and Midwifery Board of Ireland and work under their guidelines. PIC completes medication audits twice yearly. Pharmacy completes medication audit annually.

Regulation 6: Health care	Substantially Compliant
---------------------------	-------------------------

Outline how you are going to come into compliance with Regulation 6: Health care:

The Person in Charge will comply with Regulation 6 by ensuring that all daily documentation is completed correctly and captures the health care provided and any occasion where a resident may have refused health care.

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

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

A Psychologist for Adult Services commenced on May 11th 2020. All PBSP's were reviewed on the day of this inspection, with the exception of one. This review was scheduled for July 22nd 2020. This PBSP has been updated and in the designate centre since August 14th. To ensure compliance with Regulation 7 the Person in Charge will ensure that any resident requiring positive behaviour support will be referred to a psychologist ,that positive behaviour support plans will be reviewed and that all staff will familiarise themselves with any residents positive behavior support plans in operation within the centre.

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	10/08/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2020
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'	Substantially Compliant	Yellow	23/07/2020

	needs, consistent and effectively monitored.			
Regulation 24(1)(a)	The registered provider shall ensure that each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.	Substantially Compliant	Yellow	03/09/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	23/07/2020
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	22/07/2020
Regulation 06(1)	The registered provider shall provide appropriate health care for each	Substantially Compliant	Yellow	31/07/2020

	resident, having regard to that resident's personal plan.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	14/08/2020