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:	Glebe Lodge
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	04 March 2020
Centre ID:	OSV-0001966
Fieldwork ID:	MON-0026324

About the designated centre

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

Glebe Lodge is operated from a large purpose built bungalow located on the outskirts of a small town. The centre can provide full-time residential support and some respite for up to eleven residents of both genders over the age of 18. The centre is intended to support residents with intellectual disabilities and those with high support needs related to aging. Support to residents is given by the person in charge, nurses and care assistants. Within the centre there are eleven individual bedrooms for residents in addition to sitting rooms, an activity room, a kitchen/dining area, bathrooms and staff offices.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	10

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 4 March 2020	08:40hrs to 17:40hrs	Conor Dennehy	Lead
Wednesday 4 March 2020	08:40hrs to 17:40hrs	Lucia Power	Support

What residents told us and what inspectors observed

The inspectors met eight residents of the 10 residents who were present in the centre at the time of this inspection. While some of these residents did not directly indicate their views about the services they received, some residents spoke with inspectors who also had an opportunity to observe some activities in the centre and residents' interactions with staff members on duty.

Upon arriving in the centre, inspectors met a resident who was moving freely around the centre. This resident appeared happy at this time and was given the option by staff to attend a day service away from the centre. The resident accepted this offer and was seen to leave the centre during the morning. Before they left though they spoke with one inspector and showed them a piece of jewellery that they had. This resident returned to the centre towards the end of the inspection where they again appeared very happy.

It was seen that, shortly after the inspectors arrival, residents were being supported to have their breakfast. Such support was given by staff in an appropriate and respectful manner. During this time, one inspector spoke to a resident who told the inspector where they were from originally and that they liked living in the designated centre. During the day of inspection, this resident was seen to participate in activities such as painting in the centre, which the resident appeared to really enjoy, and also attended a community appointment away from the centre with staff support.

This resident returned to the designated centre in time for lunch in the afternoon and greeted some staff warmly while one staff member asked the resident how their appointment went. The resident responded to their query and appeared very happy with the appointment's outcome. Residents were then supported to have their lunch and it was seen that the food available was laid out for residents to see before being given to them. It was noted that residents had options regarding the food they had for lunch and some residents were specifically asked what they wanted to have. Again, support was seen to be provided to residents in a respectful and unhurried manner.

During the inspection, various residents spent time in an activity room with staff engaging in activities such as music and singing. Some residents appeared to really enjoy these and towards the end of the inspection such residents were seen to be relaxing in the sitting room. An inspector had an opportunity to speak with one resident at this time who told the inspector that they liked living in the centre, felt safe living there and enjoyed their lunch earlier in the day. This resident also talked about some of their favourite television shows and going out to eat at a nearby restaurant.

One resident received some visitors during the inspection day who spent time with the resident and also spoke very positively to the one of the inspectors about the

support their relative received while in this centre. As inspectors were preparing to leave the centre, it was seen that residents were again being supported to have a meal. It was observed at this time that a resident appeared very happy to see a member of the provider's senior management and greeted them warmly. The member of management reciprocated this greeting.

Throughout this inspection, all residents met appeared comfortable with staff members present. The staff on duty were seen engaging with residents in a positive manner during the inspection with appropriate, respectful support seen to be provided were required.

Capacity and capability

Since the previous inspection, the provider had ensured that action was taken to improve the quality of life for residents living in this designated centre. However, at the time of this inspection, some urgent assurances were requested relating to fire safety, aspects of monitoring systems in place required improvement while some admission practices were not in keeping with the centre's statement of purpose.

The provider had ensured that a statement of purpose was provided and it was available in the reception area of this designated centre. This is an important governance document as it sets out the services to be provided for residents and forms the basis of a condition of registration. It was seen that the statement of purpose contained most of the information required by the regulations such as details of the staffing compliment, the arrangements for review of residents' personal plans and the facilities in place. Based on the overall findings of this inspection, support to residents was being provided in accordance with the overall objectives of the statement of purpose. However, some required details such as all of the information as contained in the centre's registration certificate and identity of the complaints officer was not included while the organisational structure as presented was unclear.

In addition, the statement of purpose in place in the centre at the time of this inspection, dated December 2019, specifically indicated that the centre provided one respite room only. Inspectors were informed that in recent months there were times when two residents had availed of respite in this designated centre. While it was noted that this was done in response to specific circumstances and did not significantly impact the running of the centre on a day-to-day basis, the admission of two residents for respite was not in keeping with the statement of purpose. It was noted though that a resident who had recently come to live in this centre full-time had been given an opportunity to visit the centre before they moved in from another designated centre although their contract for the provision of services had not been updated to reflect this move.

Under the regulations contracts and admission practices are the direct responsibility of the provider who is also required to ensure that management systems are in

place to ensure that residents are provided with a quality service that is safety and appropriate to their needs. Based on the findings of this inspection, residents were being supported to enjoy a good quality of life while, in general, arrangements were in place to provide for the needs of residents. Efforts were also being made to ensure that residents received a safe service but during this inspection, inspectors became concerned around the provider's ability to ensure that all residents could be safely evacuated from the centre at night. This related to the particular needs of residents and the night-time staffing arrangements in place. As a result HIQA issued an urgent compliance plan response seeking assurances in this area.

Aside from issues relating to fire evacuation, some staff also expressed unease regarding the night-time staffing arrangements and the absence of an on-call support at particular times during the week. It was seen though that an on-call system was in use at weekends while the staffing arrangements at other times of the day were suitable to support residents. This included a strong continuity of staff support which is important in maintaining professional relationships and promoting consistent care. The provider had also ensured that nursing staff were provided to support residents' needs throughout the day. Staff members spoken with during this inspection demonstrated a strong knowledge of residents needs and were seen to provide support in an appropriate, respectful and person-centred way.

Although staff members present were observed to be providing appropriate care, it was seen from records reviewed in the centre that there was some gaps in the provision of key training, including refresher training, for staff in areas such as fire safety, safeguarding and de-escalation. In addition, the arrangements for supervision required review to ensure that all staff were being appropriately supervised. The provider's supervision policy required for staff to be supervised every 6 months. While some supervisions had taken place in 2020, in a sample of supervision records reviewed, it was noted that there was clear gaps as to the frequency of supervision. For example, one staff member was formally supervised in February 2020 but before then their previous supervision was done in September 2017.

While it was seen that the provision of training and staff supervisions were areas for improvement, it was observed that the provider had good practices in place relating to the management of complaints. Information on the complaints procedure in use was on display at the reception area of the designated centre. Residents were also given an opportunity to raise any complaints that they had during regular resident meetings that took place in the centre. Any complaints raised were recorded. The complaints log was reviewed by an inspector who saw that it outlined the nature of the complaints raised, actions taken in response to these and the outcome of such complaints. It was also noted that appropriate measures had been taken, where necessary, to address specific issues raised by complainants.

Regulation 15: Staffing

Planned and actual staff rosters were maintained in the designated centre which indicated a consistency of staff support. Nursing staff was provided to support residents in line with the centre's statement of purpose. The staffing arrangements at night required review given some concerns expressed by staff members.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Supervisions were not happening every six months in line with the provider's own policy. Some staff members had not received training in key areas such as fire safety and safeguarding while a number of staff were overdue refresher training in such areas.

Judgment: Not compliant

Regulation 23: Governance and management

Annual reviews carried out in the centre did not sufficiently consider progress towards meeting national standards. Two provider unannounced visits had been been carried out in 2019 but it was noted that the time between these was in excess of 6 months. On-call support was limited at certain times of the week. An urgent compliance plan had to be issued to the provider due to concerns around fire safety.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The admission of two respite residents to this designated centre at the same time was not in line with the centre's statement of purpose. Residents had contracts fro the provision of services in place but it was seen that one resident's contract related to another centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was on display in the centre that had been recently

reviewed and contained most of the required information such as details of the staffing compliment, the arrangements for respecting residents' privacy and the arrangements for residents to attend religious services. However, the statement of purpose did not include all of the information contained in the centre's certificate of registration. It was also noted that the arrangements for complaints did not identify the complaints officer while the organisational structure was unclear.

Judgment: Substantially compliant

Regulation 30: Volunteers

Inspectors were provided with confirmation that some members of the centre's workforce, not directly employed by the provider, had Garda Síochána (police) vetting in place.

Judgment: Compliant

Regulation 34: Complaints procedure

Information on how to raise complaints was clearly on display in the designated centre. A log of any complaints raised was maintained in the centre which described the nature of any complaints made, actions taken in response to such complaints and the satisfaction level of the complainant.

Judgment: Compliant

Quality and safety

Overall it was found that aspects relating to residents' quality of life had improved since the previous inspection with increased community access, more resident consultation and less restrictive practices. On the day of inspection, inspectors were concerned around the arrangements in place to ensure that residents could be safely evacuated from the centre at night in the event of a fire.

The provider had a number of fire safety systems in place including a fire alarm, firefighting equipment, emergency lighting and fire containment measures. Such systems received regular maintenance checks by external contractors while internal daily checks by staff members were also being carried out to ensure that they were in proper working order. The fire evacuations procedures were on display in the designated centre and it was also seen that residents had personal emergency

evacuation plans (PEEPs) that provided information on the support residents required in the event that an evacuation from the centre was required. These PEEPs were noted to have been recently reviewed while regular fire drills had been carried out in centre with detailed records maintained of these.

However, it was found that, since the previous inspection, such drills had been carried out during daytime hours when higher levels of staff were on duty. The recorded evacuation times for these drills ranged from 4 to 10 minutes. The levels of staff on duty in the centre reduced during the night-time and, while the provider had an emergency plan in place which staff spoken with were aware of, given the needs of residents living in this centre, the recorded daytime evacuation times, the reduced the staffing levels at night and the absence of a night-time fire drill, inspectors were not assured that appropriate arrangements were in place to evacuate residents at night in the event of a fire. As a result an urgent compliance plan was issued to the provider seeking assurances on how this matter was to be addressed.

It was noted that the night-time arrangements relating to staff had not been adequately risk assessed when reviewing records in the centre. The provider had a risk management policy in place and had systems in operation for assessing risks relating to individual residents and the centre overall. Risk assessments for such risks were seen and it was noted that some of these assessments were overdue a review while some risk assessments relating to a recently admitted resident referred to a different designated centre. Staff members spoken with generally displayed a good knowledge of risks present in the centre which could impact on residents although there was some uncertainty regarding knowledge of risks relating to one resident. It was seen though that the vehicle assigned to this designated centre was insured and provided with appropriate safety equipment.

The provider had indicted following the previous inspection that they would seek a more appropriate vehicle to aid the socialization of residents. While residents were now accessing more services in the community, as discussed further below, it was seen that a new vehicle had not been obtained for the centre. Arrangements had been put in place for residents to avail of other transport options but during the inspection it was highlighted that one resident, when using the centre's bus, would have to use an older wheelchair as their current wheelchair was too large to fit on the vehicle. On the day of inspection though, it was observed that some residents used the centre's vehicle to attend activities outside the designated centre without issue.

It was seen that greater efforts had been since the previous inspection to support residents to avail of activities away from the centre. These included visiting restaurants in the nearby town, attending converts, doing shopping and going to day services run externally from the centre. Activities within the centre were also provided on a daily basis, such as arts and music. Such activities were observed by inspectors and it was seen that some residents appeared to really enjoy these. The increased community access and the activities provided within the centre, helped to provide for residents' social needs which is a key requirement of the regulations and also ensuring that residents enjoy a good quality of life. It was noted though that

some of the goals set for residents as part of the personal planning process required some review to ensure that they were meaningful.

Other efforts had also been made to improve residents' quality of life. There was evidence of increased consultation with residents where they were provided with information and given an opportunity to raise any concerns that they had. For example, it was seen that the person in charge had advocated on behalf of residents when they raised concerns around a lack of accessibility to a facility in the nearby town. The amount of restrictive practices in the centre had also been reduced with some alternatives measures considered and introduced where appropriate. Residents' rights were also respected and this was seen in various ways throughout this inspection. For example, residents were facilitated to exercise their right to vote while medical information relating to residents was relayed between staff in a respectful, sensitive and person-centred way.

Good arrangements were in place to support residents' health needs which were monitored regularly while residents were facilitated to undergo key health national screening assessments. Residents were also given support in managing their medicines with appropriate facilities available within the centre for medicines to be stored securely. It was seen though that some medicines stored in the centre did not indicate when the medicines were first used. A sample of medicine documents were also reviewed which were generally noted to be of a good standard containing all of the required information. Protocols were in place for some PRN medicines (medicines only taken as the need arises) which are intended to provide guidance on when such medicines are to be used. However, it was noted that such protocols were not in place for all PRN medicines which was contrary to the provider's own medicines policy.

Throughout this inspection, residents were observed to be comfortable in the presence of staff members on duty who engaged with residents in an appropriate and warm manner. Staff members also appeared to have a good understanding of residents' communication needs and were also seen to ask residents what they wanted during a mealtime. Inspectors were assured that residents were being communicated with in the manner as outlined in residents' individual personal plans. Such plans are intended to provide guidance on providing support to residents in various areas. A sample of such plans were reviewed during this inspection and it was seen that they contained a good level of detail about supporting residents in various areas such as their health, their intimate personal care and in promoting positive behaviour where necessary. It was seen though that such personal plans were not available in an easy-to-read format as required by the regulations.

Regulation 10: Communication

Communication plans were in place for residents and staff members on duty were seen to communicate well with residents during this inspection.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were availing of increased community based activities since the previous inspection with residents attending external day services going shopping, attending concerts and visiting local restaurants.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in operation for the recording and review of any accidents and incidents in the centre. The vehicle for this centre was appropriately insured and contained safety equipment such as a fire extinguisher and a first aid kit. The provider had a risk management policy in place. Risk assessments were in place relating to the centre as a whole and individual residents but it was noted that some of these required updated while some staff were unaware of some risks relating to residents. The night-time arrangements relating to staff had not been adequately risk assessed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Changes had been made to made to the layout of the laundry area and how it was accessed since the previous inspection. Personal protective equipment, hand gels and infection control information was available in the centre. The provider also had relevant policies and it was seen that there was appropriate follow up for potential issues in this area.

Judgment: Compliant

Regulation 28: Fire precautions

While the provider had conducted regular fire drills during daytime hours with increased staffing levels present, the recorded evacuation times did not provide sufficient assurance that all residents could be safely and promptly

evacuated from the designated centre in the event of a fire at night when less staff would be present.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Appropriate storage facilities were available in the designated centre while documentation relating to medicines was generally of a good standard. It was noted though that some medicines did not indicate when they were first used and, while protocols were in place for some PRN medicines, they were not provided for others.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had individual personal plans but these were not available in an accessible format. Residents and family members were involved in the development of personal plans. As part of the personal planning process, residents had goals identified but it was noted that some of these goals were not meaningful. Overall good arrangements were found to be in place to support residents' needs but it was noted that one resident had to use an older wheelchair to access the centre's vehicle.

Judgment: Substantially compliant

Regulation 6: Health care

Sufficient guidance was available within residents' individual personal plans to direct support for any identified health needs. Such health needs were being regularly monitored and residents were supported to participate in national screening assessments.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had behaviour support plans in place to provide guidance on promoting positive behaviour. These had been developed with input from relevant allied health professionals. Efforts had been made since the previous inspection to reduce the amount of restrictive practices in use in the centre.

Judgment: Compliant

Regulation 8: Protection

Residents appeared comfortable in the presence of their peers and staff members on duty during this inspection. Staff members spoken to were aware of how to respond to a safeguarding concern if it arose and were aware of who the designated officer was. Guidance was available for staff around providing support to residents when delivering intimate personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated to vote in elections. Consultation with residents had improved since the previous inspection. Staff members on duty treated residents in a respectful manner throughout this inspection while it was observed that information relating to residents was passed on between staff in a person-centred way.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially 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	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glebe Lodge OSV-0001966

Inspection ID: MON-0026324

Date of inspection: 04/03/2020

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
Outline how you are going to come into compliance with Regulation 15: Staffing: Glebe Lodge will continue to provide nursing care to residents 24hours per day. Continuity of care will continue with robust handovers in place. A full review of night time staffing will be completed by the DOS and ADOS and if additional staffing is indicated an application for funding will be submitted to the HSE. This will be completed by 30/07/2020, During CoVid 19 period additional night staff have been deployed to support residents. A review of rosters has occurred and additional staff re-deployed for CoVid 19 pandemic, this is not sustainable post pandemic as staff have been redeployed from Day Services.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Schedule for staff supervisions is in place ensuring the interval between staff supervisions will not be greater than six months. Online training has been scheduled for staff in relation to safeguarding and Fire, classroom training will take place once national restrictions are lifted. During Co Vid 19 pandemic, every morning at staff handover group consultation between staff and PIC occurs addressing updates regarding CoVid 19. Additional training via Webinar, You Tube, Zoom, Socialcare TV and HSE land have been facilitated for staff while social distancing is in place.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Association will review and update its template for annual reviews ensuring the review is in line with national standards and regulations. This template will be available for next annual review prior to 1/06/ 2020.	

Vacancies which existed in the senior management team have been filled ensuring that provider audits will be conducted at an interval of not greater than six months. However due to CoVid 19 pandemic the traditional unannounced visits have been postponed and contact is arranged via alternative methods. Completed 31/4/2020.

Regulation 24: Admissions and contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:
All residents will have a valid contract of care before 30/4/2020.

Residents will be admitted to Glebe Lodge in keeping with the designated center statement of purpose and The Associations admissions policy. The statement of purpose has been updated on 16/4/2020 to include all relevant information.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The statement of purpose has been reviewed and copy of registration cert has been included. The complaints officer details have been included. 16/4/2020

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
All risks and controls will be reviewed by key workers and PIC as indicated. General risks will be reviewed and duplicated risks deleted by the 31/5/2020 The log in system to the online risk register will be reviewed to ensure all staff have access and are competent in its use prior to the 30/4/2020.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Kerry Parents & Friends Association has escalated this issue to the HSE on 16th March 2020 and requested their assistance in reducing this risk.

HSE Disability Manager has commissioned the HSE's Fire Officer to review the floor plans and evacuation plans currently in place. The Fire Officer intends to visit the centre (when the visitor restrictions are relaxed due to COVID 19) and review fire risk assessments, evacuation plans and make recommendations to ensure compliance with fire precautions.

At present there is an additional staff on night duty increasing the staffing to three, this will ensure that fire evacuations times will be faster and in compliance with regulations. This arrangement will be in place until the Fire Officer visits and reviews the current fire safety precautions within the designated centre.

The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
All PRN medication will be reviewed ensuring there is a corresponding PRN protocol in place for its use. This will be completed by 31/05/2020.
GPs have been consulted and residents reviewed and anticipatory prescribing has taken place to prepare for CoVid 19 pandemic 7/4/20

The community pharmacy used by the designated center has been consulted by The PIC to request a clear label for topical prescriptions to indicate their expiry date. These labels will be available from the 9/4/2020. Staff will date creams; ointments drops once opened going forward.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Residents will be consulted in relation to having their personal plans available in an accessible format prior to them, this will be addressed by 31/5/2020

The association will facilitate additional training on person centered planning to all staff prior to 31/8/2020. On completion of this training, Key workers will support residents to review their goals, ensuring they are meaningful for each resident. All goals will be reviewed prior to the 31/5/2020 .

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(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	26/03/2020
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.	Not Compliant	Orange	31/08/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/08/2020

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' needs, consistent and effectively monitored.	Not Compliant	Orange	01/06/2020
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	01/12/2020
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding	Substantially Compliant	Yellow	30/04/2020

	the standard of care and support.			
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.	Not Compliant	Orange	30/04/2020
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/04/2020
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	31/05/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the	Not Compliant	Red	19/03/2020

	designated centre and bringing them to safe locations.			
Regulation 29(4)(b)	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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/05/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/04/2020
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/08/2020
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format,	Substantially Compliant	Yellow	31/05/2020

	to the resident and, where appropriate, his or her representative.			
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/05/2020