Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Loyola and Eden
Name of provider:	Co Wexford Community Workshop (Enniscorthy) CLG
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	22 January 2019
Centre ID:	OSV-0002123
Fieldwork ID:	MON-0025610

About the designated centre

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

Loyola and Eden is a residential service located in Co. Wexford. The service provides full time residential care to eight individuals over the age of eighteen both male and female with an intellectual disability. Supports are provided to residents on a 24 hours a day basis in accordance with the assessed needs of each individual resident. The centre consists of two bungalows which have recently been renovated to meet the needs of the residents. Each bungalow consists of five single bedrooms which have been decorated in line with the individual personal tastes and interests. Within the statement of purpose, the provider states that Loyola and Eden's main focus is to provide a high standard of care for all residents while promoting community and social inclusion.

The following information outlines some additional data on this centre.

Current registration end date:	01/06/2020
Number of residents on the date of inspection:	8

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
22 January 2019	08:30hrs to 18:00hrs	Laura O'Sullivan	Lead
22 January 2019	08:30hrs to 18:00hrs	Tanya Brady	Support

Views of people who use the service

Over the course of the day both inspectors had the opportunity to meet and interact with four residents . Inspectors ensured to respect the unique and individual communication methods of each resident. Inspectors observed staff members affording supports to residents in a respectful manner. Interactions were observed to be positive and jovial in nature. Staff supported residents to prepare in the morning for their planned activities including attending a local day service and participating in planned activities within the home. Staff were observed to respond in a flexible manner to the spontaneous wishes of residents.

The inspectors met with the mother of a resident who was in the centre to visit their relative. She reported that she was very happy with the centre following the recent refurbishment and that her relative had increased space for relaxation and engagement. She reports being very happy with their care and is actively involved in their care decisions and in discussions around the management of the centre. They were aware of the complaints procedure and felt confident to discuss any concerns with the governance team within the centre.

Capacity and capability

The inspectors reviewed the capacity and capability of the designated centre and overall, it was evidenced that the registered provider was operating a service which strived to ensure a good quality and safe service for residents. However a number of improvements were required to ensure a high level of compliance was achieved. Improvements for example were required to ensure that operational management systems in place were utilised to improve service provision and were utilised to promote an effective person centre service.

The registered provider had appointed a person in charge to the centre. This individual possessed the regulatory required skills, knowledge and experience to fulfill their governance role. The person in charge held a governance role over two additional centres within the organisation. The inspectors found through the delegation of duties to an appointed team leader the person in charge had effective systems in place to maintain oversight of all centres within their governance role.

In conjunction with the appointment of a person in charge the registered provider had ensured the appointment of a clearly defined management structures which identified the lines of authority and accountability. The person in charge reported to the person participating in management. There was clear evidence of this

communication with members of the governance team maintaining a clear understanding of the needs of the service users. At centre level the person in charge and team leader had monitoring systems in place to monitor the centre on an on-going basis. These systems required review to ensure they were utilised to improve service provision and action an issues or concern which arose. For example on completion of audits, a time-bound action plan was not consistently developed, and no individual was appointed responsibility to ensure the action was achieved.

At organisational level the person participating in management reported to the chief executive officer who in turn reported to the board of directors of the organisation on a regular basis. The registered provider had ensured the implementation of a six monthly unannounced visit to the centre by a delegated person, however as with centre level monitoring this system required review to ensure the process was utilised to improve service provision. Actions were not clearly developed and inspectors could not be assured that systems were in place to meet the improvement's within a set time frame. It was reported to the inspectors on the day of inspection that an annual review of service provision within the centre had been implemented however, no report was available on the day of inspection to be reviewed,

The registered provider had allocated a staff team to the centre. The members of staff spoken with on the day of inspection could clearly articulate the support needs of the residents. They clearly had an understanding of the interests and hobbies of the residents. An actual and planned rota was in place. On the day of inspection this was found to be flexible to ensure additional supports were afforded to support one residents to attend an appointment. However, due to the changing needs of a number of residents within the centre the current staff allocation required review to ensure that this allocation was adequate to ensure the safe and effective care of residents at all times.

The person in charge had not ensured all staff members had access to appropriate training, including refresher training to meet the needs of the residents. The changing needs of residents over time meant that systems and training that may have previously been adequate to ensure safety were no longer effective and required review for example there was evidence of increased supports required for residents with respect to manual handling however not all staff had received training in this area. It was noted that this issue was actively being addressed by the provider with a cohort of staff completing training programmes to facilitate required training going forward. It was imperative that the registered provider had effective systems in place to support and develop the professional responsibility of staff with respect to training and ensuring the service provided was safe and effective for residents.

The person in charge had delegated the formal supervision of staff as a responsibility of the team leader. Supervision meetings were held in line with local policy and were utilised as an opportunity for staff to raise a concern as required and discuss work practices. Day to day supervision and supports were afforded to the staff team by all members of the governance team.

The registered provider had ensured the development and review of the statement of purpose. However, on the day of inspection a number of areas required review to ensure the document was reflective of the service currently being provided within the centre. For example, the current organisational structure within the centre was not accurate. In the days following the inspection the person in charge ensured that this document was reviewed and included the relevant information required.

Regulation 14: Persons in charge

The registered provider had appointed a person in charge to the centre. This individual possessed the necessary skills, knowledge and experience to fulfill their governance role within this centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels within the centre ensured that allocated numbers and skill mix within the centre were appropriate to the current needs of all residents.

The actual and planned rota was in place which was evidenced to be flexible on the day of inspection with respect to additional supports for one resident.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured effective systems were in place for the appropriate supervision of staff.

The person in charge had not ensured all staff members had access to appropriate training, including refresher training to meet the needs of the residents.

Judgment: Not compliant

Regulation 19: Directory of residents

The registered provider had ensured the establishment and maintenance of

a directory of residents of the centre.

Judgment: Compliant

Regulation 23: Governance and management

Clearly defined lines of accountability and management were in place in the centre.

Improvements were required to ensure that both organisational and centre level monitoring systems including the annual review and the six monthly un-announced visits to the centre were utilised to improve service provision. Audits whilst being completed did not consistently lead to action plans or action plans that were in place were not developed.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had ensured the development and review of the statement of purpose. In the days following the inspection the person in charge ensured that this document now reflected all relevant information as required under Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Improvements were required to ensure all notifiable incidents were reported in line with regulatory requirements by the person in charge

Judgment: Substantially compliant

Quality and safety

Inspectors reviewed the quality and safety of the service provided within Loyola and Eden and were satisfied that residents were provided with a good quality of life within a community environment in keeping with the ethos of the provider. Inspectors observed that residents were appropriately supported and encouraged to

enjoy a good quality of life. It was evidenced that following the recent renovations to the properties that the residents were now afforded a warm and comfortable environment, which had resulted in an improved quality of life. The staff team within the centre promoted participation on meaningful activities with all residents. One residents interest in a television programme was observed to be facilitated using pictures and symbol supports to engage in discussion and staff recorded favourite episodes. Residents were observed to be consulted with the day to day operations of the centre through residents meetings. Staff were observed interacting with residents in a positive respectful manner whilst respecting their choice.

The premises had recently been renovated to promote the privacy and dignity of resident's and all resident's now had private single bedrooms. The premises had been decorated in a tasteful manner reflective of the interests of residents. One en suite did require review to ensure the privacy of the resident was promoted at all times and that their safety was promoted whilst being supported with personal care.

The registered provider had ensured a number of effective fire safety systems were in place. Emergency lighting was in place throughout the properties with signage available to encourage evacuation in the event of a fire. Fire extinguishers were also in situ which were regularly serviced by a competent person.
Fire containment arrangements were in place, however, improvements were required to ensure that these were utilised to minimise the spread of fire. When spoken with a number of staff spoke of a number of varying procedures for the evacuation of residents. Following review of evacuation drill records, improvements were required to ensure that all staff were aware of consistent procedures to adhere to, to safely evacuate residents from the buildings in the event of a fire or emergency. Personal emergency evacuation plans did not provide guidance for staff on equipment to be utilised or communication method which may encourage evacuation for residents. Evacuation drills record did not take into account the refusal of a resident to evacuate or supports which may be required to ensure a safe evacuation was facilitated at all times.

The inspectors reviewed a number of residents' personal plans and while they were striving to be person-centred they contained a large volume of historic information making it difficult to locate what was pertinent in the individuals life. One residents plan discussed staff members affording supports in social activities whom were no longer active in the centre. Systems in place for the review of residents individualised personal plan including the annual review required improvements to ensure that these were implemented consistently and reflected the residents currents needs and aspirations. Discussions with the staff evidenced that staff knowledge was occasionally inconsistent with the content of the plans.

The registered provider had ensured that all residents were supported to attend health care appointments and access to appropriate allied health professionals in line with their assessed needs. However, the recommendations from these assessments were not always clearly documented. For example, guidance for

staff on the thickening of medications in accordance with guidance from speech and language therapist was not visible. Whilst staff spoken with on the day of inspection were knowledgeable, the lack of guidance did not ensure that all staff were informed and that a consistent approach was facilitated. For example where a resident was prescribed emergency medication in the event of seizure activity there was conflicting guidance for staff on the correct procedure to follow to safely support the resident.

Where changing needs had been identified further assessment was required to ensure the provider was assured the measures in place were effective in providing a safe service to the residents, including end of life care. End of life was to be carried out and planned for in a respectful manner reflecting the individual's autonomy, rights and wishes. This was actively being addressed by the registered provider following the inspection.

Whilst the inspectors found that the registered provider and person in charge were promoting a supportive environment with a positive approach to responding to behaviours that challenge, residents' positive behaviour support plans did not clearly guide staff practice in supporting residents to manage their behaviour and they were not reviewed regularly. Behaviour support plans were in place, staff who spoke with the inspector were knowledgeable in relation to residents' behaviour support needs in line with their positive behaviour support plans however they reported that consistency in guiding them on the implementation of strategies was variable.

Where a restrictive practice was utilised this was done so to promote the safety and well being for residents. For example when residents were present the front door was closed due to the location of the centre near a busy main road. The person in charge had ensured the development of a restrictive practice log was in place. This log did require review to ensure the rationale for the use of the restriction was clear and to ensure that all staff utilised the restriction for the shortest necessary duration in the least restrictive manner. The team leader was actively addressing this issue at the time of inspection and was involved on the redevelopment of a restrictive practice policy which would provide clear guidance for staff on procedures to adhere to.

Regulation 11: Visits

The registered provider had ensured that systems were in place to facilitate residents to receive visitors. A number of suitable communal or private spaces available for visitors and residents to meet.

Judgment: Compliant

Regulation 17: Premises

Whilst the renovations to the property have resulted in the promotion of the residents privacy and dignity. One bathroom required review to ensure that this area was reflective of the residents needs.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had ensured the preparation of a guide in respect to the designated centre and ensured a copy was available for all residents.

Judgment: Compliant

Regulation 28: Fire precautions

Whilst the registered provider had ensured the a number of effective fire safety management systems were in place, improvements were required to ensure installed containment measures were utilised effectively

Improvements were required to ensure systems in place for the evacuation of residents were effective and safe. Procedures to be adhered should be clearly documented to provide guidance for staff on procedures to adhere to .

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Whilst individualised personal plans were in place, these required review to ensure the information present was accurate and reflected the current needs of the resident

Where multi-disciplinary input was present guidance and recommendations had not clearly been documented. Staff spoken spoken with were inconsistent in their knowledge of residents individual support needs.

Judgment: Substantially compliant

Regulation 6: Health care

Whilst the registered provider had ensured that the residents had full access to allied health professionals guidance and recommendations were not consistently present and known by the staff team.

Improvements were required to ensure end of life care guidance for staff was developed in a manner which respected the residents autonomy, rights and wishes.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The person in charge had not ensured that guidance available for staff to respond to behaviour that is challenging was up to date and reflective of the individuals current needs.

Procedures with respect to restrictive practice were currently under review to ensure rationale for its use was clear and the restriction was utilised for shortest duration necessary.

Judgment: Not compliant

Regulation 9: Residents' rights

The provider ensured the residents were consulted with respect to decisions on their care. The residents had access to accessible information about their rights and a visit to the centre from an independent advocate had been arranged for the residents.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Loyola and Eden OSV-0002123

Inspection ID: MON-0025610

Date of inspection: 22/01/2019

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	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
To ensure that this regulation is compliant the Person in Charge will complete the following:
TRAINING
● Identify the Staff who have not completed mandatory training in this Centre
● Work with the HR Manager in providing training for the identified staff as soon as possible,
● Ensure all staff attend training identified, if staff fail to attend training they will be placed off shift as they do not have the appropriate training to respond to the resident's needs,
● Review of the residents current and changing needs in this Centre,
● Inform the Human Resource Manager of the identified training required,
● Create a yearly plan with the HR Manager so that all staff can access training taking into consideration, shift pattern and the ability to cover,
● Work with the HR on identifying the type of training that is mandatory in each centre,
● The Person in Charge will inform the team leader of any internal or external training that enhances the staff team and improve the quality of life of each resident.

STAFF SUPERVISION
● The Person in Charge will delegate staff supervision to the team leader,
● The Person in Charge will ensure that all staff are supervised appropriately,
● The Person in Charge will ensure that all supervision documents will be read and signed by the Person in Charge, a copy of these documents is sent to the Human Resource Department and another copy is held in the Person in Charge office,
● The Person in Charge will request a copy of staff supervision report from the Human Resource department to ensure that the copies submitted correspond with the Person in Charge records,

● The Person in Charge will send any information in relation to guidance from statutory or professional bodies to the team leaders to discuss with the staff team.
The Person in Charge will ensure that this regulation will be compliant by 11th of November 2019.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
To ensure that this regulation is compliant the Registered Provider will complete the following:
● The Registered Provider will complete the annual review by the 31st of March each year, ensuring that all resident and their representatives are consulted with through this process,
● To complete this process, the Registered Provider will meet with Person Participating in Management and the Person in Charge to discuss any changes or new development in the designated centre, The Registered Provider will also review the six monthly unannounced reports and also the Person in Charge audits to complete the review.
● The Registered Provider will nominate the Person Participating in Management to complete the six monthly unannounced visits, the Person Participating in Management will at times delegate the unannounced visits to a team leader depending on workload experienced during the time,
● The Person Participating in Management will base the unannounced visits on interviews with residents which will focus on their experiences on a daily basis, interviews with the Staff; training, Skill mix, experience and understanding of vulnerable people, meet Person in Charge re best practice and overview of auditing and quality system in monthly analysis. and meet with registered provider re assurance of a quality and safe service.
● The Person Participating in Management plan for the unannounced visits from January to March and August to November by reviewing the progress since last visit and the Person in Charge audits, visit the designated centre talk to the residents, make contact with the families and write up action plan, then meet with Person in Charge and team leader to discuss outcome and agree time frame on feedback re actions.
● The Person Participating in Management will review this at the end of 2019 to establish how successful this is.

The Registered Provider will ensure that the above will be completed by 20th of December 2019.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
During the exit meeting on this visit, the inspector informed the Person in Charge how incidents are reported to HIQA and what incidents warrant notification,
To ensure that this regulation is compliant the Person in Charge will complete the following:
● The Person in Charge will submit notifications in the timeframe that HIQA requires
● If an NF06 is been submitted, the Person in Charge will submit it within three days and complete investigation afterwards
● If NF03 is being submitted the Person in Charge will only submit this notification if a resident has a serious injury,
● The Person in Charge always ensure that the quarterly notifications are submitted in a timely manner.
This regulation became compliant on the 20th March 2019.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
In 2018, this designated centre was renovated to respond to residents needs in a more person centred way, it resulted in more communal space, each resident has their own bedroom and there were additional ensuites built on.
Cleaning schedules are followed and records are maintained to ensure these are completed,
All equipment used are serviced on a regular basis and records are maintained to ensure these are completed,
There are maintenance personnel used in this organisation to ensure equipment is in good working order and also to complete repairs, records of works carried out are maintained,
To ensure that this regulation is compliant the registered provider has ensured the followed has been completed:
● A manual handling assessment was completed by the manual handling expert used by this organisation on the 28th of January 2018 and he also provided training for all staff on what type of manual handling was required for this person on the same day,
● The bathroom has been reviewed by maintenance personnel and a report will be sent to the Registered Provider on what work needs to be completed.

The Registered Provider will ensure this regulation will be compliant by the 16th of April 2019

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
This designated centre has access to all firefighting equipment and is serviced on a regular basis, Staff are all appropriately trained in firefighting and also how to evacuate service in an effective, safe manner. Fire evacuation procedures are displayed in the hallway of both houses in this designated centre, in an easy read format for residents to see and all residents have a copy of fire evacuation procedures in their bedrooms,
Fire drill happen on a monthly basis and deep sleep drills happen annually. Both houses are fitted with LD2 Fire Detection and alarm system emergency lights and FD30S fire in all rooms, which are resistant for 30 minutes. There are also waking night duty in both houses each night
To ensure that this regulation is compliant the Registered provider and the Person in Charge will ensure the following is completed:
● All firefighting equipment are regularly serviced and a log is recorded in relation to this,
● Easy read fire evacuation to support the resident to evacuate effectively and safely is displayed,
● All staff are trained in firefighting, the use of equipment and respond to evacuating a resident safely and effectively,
● New PEEPS were developed for all residents in this centre, all staff input was included in these new PEEPs, it was reviewed by a manual handling and fire training expert on the 19th of February 2019 and he was satisfied with them.
● Staff/keyworker are working on completing each residents PEEPS's,
● New Fire drill report has been developed by the Health and Safety officer and the team leaders in the residential services,
● A communication log will be developed to ensure that safe and effective fire evacuation is completed, this will be discussed at monthly team meetings and also fire reports will be discussed in relation to the timing of evacuating residents safely.
The Registered Provider and the Person in Charge will ensure this regulation will be compliant by the 16th of August 2019.

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:
This designated centre completes a comprehensive needs of assessment during admission, this is reviewed on a yearly basis and plans are put in place to respond to changing needs,
All residents are provided with a copy of their personal plan in accessible format that suits their needs and is a format of their choice.
Over the last number of years some residents needs have change considerably, all efforts

are made to support these changing needs and the HSE are advised of the increasing needs that are required to be met, some of the residents in this designated centre are place on the HSE residential list to source a service that that can respond to their needs.
To ensure that this regulation is compliant the Registered provider and the Person in Charge will ensure the following is completed:
• All residents have an up to date comprehensive of needs and it is reviewed regularly,
• Accessible format of their personal plan is provided to the residents in accordance with their choice and their needs,
• All historic files are archived and the name of their current keyworker is updated,
• Each person's personal plans will be discussed at monthly team meeting to ensure all staff are aware of each care plan.
• The team leaders of all areas in this organisation will work together to update the PCP audit to ensure that consistent and reflect the resident's currents needs and aspirations
The Registered Provider and the Person in Charge will ensure this regulation will be compliant by the 16th of August 2019

Regulation 6: Health care	Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
All residents have access to a medical practitioner of their own choice and the organisation supports them to avail of medical treatment, if a resident refuse medical treatment, this organisation respects this but staff document this and brings it to the attention of the medical practitioner. Although this organisation is section 39 funded and do not have their own multi-disciplinary team, residents are referred and supported to access the HSE community multi-disciplinary team. They are also support to access private multi-disciplinary support and payment of these services are discussed with family members, at times this organisation funds these referrals depending on their own funding. Through resident meeting the residents are provided health information. They have also easy read versions in place to inform them of the national screening programme. All efforts are made to support residents during times of illnesses, there are a number of residents that have an end of life care plan in place and it is reviewed on a regular basis with their family members.
In relation to the guidance of thickening of medication, The team leader has consulted with the Speech and Language Therapist, the Pharmacy and Nutilis Rep who have all provided guidance that medication is thickened by consistency. There are support plans risk assessments and guidance available on the packaging of the nutilis. The team leader has requested that the GP writes on the Kardex when medication is thickened and crushed.
To ensure that this regulation is compliant the Registered provider will ensure the following is completed:
• Each resident has access to a medical practitioner of their own choice and the organisation supports them to avail of medical treatment, if a resident refuses medical treatment, this organisation respects this but staff document this and brings it to the attention of the medical practitioner.

• This organisation will make every effort to support resident to access allied health professionals to respond to their needs, if funding is not available they will liaise with family members to seek financial support if possible.
• Residents will be provided with health information through residents meeting and they will be provided with information to access the National Screening Programme,
• Each person's personal health care plans will be discussed at monthly team meeting to ensure all staff are aware of each care plan.
• End of live care plan will be developed in a manner which respected the resident's autonomy, rights and wishes and reviewed on a regular basis.
• The Nutilis rep is forwarding a safety notice how to properly use nutilis.
The Registered Provider and the Person in Charge will ensure this regulation will be compliant by the 16th of August 2019.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
All staff in this designated centre are provided with MAPPA training, as many of the staff have been working in this designated centre for a number of year, the staff team develop positive behaviour support plans. Due to the fact that this agency is section 39 funded, there is internal access to multi-disciplinary support, a private behavioural therapist is used to review these plan and signs off on them.
There is a number of restrictive practices, since this inspection the person in charge have updated the restrictive practices used in her quarterly notifications, the Person in Charge and the team leader have worked a new audit form to ensure the rationale for the use of the restriction was clear and to ensure that all staff utilised the restriction for the shortest necessary duration in the least restrictive manner.
In relation to guidance and review positive behavioural support plan, the staff team work together to develop these plan, a private behavioural therapist reviews these plans and sign off on them, they are reviewed by the staff team each month and the team leader discusses each support plan at the monthly team meeting,
To ensure that this regulation is compliant the Registered provider and the Person in Charge will ensure the following is completed:
POSITIVE BEHAVIOUR SUPPORT
• The person in charge will ensure all staff have completed MAPPA training and that staff have up to date skills and knowledge to respond to behaviour that challenges that residents present with and every effort is made to identify the of the residents challenging behaviour,
• The Registered Provider will ensure that where required Therapeutic intervention is implemented and residents or their representatives are provided informed consent are reviewed as part of their personal plan,
• All Positive behavioural Support Plans will be reviewed monthly by the staff team,
RESTRICTIVE PROCEDURES

• The person in charge will ensure that all alternative measures are considered before a restrictive procedure is used and the least restrictive procedure is used for the shortest duration.
• There are a number of restrictive procedures used in this designated centre, the person in charge have updated the restrictions used in her quarterly notifications to HIQA, they are recorded and reviewed by the staff team on a regular basis and alternative approaches are considered to reduce restrictions,
• The Registered Provider will ensure that all restrictive procedures are applied in line with national and local policy. The team leader and some of the staff team are currently updating this organisation Restrictive Procedure policy,
The Registered Provider and the Person in Charge will ensure this regulation will be compliant by the 16th of August 2019

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.	Not Compliant	Orange	11/11/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	16/04/2019
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	20/12/2019

Regulation 23(1)(f)	The registered provider shall ensure that that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the chief inspector.	Not Compliant	Orange	31/03/2019
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 the standard of care and support.	Substantially Compliant	Yellow	20/12/2019
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional	Substantially Compliant	Yellow	20/12/2019

	responsibility for the quality and safety of the services that they are delivering.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	19/02/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	20/12/2019
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	19/02/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	19/02/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be	Not Compliant	Orange	07/03/2019

	followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.			
Regulation 31(1)(d)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any serious injury to a resident which requires immediate medical or hospital treatment.	Substantially Compliant	Yellow	20/03/2019
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Substantially Compliant	Yellow	20/03/2019
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following	Substantially Compliant	Yellow	07/03/2019

	incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 05(6)(b)	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 be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	16/08/2019
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	Substantially Compliant	Yellow	16/08/2019

	effectiveness of the plan.			
Regulation 05(6)(d)	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 take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	16/08/2019
Regulation 05(7)(a)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include any proposed changes to the personal plan.	Substantially Compliant	Yellow	16/08/2019
Regulation 05(7)(c)	The recommendations arising out of a review carried out pursuant to paragraph (6) shall be recorded and shall include the names of those responsible for pursuing objectives in the plan within agreed timescales.	Substantially Compliant	Yellow	16/08/2019
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with	Substantially Compliant	Yellow	16/08/2019

	any changes recommended following a review carried out pursuant to paragraph (6).			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Not Compliant	Orange	16/08/2019
Regulation 06(3)	The person in charge shall ensure that residents receive support at times of illness and at the end of their lives which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.	Not Compliant	Orange	25/02/2019
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.	Not Compliant	Orange	16/08/2019
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with	Substantially Compliant	Yellow	07/03/2019

	the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	16/04/2019
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	16/08/2019