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:	Carrick on Suir Camphill Community
Name of provider:	Camphill Communities of Ireland
Address of centre:	Tipperary
Type of inspection:	Short Notice Announced
Date of inspection:	26 June 2020
Centre ID:	OSV-0003608
Fieldwork ID:	MON-0029609

About the designated centre

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

Carrick on Suir Camphill Community, located in a town, provides long-term residential care to both male and female residents over the age of 18 with intellectual disabilities, autism and physical support needs who require medium levels of support. The centre comprises of seven units in total combining a mixture of residential houses and individual semi-independent supported houses. All residents have their own bedrooms and facilities throughout the units which make up this centre include kitchens, sitting rooms, dining rooms and bathroom facilities. In line with the provider's model of care, residents are supported by a mix of paid staff (including a nurse and social care staff) and volunteers.

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
Friday 26 June 2020	09:00hrs to 16:00hrs	Tanya Brady	Lead
Friday 26 June 2020	09:00hrs to 16:00hrs	Conor Brady	Support
Friday 26 June 2020	09:00hrs to 16:00hrs	Sinead Whitely	Support

What residents told us and what inspectors observed

Inspectors had the opportunity to meet with five residents and observe how they spent their day over the course of the inspection. A number of residents who usually live in this centre were at home with their families due to the COVID-19 pandemic. Inspectors adhered to public health guidelines while engaging with residents who were available over the course of the inspection.

Inspectors found that all residents were not appropriately supported and cared for in line with their assessed needs. While some residents spoken with reported as being happy, not all felt safe and inspectors were told of an experience of being left alone at night time which continued to cause anxiety. This situation had been notified to the Health Information and Quality Authority (HIQA) by the provider.

From observations of how residents spent their day in this centre, inspectors found that residents were not appropriately engaged with, supported and cared for. Inspectors found residents in dirty, unsuitable, unventilated living environments that were in an unacceptable condition at the time of inspection. The inspectors required the provider to take immediate, urgent actions on the day of inspection based on these findings.

Capacity and capability

This centre had poor compliance levels on the previous inspection in November 2019. In addition, inspectors had reviewed information of concern recently submitted through notifications by the provider and information received from the public through HIQA's Concerns Line. On the basis of that information, inspectors prioritised this centre for a risk based inspection to review the provider's governance and management arrangements to ensure good quality care and support was provided to residents.

Prior to this inspection, Camphill Communities of Ireland had been required to submit a number of formal assurances to the chief inspector regarding the safeguarding arrangements for residents and the safety and quality of care delivered across a number of their designated centres. Following the findings on the previous inspection, Inspectors met with the provider in HIQA's offices in December 2019. The provider was required to submit a plan of specific actions they would implement to ensure improvements in the quality and safety of care and support to

residents, including assurances that both management and staff had the knowledge, skills and ability to effectively meet residents' needs.

This inspection found that the provider continued to be significantly non-compliant in areas identified by inspectors in the December 2019 meeting. There were a number of significant findings on this inspection regarding the infection control practices and hygiene of this centre which resulted in the provider being required to implement urgent actions on the day of inspection. These findings were inconsistent with assurances given to the chief inspector by this provider during the COVID-19 pandemic.

While a new person in charge had been appointed to the centre in March 2020, effective oversight in this centre was not fully demonstrated on this inspection. For example, the person in charge did not have oversight of all parts of this designated centre and reported that she had never been in some rooms, including residents' rooms in the centre which inspectors found to be in very poor condition on the day of inspection.

Although there were management systems and structures in place, they were not proving effective as they did not ensure full oversight of the service. The provider had identified key concerns which were impacting negatively on residents' experience of service provision in their own monitoring of the centre, but had failed to take action to address them. This will be discussed further in the quality and safety section of this report.

The annual review of the quality and safety of care and support required by the regulations had not been completed since 2018. The six-monthly provider-led unannounced visits, the purpose of which are to ensure residents are being provided with good quality care and support, were not occurring in line with the requirements of the regulations with one having been completed in April 2019 and the most recent happening two days prior to this announced inspection.

While training had been provided to staff in key areas such as infection prevention and control requirements, the inspector observed staff practices and hygiene records and found that management were failing to ensure that this training was being implemented. In addition, a number of staff had not been provided with mandatory training in safeguarding, fire safety, manual handling and safe administration of medication in line with the providers' policies.

Inspectors continued to have concerns about safeguarding for residents, and in particular, the protection of residents from the risk of financial abuse. On reviewing residents contracts of care inspectors noted there was significant discrepancy in amounts paid by residents to the provider. Inspectors noted additional discrepancies with some residents being charged for services or amenities that were included in the service provided for other residents. Other concerns relating to financial safeguarding are discussed in the quality and safety section of this report.

The Inspectors reviewed provider policies to guide and direct staff and found that the provider was failing to keep them updated, in line with regulatory requirements,

and was failing to ensure that the policies were being implemented by staff.

Regulation 14: Persons in charge

The person in charge did not demonstrate that she had the skills and experience for effective oversight in this centre. Parts of the centre were found to be in very poor condition on the day of inspection and the person in charge reported that she had not been in some rooms in the centre including residents' rooms.

Judgment: Not compliant

Regulation 16: Training and staff development

The inspector reviewed staff records and found that the new person in charge had initiated supervision meetings for staff.

However, staff had not been provided with important training updates in line with the provider's policy. The management team and person in charge were failing to ensure that key training was implemented by staff such as safeguarding, fire safety, infection control, manual handling and safe administration of medication.

Judgment: Not compliant

Regulation 21: Records

From a review of a sample of records the inspectors found that records were not kept as required in Schedule 3 and 4. For example, an accurate record of the centre charges to residents or a complete record of complaints.

Judgment: Not compliant

Regulation 23: Governance and management

Governance and management of this centre was found to be poor. Where the

provider had identified issues impacting on the quality of life for the residents they had not taken action to address them.

In addition they had not undertaken an annual review of the quality and safety of care and support nor six monthly unannounced visits to the centre to review the service as required by the regulations.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Residents' contracts were reviewed. These are important documents setting out the service to be provided to residents in addition to fees that may be charged. These were found to be absent or inconsistently completed and did not contain all information as required by regulations. The absence of clear and coherent guidance and practice of this raised further concerns regarding the safeguarding and protection of residents' finances.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The policies reviewed by the inspectors had not been reviewed as required and were not used to guide practice. For example, the provider was failing to ensure that the policies pertaining to safeguarding, infection control and prevention, management of residents finances were being implemented.

Judgment: Not compliant

Quality and safety

Overall, the inspectors found that the quality of the service provided for residents was poor.

The centre comprised of seven houses in different locations. Two of these houses were visited on this inspection and the standard, cleanliness and quality of the premises were found to be inadequate. In relation to one of the houses, the provider was required by the inspectors to take immediate action to address risks

associated with the poor condition of a bedroom, bathroom and living areas. There was a lack of maintenance, cleaning and ventilation apparent with rooms dusty, cobwebs visible and broken or missing bathroom fixtures. In an instance where a resident had no toilet seat this had not been reported as broken and it was unclear how long this item had not been in place. Inspectors saw another building with broken and poorly maintained structures and furniture and with significant infection control and environmental risks present. This included holes in the wall, missing light bulbs and broken and dirty furniture. Staff were not being supervised to ensure that infection control measures identified on the cleaning schedules were being completed and there were rooms within the centre that the person in charge told inspectors that she had not visited or checked. These findings were of additional concern to inspectors against the backdrop of the current COVID -19 pandemic and in the presence of complex healthcare needs in the centre.

Inspectors observed practices that did not comply with public health guidance during a public health emergency, and when discussing this with staff, inspectors found that staff did not have adequate knowledge about the importance and implementation of these measures. The inspectors saw that some staff were observed not wearing PPE (Personal Protective Equipment) on this inspection. The inspectors reviewed the organisation's policy/guidance and it directed staff to use masks, but in discussions with staff, inspectors found that they did not understand the reasons for this policy and had not implemented it.

The area of financial safeguarding and overall safeguarding and protection was reviewed in detail on this inspection. This was due to the high number of safeguarding reports and investigations ongoing within this centre. In addition, a number of submissions of unsolicited information of concern had been received by the chief inspector, most recently in June 2020 citing safeguarding and protection concerns.

The provider and person in charge had policies and procedures in place with respect to keeping residents safe. Following non-compliance in safeguarding during the November 2019 inspection, the provider had submitted a safeguarding improvement plan to the chief inspector. On this inspection, inspectors found that the provider had failed to implement some of the actions. Consequently, inspectors saw evidence of poor safeguarding arrangements in relation to preventing the risk of neglect, physical abuse, and psychological abuse, and poor arrangements to safeguard residents from the risk of financial abuse.

Since the previous inspection, the provider had audited and reviewed safeguarding practice and identified a significant number of safeguarding concerns, but had failed to resolve over half of those concerns. There had also been a high number of safeguarding concerns recorded by the provider during 2019 with a number of these resulting in 'trust in care' investigations within the staff team. While the provider stated that they had put significant resources into safeguarding, inspectors found that this tended to be focused on record keeping and reporting and that the measures taken had not yet resulted in improved outcomes for the residents.

The inspectors found practices relating to the safeguarding of residents finances to

be inadequate, putting residents' finances at risk. Inspectors reviewed records for residents' personal finances and found areas of concern. For example, inspectors saw where records of residents' money did not reflect the actual amounts of money in the residents' wallet. Inspectors saw a note in the records stating that no actions were required to follow up or investigate and no explanation of the discrepancies. Additionally, inspectors found for some residents there were no bank statements available for review, and their finances were managed by their family or a representative. This did not allow for oversight in ensuring that all transactions reconciled with statements as required by the providers' policy. Related to this inspectors noted that not all residents had access to their money, their bank cards or means of access to their funds being held by their representatives. In these instances the provider noted that the resident received 'pocket money'. Of further concern, an inspector found an envelope with a sum of money in a resident's folder. The staff and person in charge were unable to explain where the money came from and it was not accounted for in the residents' records. This was of concern because of the lack of security around the safekeeping of residents' money. Given the regulatory concerns regarding the management and oversight of residents' finances, auditing practices did not provide assurance of either the management or oversight of same.

The inspectors reviewed the provider's assessments of residents' ability to manage their possessions and observed that the assessments were undated and unsigned which was not in line with the provider's policy. In addition, it was unclear as to the extent of the residents' involvement in decisions about how they managed their possessions or who was actually making these decisions on their behalf. It was not possible to see whether residents had given consent in relation to arrangements for their possessions. The provider had determined that some residents could manage their finances and property themselves. There were no records of decision making or of monitoring to ensure appropriate arrangements were in place to support residents. In addition, inspectors saw records where some of these residents had access to independent advocates and the independent advocates had recorded concerns about the risk and vulnerability of residents in relation to their personal possessions and the provider had made no provisions for this. There was one active financial abuse allegation under investigation at the time of inspection involving a staff member.

Regulation 12: Personal possessions

Safe and effective systems for the management of residents' personal possessions, in particular their finances were not in place. Where residents required support in managing their possessions it was not clearly documented that consent had been obtained.

Judgment: Not compliant

Regulation 13: General welfare and development

Not all residents were supported to engage in a meaningful day based on their assessed needs and a situation was described to inspectors as feelings of loneliness and isolation. Inspectors also observed this during the inspection.

Judgment: Not compliant

Regulation 17: Premises

The provider was allowing residents to live in houses that were poorly maintained and dirty. Areas used by some residents were in disrepair and posed a risk to those using them for injury or infection. Urgent action was issued regarding this regulation.

Judgment: Not compliant

Regulation 27: Protection against infection

Residents noted as 'high risk' of infection were found to be living in accommodation that was not clean, hygienic or ventilated. Urgent action was issued regarding this regulation. Guidance for the use of face masks was not in line with national guidance at times.

Judgment: Not compliant

Regulation 8: Protection

While increased safeguarding resources had been put in place, inspectors found that these resources were focused on reporting and record arrangements and had not yet resulted in improved outcomes for residents. Previous provider safeguarding plans had not been fully implemented in line with assurances given to HIQA. Furthermore inspectors remained concerned about the volume and nature of safeguarding concerns occurring in this centre. Financial safeguarding was of particular concern given the absence of clear and consistent practices to protect

residents from the risk of financial abuse.

Judgment: Not compliant

Regulation 9: Residents' rights

All residents rights were not being upheld in this designated centre. For example, where residents did not have consistent access to staff support, they were unable to engage in their preferred daily activities of choice, residents were living in substandard accommodation and where arrangements were being implemented to manage residents' personal possessions, their consent had not been obtained.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Carrick on Suir Camphill Community OSV-0003608

Inspection ID: MON-0029609

Date of inspection: 26/06/2020

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 14: Persons in charge	Not Compliant

Outline how you are going to come into compliance with Regulation 14: Persons in charge:

1) A Performance improvement process has been put in place for the PIC, overseen by Regional Manager. PIC to engage with Professional training to further develop her management capacity as a person in charge. The role of the PIC is being reviewed with RM and PIC and peer support system put in place with a PIC from another community. New Quality and Safety Officer appointed on 6/7/2020 which had been a key management gap since beginning of 2020.

2) To robustly change areas that needed improvements as identified at several inspections, a new CCoI operations management and governance structure is being rolled out at Carrick on Suir. This involves a systematic approach to operating and managing services, across the CCoI communities which commenced with 3 communities including Carrick on Suir. Standard documentation have been put in place for daily reporting, house, and community level management together with a standard PIC/Q&S Officer audit, which involves documented checking of all documentation regarding schedule 2 (staffing), training, risk management, residents finances, residents files, clinical support and records. The process for six monthly Reg 23 inspection systems has been strengthened and systems developed for internal auditing which have been applied in the community.

3) A community SharePoint site has been put in place for Carrick on Suir creating the infrastructure for increased oversight. where all records are stored, increasing the level of oversight for the PIC at house level, and above.

4) A full review and restructuring of the Carrick on Suir residents file has been completed and a new standard CCoI File Architecture system is being implemented in the Community and supported by the National Governance team. Training sessions have been held with staff on 2/7/2020 and 3/7/2020 and hands on support with the transition from the national governance team. Further training and supports on records

management and new systems implementation will be provided as required.

5) Regional manager continues to visit the community weekly for August and September, then fortnightly to ensure progress of performance improvement plan for PIC, general oversight, to do spot checks in the houses and files and ensure follow up on HIQA compliance plan and evidence of such. A new standard supervision system and template from RM's is being rolled out for all PICs in CCoI. This ensures all areas of PIC's management will be monitored and reviewed monthly.

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
1) Local Training gaps have been identified the local tracker has been updated. Required training has been booked and scheduled for staff.

2) Training requirements and upcoming training a standard meeting agenda item in the fortnightly Community Management Meetings, to identify, schedule and review staff training requirements or new needs

3) CCoI National training tracker is being created data is being collected and verified from each community currently, this data will then be imported into a national tracker, giving increased oversight around the management of training to the Operations and HR national teams.

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
1) Residents contracts have been reviewed and updated nationally which includes a standard schedule of fees; a standard national communication plan with associated documentation and implementation process has commenced and a changeover to the new contracts will be completed in September 2020.
2) Changeover to the new contracts of care will be complete at Carrick on Suir by 1st September 2020.
3) Complaints folder being populated retrospectively by PIC and any open complaints followed up, CCoI have sought external support from the HSE to review the Customer care policy and support the development of the Customer care process.
4) Statement of purpose and residents guide will be reviewed by PIC by end of August 2020.
5) Residents directory to be updated by the PIC by end of August 2020.
6) A initial review of residents files took place with Ops/Clinical and Safeguarding teams 29/6/2020 and a restructuring of the Carrick on Suir residents file is being completed with the local teams in line with a new standard CCoI File Architecture system and supported by the National Governance team Spot checks will take place by RM and clinical Lead and its anticipated that all files will be reviewed and restructured by 31/8/20.
7) A standard file audit tool has been developed and a process of local and Regional Manager spot checking records has been put in place. Further work is required on

development of a standard PCP system in CCoI
8) Standard internal audit tools has been developed and to date a Building/ Maintenance/Health & Safety/Clinical/records audit have been completed at Carrick On Suir and actions for improvement put in place with regular review meetings involving the Head of Service/Regional Manager/Local Management and the heads of functions to progress these actions

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
1) An external investigation has been commissioned by CCoI around the failure to meet regulatory standards in this service.
2) 6 monthly inspection completed internally by Regional Manager by 15/9/2020 and externally contracted unannounced inspection has been completed by 16/7/2020.
3) Annual Review to be completed by Regional Manager by 30th September 2020.
4) The new standard CCoI management and governance processes have been introduced in the Carrick on Suir services, through standard daily, weekly and fortnightly meeting systems each Community member with support needs requirements and preferences will be actioned and any new needs escalated to enhance their quality of life. The regional manager, regional safeguarding lead, and clinical support officer will attend a community management meeting monthly, where they can provide support, and constructive feedback around issues and concerns.
5) Regional Manager will attend CCOI Carrick community weekly for August and September, then on fortnightly on basis to check progress on action plan and general spot checks.
6) Staff supervision backlog will be addressed by 21/8/2020 and a supervision schedule for each staff has been completed with their line manager. New template implemented for supervision from RM's with PIC from 1/9/2020, where all areas of PIC's management will be monitored and reviewed.
7) PIC/Quality and Safety Officer completing weekly spot checks and walkarounds/audit where the PIC will select a theme and review the level of compliance for a residential house.
8) Review of supports provided to Community Members with support needs has been initiated. Critical case review occurred on 6/8/20 and resident's wellbeing reviewed, meaningful day activities.
9) Regional safeguarding lead to be present in CCoI Carrick once weekly to ensure oversight and support.

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:
1) New national contract has been issued to all residents with an explaining letter of changes. Easy read version provided to all. The changeover to the new contracts will be in place by 1/9/20.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
The policies reviewed by the inspectors had not been reviewed as required and were not used to guide practice. For example, the provider was failing to ensure that the policies pertaining to safeguarding, infection control and prevention, management of residents finances were being implemented.

1) The CCoI Leadership Team commenced a process of updating overdue policies by on week starting 13th July 2020
2) The revised contract of care will be in place by September 2020
3) Revised residents finance policy is drafted, the associated SOP is being finalised and will provide a more robust money management assessment, daily and monthly reconciliation and sign off by PIC, with the records being maintained on an electronic system stored on SharePoint.
4) Review of money management assessments will be completed by the PIC by 18/8/2020, and actions taken to ensure the supports provided to residents are in line with their assessed needs and to ensure consent for support is documented.
5) Initial training has been provided to staff on the operation of the new electronic finance system.
6) PIC/Quality and Safety Officer walkarounds and auditing of each house for compliance with infection and control measures.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
1) Review of money management assessments will be completed by the PIC by 18/8/2020, and actions taken to ensure the supports provided to residents are in line with their assessed needs.
2) Personal possession list for all residents to be reviewed to ensure it is up to date and in line with relevant policies by the PIC by 18/8/2020.
3) New operations management and governance structure to be implemented in Carrick on Suir which will provide additional oversight for PIC of resident's finances and identify anomalies in a timely manner.

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
1) Review of the supports provided to each resident commenced with some residents in units as identified during inspection prioritised. Weekly timetable for these residents has been reviewed in line with wishes and preferences to promote meaningful activity and engagement. Additional individual support hours for one resident identified on the day of inspection as not appropriately engaged has been provided.
2) New operations management and governance structure is in the process of being

implemented in Carrick on Suir which will ensure residents' identified goals on personal plans are reviewed assigned and monitored on a daily, and monthly basis. This will ensure an evidence-based process for offering and tracking engagement with residents.
3) Process of consultation has commenced for the reopening of CCoI Day Services, this includes all residents whose weekly program will be reviewed to ensure meaningful activity is provided within the resources available.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1) An external review of the failures in Carrick has been commissioned and expected to be finished by the 31st of August 2020. Included in the term of reference are:
A) To assess the risk as to the suitability of one location in providing a safe, person centered support service to the current residents.
B) In doing so to consider and advice on the appropriateness of the location in meeting the particular needs and personal choices of the current residents.

2) Safety & Risk Manager and Regional manager completed a buildings suitability assessment on premises identified as not meeting standards and made recommendations and a report to HOS 30/8/20. As part of the external investigation the investigator will meet with the residents of the unit identified during the inspection to explore their experiences and what they would like in terms of accommodation.

3) A maintenance audit was completed by the Safety and Risk Manager on 1st and 9th of July. A process is in place to review the progress against this assessment on a fortnightly basis. An external contractor has been secured to complete a deep cleaning of some locations and complete external weed control and garden maintenance.

4) Residents in two units -Immediate cleaning completed on 26/6/2020. Maintenance works commenced on 27/6/2020, toilet was repaired on the day. Deep clean occurred by external company on 27/7/2020 supplementary to daily cleaning by staff in some areas of the designated center. Cleaning and ventilation routine has commenced at those units from 26/6/2020. Email has been sent out to all staff working at this location to notify of routine. Daily opening of windows in resident's bedroom after getting up in the morning has been added to cleaning schedule. Spot checks at a minimum frequency of weekly are in place by PIC in all areas.

5) One location of the designated center will be checked/spot check on cleanliness and infection control 3 times per week by PIC/Q&S lead/RM. All other locations will be checked by the house coordinator daily and checked weekly by PIC/Q&S lead. A cleanliness and ventilation audit was carried out by the regional manager 1/7/2020 of all units of the designated center and actions passed to PIC, the Regional Manager has carried out spot checks on the following dates 8/7/2020, 14/7/20, 24/7/2020, 31/7/2030, 5/8/2020, 12/8/2020.

6) The use of the alternative space/art workshop that was provided to resident during Covid 19 pandemic lockdown work which was identified by HIQA as being significantly below standard has been discontinued immediately. As part of premises suitability assessment, a different alternative space was identified for use by the resident and

offered to him. Improvements to resident's bedroom have been, such as change of bed, mattress and mattress protector. Action has been taken where spot checks have identified requirement for renewal of items.

7) To ensure compliance with the SOP on facemasks, all staff and residents have received repeat instruction, and compliance checked is checked during weekly spot checks.

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
1) Cleaning schedule reviewed and updated to include ventilation and site-specific cleaning tasks. (see above under Regulation: Premises)
a. Spot checks at a minimum frequency of weekly are in place by PIC/Quality and safety coordinator in all areas.
2) Availability of sanitizers and hand soap in handwashing stations checked as part of audit.
3) Spot checks included staff compliance with Covid 19 SOP.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
1) All residents currently residing in CCOI Carrick on Suir financial assessments will be reviewed by 18/8/2020 and a remedial action plan put in place to address gaps. 4 residents are currently at home with family members due to covid 19 and their return date is estimated for September 2020. Once these residents return to CCOI Carrick, we will ensure the assessments are completed with them within 3 weeks.
2) Commencing with an online financial system with training scheduled for 19/8/2020 with full implementation by 1/9/2020.
3) Monthly auditing of resident's finances by administrator will commence by 1/9/2020.
4) New operations management and governance structure is being implemented in Carrick on Suir which will provide PIC with daily overview of resident's finances.
5) Contracts: Residents contracts will be changed to the new CCoI standard contract and will be complete by 1st September 2020 this will ensure that residential contribution is in line with national CCOI across all residents.
6) Prior to any additional spaces being made available to residents, PIC will consult with RM and suitability assessment will be conducted with H&S.
7) CCOI national safeguarding team to deliver additional safeguarding training on bringing safeguarding skills and awareness into practice.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1) Full clinical review of residents with complex needs and revision of care and support plans will be completed by the 14/10/20. Critical case review (an internal multi-disciplinary process) occurred on 6/8/20 and resident's wellbeing reviewed, meaningful day activities.

2) Additional individual support hours for resident identified on the day of inspection as not appropriately engaged has been provided to enable the person to explore a range of activities. Day Services will recommence in a phased manner beginning of September and all residents weekly program will be reviewed to ensure meaningful activity is provided.

3) Outcome of the external review will guide further actions to ensure providing a safe, person centered support service to the current residents in accordance with their rights, will and preference and support needs.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Not Compliant	Orange	18/08/2020
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Not Compliant	Orange	13/08/2020
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with	Not Compliant	Orange	30/09/2020

	their interests, capacities and developmental needs.			
Regulation 14(2)	The post of person in charge shall be full-time and shall require the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.	Not Compliant	Orange	30/08/2020
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	15/09/2020
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	21/08/2020
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Red	30/06/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Red	30/06/2020

Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Not Compliant	Orange	30/08/2020
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	01/09/2020
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.	Not Compliant	Orange	30/09/2020
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	Not Compliant	Orange	15/09/2020

	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.			
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 responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	01/09/2020
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Not Compliant	Orange	01/09/2020
Regulation 27	The registered provider shall ensure that	Not Compliant	Red	01/07/2020

	residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	15/10/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/06/2020
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is	Not Compliant	Orange	01/09/2020

	harmed or suffers abuse.			
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Not Compliant	Orange	14/10/2020
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	14/10/2020