



Office of the Chief Inspector

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

Name of designated centre:	Kingfisher 4
Name of provider:	Brothers of Charity Services Ireland
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	19 February 2019
Centre ID:	OSV-0004791
Fieldwork ID:	MON-0024184

About the designated centre

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

This centre is located in a residential area on the outskirts of the city in close proximity to a number of amenities enjoyed by residents. The property is a two-storey, semi-detached house and a maximum of four residents can be accommodated.

The primary purpose of the centre is the provision of respite services to approximately 34 residents; residents present with a broad range of needs and support requirements; there is one bedroom and bathroom available on the ground floor for residents unable to access the first floor facilities.

Respite is planned but emergency respite in response to crisis is provided and the period of respite can be extended in response to such crisis situations.

The model of care is social and the house is staffed when occupied by a team of social care staff and support workers led by the person in charge. The person in charge manages the respite service and the general operation and management of the centre. The centre is currently funded to open on a fulltime basis.

The following information outlines some additional data on this centre.

Current registration end date:	14/06/2021
Number of residents on the date of inspection:	4

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
19 February 2019	09:45hrs to 18:00hrs	Mary Moore	Lead

Views of people who use the service

Ordinarily residents are not in the house by day and arrive at the house in the evening generally from their respective day service. The inspector spent some time with residents in the evening on their return. There were four residents and an additional resident who called to the house for a short period but confirmed that he was leaving again. Three residents greeted the inspector but continued with their routines; the house was active but relaxed and residents presented as content to be in the house, with each other and with staff; residents were busy planning to leave the house again with staff to participate in a community based activity.

One resident engaged freely with the inspector and did convey to the inspector that while there were positives to living in the house he was not happy living in the house; this is explored further in the main body of the report. This resident spoke about the independence that he enjoyed and the access that he had to both management and to members of the multi-disciplinary team (MDT) to discuss with them his dissatisfaction and what it was that he wanted.

Capacity and capability

Overall the inspector found that the provider had management structures and procedures to support and deliver on the provision of a safe quality service to residents. The provider has sustained the incremental improvement achieved in the service. The provider had robust and meaningful systems of review for self-identifying areas that required improvement and generally used the findings of these reviews to drive improvement. This inspection did however identify two main areas for improvement that the provider was aware of and was trying to resolve but which were not resolved; these were the unsuitability of the service to the needs and preferences of all residents and a likely delay in the completion timeframe for outstanding fire safety works and the relocation to an alternative premises.

The management structure was clear and understood by all persons participating in the management of the service; the inspector found that issues were managed and escalated appropriately in line with individual roles and responsibilities.

The person in charge worked fulltime, was based in the house and worked shifts including alternate weekends when staff and residents were in the house. This supported supervision of staff and their practice and direct access to residents; at times the person in charge choose to participate in the direct provision of care and support to maximise this contact but she was not required to do this. The person in charge said that she altered her rota so that she was in the house to support staff

for example when a resident came for their first period of respite.

The person in charge managed the respite service and described how she sought to meet resident and family needs while supporting safety and quality, for example matching residents needs and managing access to the ground floor bedroom.

The providers systems of review include regular multi-disciplinary team (MDT) oversight, weekly local management meetings where issues such as complaints, incidents and new referrals were discussed, the annual review and the unannounced provider reviews required by the regulations. The inspector reviewed the reports of the previous two unannounced reviews and found that the reviews focussed on quality and safety, were undertaken when staff and residents were in the house and sought feedback from the residents. Reviewers tracked the implementation of previous action plans and concluded that these were generally satisfactorily addressed. The outstanding issues in relation to resident placement and fire safety works were acknowledged and escalated within the provider's governance structures. These issues, the impact and the provider's management of them to-date are discussed in the next section of this report.

The provider had taken action to ensure that staffing levels were adequate to meet the number, needs and preferences of residents. Ordinarily there was one staff present in the house but additional staffing resources were now available each evening and all day Saturday and Sunday. This had impacted positively on residents as they could make different choices such as choosing to stay in the house, engage in a community based activity or a different activity to their peers.

The person in charge confirmed that a regular team of staff was now in place (this was evident in records seen) and relief staff if they were needed were limited to the same two staff. These arrangements supported continuity of care and support which had even more significance given the large number of residents that accessed the service.

The person in charge monitored staff attendance at training and was scheduling refresher training. The inspector reviewed training records and found no gap in staff attendance at training both mandatory and in response to specific resident needs such as the administration of emergency medicines.

There was evidence of significantly improved complaints management and adherence to the provider's complaints procedures; this adherence as well as patterns and trends were monitored, for example during the provider reviews discussed above. Staff maintained detailed records and from these records it was clear that residents knew how to complain, who to complain to, their complaints were listened to and generally addressed by staff or the person in charge. Complaints were appropriately referred to other parties such as the safeguarding designated officer, other services if the complaint was relevant to them or escalated to senior management. Residents were offered the support of advocacy both internal and external. There was however a pattern to the complaints received that was indicative of a resident's unhappiness in the service; this is discussed in the next section of this report.

The provider maintained a statement of purpose and kept the statement under review. The inspector saw that a comprehensive review was currently being undertaken. The statement identified that emergency respite was provided and that an extended period of respite may be provided in response to specific circumstances. However, this accommodation and the requirement for further review was discussed at feedback at the end of inspection in the context of the difficulties and challenges that it had presented given the unexpected protracted nature of these arrangements. This effectively meant that the centre was serving a dual purpose; this did not provide assurance that the provider did have at all times the necessary facilities and services to comprehensively assure the holistic well-being of all residents.

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications and experience necessary to manage the designated centre. The person in charge facilitated the inspection with ease and had sound knowledge of the residents and their needs, of her role and associated responsibilities and of the general operation and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that the provider assessed the adequacy of staffing and sought to ensure that residents received continuity of care and supports. Staffing levels and arrangements had improved and were appropriate to and reflected the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed mandatory training within the specified timeframes. Staff had also completed training that supported them to safely meet resident's needs.

The person in charge had systems for ensuring that staff were supervised and supported in their practice. The inspector saw that records relevant to understanding and achieving regulatory compliance such as the Act and relevant standards, were readily available in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were many indicators of good governance and overall the inspector found that the centre was effectively and consistently governed. Incremental improvement achieved was sustained. The provider had comprehensive systems of review and generally utilized the findings of reviews to inform and improve the safety and quality of the service. There were issues that impacted negatively on the quality and safety of the service; the provider had self-identified them, had also identified their impact and was seeking to resolve them. They were not however resolved and there was no definitive timeframe for their resolution; this is addressed under the relevant regulation in the next section of this report.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider understood the importance of robust admission procedures and was in the process of revising its procedures and the associated assessment tools.

Admission procedures took account of the needs of both prospective and existing residents. The person in charge ensured that residents and their families were offered the opportunity to visit the centre as part of the pre-admission process.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre was effectively serving a dual purpose; this did not provide assurance that the provider did have at all times the necessary facilities and services to comprehensively assure the holistic well-being of all residents.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

There were policies and procedures for responding to accidents and incidents. Incidents were reviewed and discussed at team meetings and management meetings. Internal provider reviews monitored the submission of required notifications to HIQA, such as any allegation of abuse or any serious injury to a resident. Based on the records seen on inspection and the notifications that had been received, the inspector was satisfied that there were adequate arrangements for ensuring compliance.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had effective complaint management procedures that were clearly accessible to and understood by residents.

Judgment: Compliant

Quality and safety

The inspector found that the provider did aim to provide each resident with a safe, quality service that was appropriate to their needs. However, the type of service that was provided was not suited to the needs and preferences of all residents; the inspector found that there was a dual purpose to the service with both respite and full-time residential services provided. The provider explained that this had arisen as a result of a crisis situation and challenges, despite having made repeated efforts, to secure the appropriate placement.

This was a busy respite service with respite provided to approximately 34 residents on a rotational basis; some residents attended infrequently while others had a regular pattern of attendance. The inspector was advised that the service was busy with a recent increase in referrals from the statutory body. In response the provider was in the process of revising its admission procedures and associated records such as assessments to ensure that they were robust and transparent and could establish

that the centre was suited to and could meet the needs of residents.

The assessment gathered the information necessary to ensure that the required support was provided during the respite stay. The inspector saw that each resident had a plan of support based on the assessment findings and information collated from for example family, the day service, the relevant General Practitioner (GP) and the MDT where this was appropriate. Based on the sample of records seen the inspector was satisfied that staff had the information necessary to provide the required care and support. The plan was seen to be updated as needed and regular oversight of the effectiveness of the plan was maintained by the MDT; minutes seen demonstrated good representation at these reviews that reflected each residents MDT inputs. Residents and what they wanted was considered; residents were consulted with and had good participation in decisions made about their care and support.

All residents were accepted for admission on the basis that the need was for a respite service. However, on two occasions residents' needs and circumstances had changed, residents had been unable to leave on conclusion of the respite stay and the provider provided full-time residential care to individual residents while continuing to operate the respite service and seeking the required long-term placement. There was one such extended care situation ongoing at the time of this inspection. The provider acknowledged that this was not an optimal situation and the provider itself had identified the negative impacts individually and collectively on residents. These impacts included extended occupation of a designated respite bed, extended occupation of the only ground floor bedroom which meant that residents with higher physical needs had not been able to access respite and the negative impact on individual resident well-being. The provider outlined the efforts taken to resolve the matter including referral to the statutory body. However, there was no timeframe for the provision of a permanent home for the resident.

The resident themselves had clearly articulated their unhappiness with their placement and that it was not in line with their expressed will and preference. The inspector saw that the resident was well-supported by staff and that efforts were made by the provider to meet the resident's needs and wishes such as continuing to support their desire for independence in the house and in the community and refurbishing the bedroom to their liking. However, it was evident that the resident was not happy and had clearly articulated this on many occasions. The resident was unhappy because of the challenging, busy, constantly changing nature of the respite service; the constant movement of different people with different needs and the requirement to share space and facilities with a large number of other residents, facilities that a resident might have a reasonable expectation of developing a sense of ownership of. The resident's unhappiness was clearly depicted in records seen such as the complaints records mentioned in the first section of this report, clinical records and records of MDT meetings. In the interest of the residents current and long-term psychosocial well-being, the appropriate long-term placement was required as soon as possible.

The provider did have arrangements for meeting residents' healthcare needs and improvement was noted in healthcare related support plans such as the plans for

supporting residents who might experience seizure activity. The inspector was satisfied that staff had the information and guidance that they needed, had access as necessary to the relevant GP for advice and support and were provided with records such as the findings of reviews by other healthcare professionals.

The provider had achieved and sustained improvement in the safe management of medicines. All staff had completed safe medicines management training and the majority of staff had completed the enhanced programme of training delivered by the provider in response to repeat inspection findings. All medicines in stock were seen to be supplied by a community based pharmacist; each resident had an up to date medicines prescription; staff maintained a record of each individual medicine administered by them. There were systems for identifying, recording, reporting and reviewing any medicines related incidents.

The provider had effective systems for protecting residents from harm and abuse. These systems included training for staff, ready access to the designated officer, consistent oversight of care and practice, the planning of respite, consideration of resident's individual and collective needs, and consultation with residents. The inspector saw that staying safe, respecting others and personal boundaries were discussed regularly with residents sometimes through the use of social stories (a communication tool used to explain a social situation or activity in a way that is meaningful and supports understanding). The inspector was satisfied that staff understood the difference between a complaint and what might actually be a safeguarding matter.

Because of the increased staffing levels residents had good opportunity to exercise choice and preference during their respite stay and enjoyed good access to the community supported by staff. For example on the evening of inspection residents were planning with staff to go bowling; residents also enjoyed trips to the cinema, the pub, social evenings with their peers, walks with staff or simply choose to relax in the house. Staff convened meetings with residents at a frequency that reflected the nature of a respite service; each resident's comments or requests were recorded on an individualised basis. Residents were invited to complete a process of personal planning and identify personal objectives that they would like to achieve while in respite with support from staff. Some residents declined and this was recorded. Where a resident choose to avail of this staff maintained records of the identified goal and the actions taken to progress and achieve them.

It was evident that risk and the requirement to manage risk to promote and protect resident safety was understood; the person in charge maintained a good range of risks and their management as they pertained to individual residents. However, there were gaps in the process of risk management and improvement was required particularly in relation to supporting and evidencing positive risk taking for residents but also to ensure that risk both positive and negative was always objectively assessed. Specific examples were discussed with the person in charge during the inspection and again at verbal feedback; for example demonstrating the requirement or not for specific equipment or a resident's ability to independently access the community. While controls were described, for example access to a mobile phone with staff numbers inputted, there was not always the expected

formal objective assessment of risk to validate opinion and practice. The inspector noted a similar finding further to the providers own most recent internal review.

The provider had taken measures to improve its fire safety systems. Some structural works had been completed, emergency lighting was installed as was an addressable fire detection system; certificates were in place confirming the testing at the prescribed intervals and to the required standard of these systems and of the fire fighting equipment. All staff had attended fire safety training and simulated weekly evacuation drills were undertaken with residents; this frequency was undertaken to ensure that all residents availing of respite had the opportunity to participate in a drill. There was evidence of good practice, for example the time of drills was varied to replicate different scenarios and situations; drills were repeated where a resident had not on one occasion co-operated with the simulated drill; the evacuation plan was regularly discussed with residents; efficient evacuation times were achieved.

However, the provider had submitted a plan to HIQA to have further fire containment works completed by the 31 March 2019; the plan submitted included the relocation of the service to an alternative property fully compliant with the requirements of Regulation 28 Fire precautions. The centre was registered on the basis of this plan. However, the provider advised that while the plan was progressing it would not be realised by the timeframe originally committed to. The provider indicated its intent to submit an application to vary the relevant condition attached to the registration of the centre.

Regulation 13: General welfare and development

The increased staffing levels meant that residents had choice and could and did access activities and community engagement in line with their wishes and preferences.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management practice was inconsistent. There were gaps particularly in relation to supporting and evidencing positive risk taking for residents but also to ensure that risk both positive and negative was always objectively assessed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had completed much but not all required fire safety works; works to ensure that the provider had adequate arrangements for containing fire were not completed. While the timeframe for their completion had not expired the inspector was advised that they would not be completed within the original timeframe submitted to HIQA.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

There was evidence of good practice and improvement in the management of medicines. Based on the medicines and records seen staff adhered to the procedures for the safe supply and administration of medication in a respite service. Records were kept to account for the management of medicines including the administration of each individual medicine prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Living in this centre was not suited or appropriate to all residents needs and expressed wishes. Inappropriate placement in a busy respite service impacted on the provision of respite services but also resulted in resident unhappiness that was regularly communicated to the provider. This unmet need and resultant resident unhappiness was manifested in the pattern of complaints received from the resident and peers and in the concerns raised at MDT for the resident's current and long-term psychosocial wellbeing.

Judgment: Not compliant

Regulation 6: Health care

The provider had arrangements for providing appropriate healthcare for each resident having regard for the each residents assessed needs and personal plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Based on the sample of records reviewed there were plans that detailed how therapeutic or more restrictive interventions were implemented in response to behaviour of concern or risk. The plan was tailored to individual needs. The plan was seen to be informed by multi-disciplinary input.

There as policy and procedure on the use of restrictive practices and meaningful oversight of restrictive practice. Residents were seen to be consulted with and consented to the interventions required; these were again based on the records seen, minimally restrictive.

Judgment: Compliant

Regulation 8: Protection

There are policies and supporting procedures for ensuring that residents were protected from all forms of abuse. Residents were supported to develop their knowledge, understanding and awareness of self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to exercise independence, choice and control though improvement was needed in the risk assessments that supported this positive risk taking. The provider respected resident capacity to make decisions and the inspector found that residents and what they wanted was considered, residents were

consulted with and participated in decisions about their supports. Residents were offered access to services such as advocacy and their right to refuse a service was respected. The privacy, dignity, rights and diversity of residents was seen to be respected and promoted with due regard for the equal rights of their peers.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Kingfisher 4 OSV-0004791

Inspection ID: MON-0024184

Date of inspection: 19/02/2019

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.</p> <ol style="list-style-type: none"> 1. The SOP has been reviewed and approved and sent to HIQA 09.04.2019 2. The revised Statement of Purpose allows for short term stays of up to 3 months only where a person is made homeless 3. Statement of purpose and function will be reviewed annually, where necessary, as per regulation. 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.</p> <ul style="list-style-type: none"> • Risks identified during the inspection were reviewed and updated. • PIC to attend Risk Management training with Head of Quality and Risk on 2nd May 2019 as part of a Risk Management workshop/clinic that will be scheduled monthly to support the PIC role within the organisation. • Risks will continue to be identified and assessed in line with the Organisations policy and procedure on Risk Management which supports a positive approach to risk 	

management.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

- The current respite house has L1 fire alarm system in place certified by fire safety engineer.
- The current respite house has Emergency lighting in place certified by a Fire Safety Engineer.
- Fire containment works, certified by a fire safety engineer, have been carried out in the attic of this house.
- Comprehensive fire mitigations in place as follows:-
 - o Fire equipment in place.
 - o Frequent Fire Drills (weekly drills as this is a respite house).
 - o All Fire equipment serviced.
 - o Daily visual inspection of fire alarm control unit.
 - o Daily visual inspection of fire exits.
 - o Weekly Fire Alarm Test.
 - o Weekly inspection of firefighting appliances
 - o Quarterly Fire Alarm system test by qualified contractor.
 - o Quarterly Emergency lighting test by qualified contractor.
 - o Fire safety training is mandatory for all staff.
 - o PEEPs completed for individuals supported.
- Alternative property has been secured with support from Brothers of Charity Services in May 2018.
- Design and specification process completed for this house.
- Commencement work is dependent on the sale of another property.
- Works will be completed and the new respite house will be certified by 31st March 2020. Application to vary has been submitted to HIQA to reflect this revised timeline.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The registered provider shall ensure, insofar as is reasonably practicable, that

arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).

- HSE are aware that individual is inappropriately placed in designated centre in response to a crisis admission.
- Assessment of Need team has been assigned in order to complete an AON to determine what supports the individual requires. This process has commenced.
- A DSAMT assessment tool will be completed and submitted to the HSE by 26th April 2019 in respect of this individual.
- The Services will continue to advocate for a suitable residential placement for this individual as part of the regional forum overseeing the management of residential waiting list in the Mid-West region using the DSAMT tool.
- Discharging respite would not be a best interest decision.
- The Services continue to provide and offer support to this individual on a weekly basis through the PIC, staff in the designated centre and multidisciplinary team.

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 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	02/05/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/03/2020
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	09/04/2019

Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2019
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