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

Issued by the Chief Inspector

Name of designated centre:	Gainevale House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	22 July 2020
Centre ID:	OSV-0005051
Fieldwork ID:	MON-0030025

About the designated centre

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

This is a service providing residential care and support to six adults with disabilities. The service is located in Co. Westmeath and in walking distance to a small village. Numerous modes of transport are provided so residents can access a range of day service options, social activities and hotel breaks in larger towns and cities further afield. The centre comprises of a large detached house on its own grounds. Each resident has their own bedroom (some en suite) which are personalised to their individual taste and preference. On the ground floor there are two large fully furnished sitting rooms, two dining areas, a kitchen, two en suite bedrooms, a communal bathroom and a staff office. Upstairs comprises of the remaining four bedrooms, a bathroom and a relaxation/activities room. Laundering facilities are provided for in a separate dwelling to the rear of the building. There is private car parking facilities to the front and read of the property. The centre is staffed on a 24/7 basis by a full time qualified person in charge. They are supported in their role by two deputy team leaders, a team of social care workers and assistant social care workers. Systems are in place so as to ensure the emotional well-being and healthcare needs of the residents are comprehensively provided for to include as required access to GP services and a range of other allied healthcare professionals.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 22 July 2020	10:00hrs to 16:30hrs	Noelene Dowling	Lead

What residents told us and what inspectors observed

The inspector met all of the six residents during the day. The residents said that they were happy living in the house and got on very well with their staff. They said the staff and their key workers supported them in making plans and they enjoyed their activities, they liked cooking, and getting out and about.They said they were happy to have more freedom of movement now that some of the restrictions were being lifted but they understood why this had occurred. However, they also said that they do find some of the incidents which occur in the house difficult and upsetting and often just take themselves away when these occur.

Staff and the residents were engaging warmly and comfortably during the day. They were happy going about their activities. However,as the incidents reports, and speaking with the staff and residents indicated this was not always a calm and relaxed or safe atmosphere. This is outlined in more detail in the quality and safety section of this report.

Capacity and capability

This risk inspection was carried out in response to a number of significant notifications and other information of concern received by the Chief Inspector. The centre was last inspected in November 2019 and granted registration renewal in 2018.

This inspection found that there were governance systems and structures in place for oversight and direction of care. However, despite this improvements were required in a number of areas to ensure the quality of life, safety and well-being of all of the residents.

There was a suitably qualified, full time, person in charge, with additional oversight by the regional director of operations. The provider also had a number of quality assurance systems in place with audits and provider reviews undertaken frequently to monitor the care. These audits included medicines managements, residents finance's, personal planning, health and safety and fire safety. The provider's annual report for 2019 was competed. However, while a number of these reviews were very detailed, the inspector was not assured, based on the inspection findings, that issues identified by the audits were being satisfactorily addressed within the centre and in addition the inspector found that some risks were not being adequately identified despite these systems.

The findings in the quality and safety section of this report regarding safeguarding and protection of residents, risk management and environmental assessments and

suitable premises indicate that improvements are required in the consistent oversight and direction of care and that a more timely and proactive response to concerns is required. The inspector acknowledges that these findings may be influenced by a number of factors including a significant changeover of staff within the previous ten months, the COVID-19 Pandemic and ensuing difficulties in planning and oversight. It does not however, fully account for them.

The centre was very well resourced in terms of staffing, with a very high staff ratio provided, with up to eight staff on duty during the day and two waking night staff. The numbers and skill mix was suitable to meet the assessed needs of the current group of residents. This allowed for one to one or two to one support being available to the residents in accordance with their assessment of needs.

From a review of the staff training records mandatory training was up-to-date for staff although some new staff members had yet to complete the training in the protection of vulnerable adults. However, the inspector noted that this was scheduled to occur. A sample of personal files for some new staff were reviewed and showed that the appropriate checks and Garda Síochána vetting had been completed. However, the inspector could not ascertain if staff supervision was being undertaken as records were not available on the day, although staff spoken with advised that this was not occurring.There was a staff induction programme implemented and a panel of relief staff were available in the event of shortages.

While the provider and person in charge had submitted most of the required notifications to the Chief Inspector, a small number of notifications which required submission within a three day period had not been submitted.This matter was addressed in retrospect.

A number of complaints had been made 2019 and in 2020. These related mainly to the impact on residents of incidents of behaviours of concern which occurred in the centre. The complaints expressed, fear, anxiety, and upset. and staff had supported the residents in using the complaints process. While some actions had been taken regarding these, they were not satisfactory to address the concerns raised, and prevent re-occurrences, except in the short term, and a review of incidents reports over a long period demonstrates this.

Regulation 14: Persons in charge

There was a suitably qualified, full time, person in charge with a reporting relationship to the regional director of operations.

Judgment: Compliant

Regulation 15: Staffing

The centre was very well resourced in terms of staffing, with up to eight staff on duty during the day and two waking night staff. The numbers and skill mix was suitable to meet the assessed needs of the current group of residents. A sample of personal files for some new staff were reviewed and showed that the appropriate checks and Garda Síochána vetting had been completed.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the staff training records mandatory training was up-to-date for staff although some new staff members had yet to complete the training in the protection of vulnerable adults. This was scheduled however.

Judgment: Compliant

Regulation 23: Governance and management

Despite the clear governance structures and systems in place for oversight and direction of care, improvements were required in a number of areas, to ensure the quality of life, safety and well-being of all of the residents. The inspector was not assured, based on the inspection findings, that issues identified were being satisfactorily addressed in a timely manner and found that some risks were not being adequately identified despite these systems.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the information required by the regulations and practices were implemented in accordance with this statement.

Judgment: Compliant

Regulation 31: Notification of incidents

While the provider and person in charge had submitted most of the required

notifications to the Chief Inspector a small number of notifications which required submission within a three day period had not been submitted.This matter was addressed in retrospect.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A number of complaints had been made in 2019 and 2020. While some actions had been taken regarding these, they were not satisfactory to address the concerns raised, and prevent re-occurrences, except in the short term, and a review of incidents report over a long period demonstrates this.

Judgment: Not compliant

Quality and safety

Overall, residents living in the centre received care and support based on their individual preferences and wishes and their social care needs were prioritised. Some improvements were required to ensure that all of the residents' needs were being identified and that the provider was able to meet these needs in the environment.

The provider ensured that the residents had individually planned and supported access to recreation, occupation and meaningful day-to-day activities. While these had been restricted during the COVID-19 restriction phase, residents were now slowly resuming activities safely, with due regard to their individual vulnerabilities. The residents had individual routines such as holding a part-time job, going out for meals, recreational activities, community access and support to develop self-care and life-skills. The high staff ratios ensured that these plans were able to continue. The residents had individual hobbies which they were supported to participate in and were being supported to manage their individual vulnerabilities by staff and to understand their own care needs.

In general, the residents had good access to relevant multidisciplinary assessments for their health, social and psychosocial care needs and appropriate support plans were implemented to assist them. However, there were some deficits noted in the timeliness of referrals to allied health services. For example, a resident had not had an occupational or physiotherapy assessment for some time, despite changes to their mobility. The process for holding the residents' annual multidisciplinary reviews required some improvement to ensure that these were a comprehensive reviews of the residents’ lives, changing needs in planning for their overall care and support. The records of these reviews indicated that the residents were involved in

decisions about their care .

Residents’ healthcare was supported through good access to G.P's (general practitioners) and other clinicians and allied services. While not apparent in every case, there were some deficits found in the systems for monitoring of healthcare and implementation of support plans, particularly where this was required on a regular or routine basis. This deficit could result in ill health or a deterioration in health for the residents.

The residents were helped to communicate and, where necessary, had communication plans and technology to assist them with communication. In one instance a computer and object cards were used and an interpreter had been sourced to support a resident. It was apparent that the staff were attentive to and responsive to the residents’ communication.

Nonetheless, the systems for the protection of residents from abuse were not satisfactory in a number of areas. The inspector found that despite appropriate policies and procedures there was a consistent level of abusive interactions within the centre which impacted severely on the well-being of some residents. The inspector found that the collective assessed needs of the current group of residents were challenging for staff to manage safely in this group living environment, which was known by the manager of this service to be a significant contributing factor to these incidents. From a review of the notifications, the records held in the centre and from speaking with staff, it was evident that there was a lack of timely and consistent response to these type of incidents over a long period of time. Although some interventions had been introduced, over various periods of time, the records indicated that these resulted in short term changes only and were not sustained.

In addition, the inspector noted that safeguarding plans tended to be reactive and was concerned at the lack of specific actions detailed in the safeguarding plans to prevent a re-occurrence of an incident. The main strategy outlined in the plans was to remove the other residents or have them remove themselves from the vicinity, once a situation was occurring. Prior to the inspection and in response to concerns raised by HIQA, a revised plan to manage these incidents was being implemented. This included an impact assessment for the residents, a multidisciplinary review including psychiatry and behaviour support, and a safeguarding meeting. Some alteration to the use of a room in the centre was made which would, if utilised, allow for further separation for the residents. However, this plan may not address the underlying concern and is also contrary to the clinical advice offered for the well-being of all of the residents. It was evident that there was good support from behaviour support specialists and psychiatric services to manage this situation. Nonetheless, the impact on the group of residents was considerable given the environment.

In addition to this, the inspector found that where a concern regarding a resident’s’ personal finances was raised by a resident, there was no clarity available that this had been investigated or resolved.

A number of restrictive practices were implemented in the centre. These were assessed by the appropriate clinician, were reviewed frequently and deemed to be crucial to a resident's safety and well-being. The residents told the inspector about some of them and understood why they were implemented.

Medicine management practices were reviewed and found to be satisfactory in general and assessments had been carried out with the residents resulting in no resident self-medicating. There were suitable systems for managing intake and returns of medicines and the residents' medicines were frequently reviewed. The use of PRN medicines (administer as required) did require review, to ensure that staff understood the safe and appropriate use of such medicines, based on the specific protocols devised, in particular sedative medicines.There was no evidence of any incorrect administration however.

The risk management systems were overall satisfactory to protect the resident from harm. There was a risk register and the residents had individualised risk management plans for most of their assessed needs. However, there was no environmental risk assessment of the premises, taking account of the lay out, structure and the needs of the residents. In addition, no falls risks assessment had been undertaken for an individual where this would be deemed necessary, due to the lay out and in particular, the stairs used to access their bedroom.

An assessment of the premises with regard to fire safety had been undertaken following the the last inspection with particular emphasis on suitability and safety of the evacuation procedures on the first floor. This report indicated that the premises was in compliance with the fire regulations. The records seen by the inspector indicated that the fire alarm and fire management equipment had been serviced quarterly and annually as required.

However, three fire practice drills had been undertaken since 2019 and these indicated that up to three residents had declined to evacuate when these drills were held. There were no adequate measures outlined, should this occur in the event of a real emergency and in particular at night time. Staff advised the inspector that they had requested direction on this but this had not been given.This could potentially place both residents and staff at risk, especially those on the first floor.

The premises has been found non-complaint in a number of inspections. It is a listed building which possess significant challenges for the provider in relation to what can be done with the premises. A condition was imposed with the granting of the registration that when an unsuitable bedroom on the top floor, within the attic, was vacated, this was to be decommissioned for use, and the number of residents living in the centre reduced to five. This had not occurred despite a vacancy occurring in the centre in the intervening period. The bedroom remains unsuitable, with a less than normal height door, which requires further steps down into the room, and the only source of natural light is a roof window, which has been partially painted over.

Since the previous inspection in 2019 some improvements have been undertaken in the premises including some renovations to the kitchen and flooring. However, other issues remain. One of the staircases to the top floor is very narrow and winding. The

carpet on this was thread-bare and tearing in parts which could pose a falls risk. There have been reports of repeated leaks from upstairs bathrooms which badly affected the ceilings downstairs. While these have been repaired, the inspector was advised that this occurs frequently and that one of the ceilings was only fully repaired the day before the inspection. The premises itself has numerous areas of steps and gradients. Given that some of the residents have changing physical care needs, and that techniques in the management of verbal or physical aggression are used on occasion, this requires review by the provider for the long-term suitability of this premises as a designated centre. That said, the premises is spacious and staff obviously try to main good level of cleaning and homeliness.

Infection control procedures were in place and the provider had implemented a range of strategies to prevent and manage the COVID- 19 pandemic. These included restrictions on residents' activities and access within the community, visitor's and staff procedures when coming on and leaving duty. A contingency plan was available in the event of staff being unavailable due to illness. Sanitising systems were undertaken in the centre and on the vehicles. However, it was of concern that on the day of the inspection the inspector did not observe any sanitising systems available at suitable points in the premises. While one was eventually located by staff at the request of the inspector, the inspector was advised that this was not the usual situation but there was no clear explanation for the deficit on the day, which in the current public health crisis could poses a risk to all persons in the centre.

The residents were consulted regarding their routines and preferences and key workers were seen to support them to make choices and have their voices heard. They were being supported to understand the reasons for any restrictions or individual supports they required at this time. Some easing of restrictions was taking place, including visits with families and they were happy with this.

However, it was very apparent, and the residents confirmed, that their right to a safe and peaceful environment and dignity in their daily lives were regularly impacted on by the incidents which occurred in the centre.

Regulation 10: Communication

The residents were helped to communicate and where necessary had communication plans and technology to assist them with communication. In one instance a computer and object cards were used and an interpreter had been sourced to support a resident. It was apparent that the staff were attentive to and responsive to the residents' communication.

Judgment: Compliant

Regulation 17: Premises

Some improvements have been undertaken in the premises including some renovations to the kitchen and flooring. However, other issues remain. Including the stairs to the top floor is very narrow and winding and the carpet on could poses a falls risk. There have been reports of repeated leaks from upstairs bathrooms which badly affected the ceilings downstairs. While these have been repaired, the inspector was advised that this occurs frequently and that one of the ceilings was only fully repaired the day before the inspection. The premises itself has numerous areas of steps and gradients and does not lend itself for safe use by all residents and as a designated centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

The risk management systems were overall satisfactory to protect the resident from harm. However, there was no environmental risk assessment of the premises, taking account of the lay out, structure and the needs of the residents into account. In addition, no falls risks assessment had been undertaken for an individual where this would be deemed necessary, due to the lay out and in particular the stairs used to access the bedroom.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Infection control procedures were in place and the provider had implemented a range of strategies to prevent and manage the COVID- 19 pandemic. However, it was of concern that on the day of the inspection the inspector did not observe any sanitising systems available at suitable points in the premises. One was located by staff at the request of the inspector. The provider advised that this was not the case normally and it was rectified. None the less, in the current, environment this posed a risk.

Judgment: Not compliant

Regulation 28: Fire precautions

A fire safety consultants report indicated that the premises was in compliance with the fire regulations. The records seen by the inspector indicated that the fire alarm and fire management equipment had been serviced quarterly and annually as required. However, three fire drills had been undertaken since 2019 and these indicated that up to three residents had declined to evacuate when these drills were held. There were no adequate measures outlined should this occur in the event of a real emergency and in particular at night time.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medicine management practices were reviewed and found to be satisfactory in general, errors were addressed, and the residents' medicine was frequently reviewed. These use of PRN medicines (administer as required) were in accordance with the protocols outlined.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The provider ensured that the residents had individually planned and supported access to recreation, occupation and meaningful day-to-day activities and their social care needs were very well supported. They had good access to relevant multidisciplinary assessments for their health, social and psychosocial care needs and relevant support plans were implemented to assist them. However, there were a small number of deficits noted in timely referrals to allied services for assessment and comprehensive multidisciplinary reviews.

Judgment: Substantially compliant

Regulation 6: Health care

The residents' healthcare was supported with good access to GPs (general practitioners) and other clinicians. However, there were some deficits found in the systems for monitoring of healthcare and implementation of support plans in some instances where this was indicated.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There was good support from behaviour support specialists and psychiatric services with behaviour support plans implemented.

Judgment: Compliant

Regulation 8: Protection

The systems for the protection of residents from abuse were not satisfactory in a number of areas. The inspector found that the assessed needs of the residents were difficult for staff to manage in a group living environment, which of itself was known to be a significant contributing factor to these incidents.

Judgment: Not compliant

Regulation 9: Residents' rights

The residents were consulted regarding their routines and preferences and key workers were seen to support them to make choices and have their voices heard. However, it was very apparent and the residents confirmed, that their right to a safe and peaceful environment and dignity in their daily lives were regularly impacted on by the incidents which occurred in the centre.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Gainevale House OSV-0005051

Inspection ID: MON-0030025

Date of inspection: 22/07/2020

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1) NF30b submitted for temporary change in PIC (30th July 2020) 2) Person in Charge to ensure that all actions identified within internal quality assurance audits are to be closed within an identified time frame 3) A folder of evidence has been completed for all quality assurance audit actions (17th Aug 2020) 4) Person in Charge to ensure that all actions identified within HIQA inspection reports are to have a corresponding S.M.A.R.T action and be closed within individual time frames and evidence folder in place. 5) BI weekly safeguarding review to take place until 2nd Oct 2020 with the PIC, DOO, Designated officer and behavioral specialist to review the Centre in full. Frequency and requirement of these reviews will be decided on after the 2nd Oct 2020.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: 1) Morning and evening daily check-in to the PIC and DTL's relating to Residents has been implemented which identifies any safeguarding or any escalations required. (Ongoing) 2) Person in Charge to ensure that all 3-day and quarterly notifications are submitted in a timely manner. (Ongoing)	

Regulation 34: Complaints procedure	Not Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: 1) Person in Charge to review complaints in full and review these with the complaints department Actions are to identify means to prevent re-occurrence of the nature of the complaint (Ongoing)	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1) Person in Charge to ensure a daily walk around of the Centre are taking place and action any deficits in the premises identified. Findings will be actioned immediately. (Ongoing) 2) Register provider to complete review of premises and implement actions following this visit. (28th Feb 2021)	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1) Falls risk assessments will be completed for all Residents in the Centre (24th Aug 2020) 2) The occupational therapist has undertaken a review of 2 of the residents, actions from these reports will be implemented.(25th Sept 2020) 3) Person in Charge to ensure Centre specific risk register is updated as required or annually. 4) Person in Charge to ensure a daily walk around of the Centre and identify any risk or hazards present. Findings will be actioned immediately(Ongoing)	

Regulation 27: Protection against infection	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
1) Infection control policy to be discussed as a standard agenda item at team meetings (Ongoing)
2) Daily COVID19 assurance statement completed by the Person in Charge and reported to the Director of Operations implemented on the 4th Aug 2020.
3) Infection control stock list in place and maintained on a daily basis by the Person in Charge and Deputy team leaders and these are reported to the Director of Operations daily (Ongoing)
4) Infection control education has taken place with all Residents (24th Aug 2020)

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1) A fire drill has taken place following the inspection of the Centre by HIQA where all Residents have evacuated the Centre in a timely manner (13th Aug 2020)
2) On-going education relating to key working taking place in the Centre with Residents
3) Schedule for drills is in place for 2020 any actions identified are to be closed within a week period. This is to be overseen by the Person in Charge
4) Fire precautions discussed at monthly team meetings in the Centre. (Ongoing)

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:
1) Person in Charge to ensure that all referrals are submitted for Residents in a timely manner
2) Person in Charge to ensure that multidisciplinary reviews are taking place in a timely manner on an annual basis.
3) Person in Charge to ensure that as and when required multidisciplinary reviews are to take place in a timely manner

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
1) The Person in Charge is to ensure that the Specific health management plans to undergo full review and identify clearly the systems for monitoring of healthcare needs and implementation of support plans (24th Aug 2020)
2) The Person in Charge is to ensure that health monitoring takes place as is required through clinical recommendation (Ongoing)

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
1) Refresher training to be completed with the staff team on safeguarding and protection. (30th Sept 2020)
2) Person in Charge is to maintain a Safeguarding folder in the Centre and to update Centre specific plan as required.
3) Impact assessments Residents have been completed and will be reviewed as required. (Ongoing)
4) BI weekly safeguarding review to take place until 2nd Oct 2020 with the PIC, DOO, Designated officer and behavioral specialist to review the Centre in full. Frequency and requirement of these reviews will be decided on after the 2nd Oct 2020.
5) Review of mix in the Centre was completed by PIC,DOO and Behavioral Specialist and outcome has ben brought to ADT Meeting. One Resident has been identified to move to another Designated Centre due to impact. This move will be completed in consultation with this Resident and their Family. (30th November 2020)

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1) Residents are informed of their rights on a minimum 6-weekly basis
2) Residents are supported where they wish in utilizing the national advocacy service
3) Impact assessments Residents have been completed and will be reviewed as required.
4) Corrective actions to be implemented immediately and overseen by the Person in Charge
5) Dignity and respect to be placed as a standard agenda item for discussion at the

weekly service user forum

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	28/02/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	28/02/2021
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	Not Compliant	Orange	30/11/2020

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	25/09/2020
Regulation 27	The registered provider shall ensure that 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.	Not Compliant	Orange	24/08/2020
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them	Substantially Compliant	Yellow	24/08/2020

	to safe locations.			
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	19/08/2020
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Not Compliant	Orange	24/08/2020
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	24/08/2020
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out	Substantially Compliant	Yellow	24/08/2020

	annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	24/08/2020
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/11/2020
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Not Compliant	Orange	30/11/2020