



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

Issued by the Chief Inspector

Name of designated centre:	Saint John of God Kerry Services - Killorglin Residential Services
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	11 February 2020
Centre ID:	OSV-0005500
Fieldwork ID:	MON-0028528

About the designated centre

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

Saint John of God Kerry Services - Killorglin Residential Services consists of a semi-detached two storey house and a bungalow located on the outskirts of a town. The centre provides full-time residential support for a maximum of six male residents with intellectual disabilities, between the ages of 18 and 65. Each resident has their own bedroom. In the two-storey house there is also a sitting room, a dining room, a kitchen, a utility room and bathroom facilities along with a staff office/bedroom. In the bungalow there is a kitchen/dining room, a sitting room, a utility room, two bathrooms and an office. Residents are supported by nursing staff, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Tuesday 11 February 2020	08:40hrs to 17:10hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

On arrival at the bungalow which formed part of this designated centre, the inspector briefly met one resident who left the centre to attend an external day service in a nearby town with the support of a staff member. The second resident remained in the unit where they received their day service from. Initially this resident was supported by a second staff member.

During this time the resident was asked by the staff member what they wanted for breakfast and were encouraged to help carry out their own laundry. After the resident had breakfast, they left the centre in the presence of staff to go to a nearby beach and to do some recycling in the local town. The resident returned the centre a short time later where they were given praise by a staff member for helping with recycling and were offered a drink.

Soon after in the presence of the two staff members on duty, the resident left the unit again to do some grocery shopping. When they returned again a meal was prepared and later on the resident was seen relaxing while watching a tablet device. This resident appeared content in the presence of staff members who engaged in a pleasant manner with the resident throughout the time of the inspector's observations.

The inspector visited the other unit of this centre where one resident was living. On arrival there the resident was being supported to have a meal in the kitchen by staff members. The resident was then supported into the sitting room where staff members introduced the inspector to the resident who spent some time here in the presence of staff members on duty.

Later on the resident was assisted to go the garden of this unit and participate in a special walking trail that had been set up for them. The resident was brought back into the unit thereafter. When the inspector was finishing the inspection, this resident was back in the kitchen where staff helped to indicate to them that the inspector was leaving. It was observed that staff members supporting this resident offered assistance in an appropriate and respectful manner.

Capacity and capability

This inspection found that in general there were good arrangements were in place to support residents' needs. Some improvement was required though to ensure that this designated centre's assigned staffing compliment was provided at all times and in the submission of required notifications to the chief inspector.

This designated centre was last inspected by the health information quality authority (HIQA) in January 2019 when it only consisted of one unit. Shortly after the provider submitted an application to HIQA to increase the overall size of this designated centre by adding a second unit to the centre. The purpose of this extra unit was to support residents to move into the community away from a campus based setting run by the same provider. After HIQA received a satisfactory compliance plan response to the January 2019 inspection and a site visit of the second unit had been carried out, registration was granted for the enlarged centre to provide residential support for a maximum of six residents until June 2022. The purpose of this inspection was to assess the supports provided to residents since they had come to live in the centre and to follow up on specific actions arising from the January 2019 inspection.

Since registration was granted for this centre, it was seen that the statement of purpose had been updated to reflect the information contained in the designated centre's most recent certificate of registration. The statement of purpose is intended to set out the particular services and supports that are to be provided to residents. In accordance with the regulations, this document is required to include particular information and it was noted that some of this information was not clearly set out in the statement of purpose. For example, details of the organisational structure in place in the centre did not indicate who front-line staff reported to while the gender of intended residents was not fully outlined. All of the other required information was provided for such as the arrangements for dealing with complaints, a description of the rooms in the centre and details of the staffing compliment that was in place.

The provider is required to ensure that the staffing arrangements provided to support residents are in keeping with the statement of purpose. While overall, it was found that there were good staffing arrangements in place, which included a continuity of care and support, it was found that in the weeks leading up to the inspection, an assigned staff member for one unit of the centre, was required to provide support in another nearby designated centre run by the provider for a short period of time. Representatives of the provider outlined that this was intended as a short term measure in response to specific circumstances and that they hoped to discontinue it shortly. While there was no evidence of this having a negative impact on the residents living in the current centre, this arrangement meant that the staffing support provided was not in accordance with the centre's statement of purpose.

It was also seen that this particular arrangement was not reflected in the staff rosters maintained in the centre. Under the regulations the provider is required to maintain planned and actual rosters in order to determine who worked in the centre on a given day. While such rosters were maintained, and were generally of a good standard, it was noted that the full names of some staff were not indicated. However, these rosters did show that there were good levels of staff support provided for residents in the centre. Staff members spoken with demonstrated a good knowledge of residents' needs and were able to outline the steps they took to support residents. Throughout the inspection staff members were seen to interact with residents in an appropriate, warm and respectful manner in the course of

providing supporting.

To ensure that staff members were equipped with the necessary skills to support residents, they were provided with training in key areas such as de-escalation and intervention, safeguarding and medicines administration. Training that was specific to residents' assessed needs such as instruction on supporting residents with impaired senses was also provided. Copies of the regulations and national standards for disabilities were available in the designated centre for staff to review. It was seen though that copies of guidance and standards issued by HIQA during 2019, in areas including human rights and safeguarding, were not present in one unit of the centre. In addition, one staff member, who had a good general knowledge around supporting residents, indicated that they were not aware of any such guidance or standards being issued.

However, it was seen that other required documentation was kept in the designated centre. This included a log of any complaints raised which outlined the nature of such complaints and how they were responded to. A directory of residents was also maintained in the centre which included most of the required details. It was noted though that one individual, who was in the process of transitioning into the second unit of the centre on a full-time basis and had spent some overnights stays there, was not yet included in the directory of residents. While reviewing the records kept in the centre, the inspector saw details of some minor injuries to residents. Such minor injuries are required to be notified to the chief inspector on a quarterly basis but these had not been submitted prior to this inspection taking place.

While this was an area for improvement, overall it was found that the provider had good systems in place to support residents. Key regulatory requirements such as provider unannounced visits were being carried out. These were reflected in written reports which were read by the inspector who noted that they contained clear action plans to respond to issues identified. Regular audits were also carried in specific areas such as medicines and fire safety which are useful to ensure that the services provided to residents are reviewed on a systematic basis. Despite this it was noted that there were a number of actions found during this inspection across the regulations reviewed although the majority of these were paper based and did not pose a high risk to the residents.

It was seen that the provider had put in place good supports to help the residents who moved into the centre from their previous campus based setting. In addition, the individual who was in the process of transitioning into the centre was given an opportunity to visit the unit where it was intended they would be living before they had commenced overnight stays. Interactions between this individual and existing residents were being closely reviewed to ensure that the potential new full-time admission mixed well with the residents. The provider had also ensured that all residents were provided with contracts of care which outlined the services they were to receive. It was noted though that one resident's most recent contract was not indicated as having being agreed to by the resident or their representative while the fees in that contract had not been amended to reflect a recent change.

Regulation 15: Staffing

Overall, there were good staffing arrangements in place including a consistency of staff support. It was noted that one staff member, assigned to one unit of the centre, was providing support in another nearby designated centre for a short period of time. Rosters were maintained in the centre but they did not reflect this arrangement while some staff names were not indicated in full.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training was provided to staff in areas such as medicines, safeguarding and de-escalation and intervention. A schedule for supervision was in place while staff team meetings also took place. Copies of the regulations and some national standards were maintained in the centre but copies of some guidance and standards issues by HIQA during 2019 were not present in one unit of the centre. One staff member did not demonstrate an awareness that these had been issued.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place but it needed updating to reflect that another individual had spent some overnight stays in the centre.

Judgment: Not compliant

Regulation 23: Governance and management

The provider was carrying out regular audits and regulatory requirements such as unannounced visits. It was noted though that a number of actions were found during this inspection although most did not pose a high risk to residents. The governance arrangements had supported some residents to transition into the community while efforts were also being made to develop the performance of staff members.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services
Potential residents were given a chance to visit the centre before they spent overnight stays in the centre and moved in full-time. Admission practices were taking account of the need to safeguard residents. Contracts for the provision of services were in place which contained details of the fees to be charged and the services to be provided. Some of these contracts had been updated to reflect recent changes in fees and were agreed with the residents or their representatives but this was not the case for one resident.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
A statement of purpose was in place that contained most of the required information but it was noted that the organisational structure outlined did not indicate who front-line staff reported to while the gender of intended residents was not clearly stated.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
Not all minor injuries occurring in the centre were being notified to the chief inspector on a quarterly basis.
Judgment: Not compliant
Regulation 34: Complaints procedure
A complaints log was maintained in the designated centre which provided details of the how any complaints were responded to. The satisfaction level of complainants was also recorded. Complaints were raised during regular resident meeting.
Judgment: Compliant

Quality and safety

There was clear evidence that residents' move into the community had a positive effect which was reflected in an improved quality of life while active efforts were being made to meet the needs of all residents. Some action was required to ensure that all documentation reflected the current designated centre and to ensure that some fire doors operated as intended.

Prior to moving into the newer unit of the centre, residents living there had previously lived in a campus based setting. Based on the findings of this inspection, there was evidence that residents had benefited from this move and were more involved in the local community. For example, one resident participated in the local Tidy Towns group and had begun to help out at local masses while another resident was observed to leave the unit twice during the inspection day to use amenities in the nearby town. Other activities which these residents took part in including going for meals out, getting massages and sound therapy. Efforts were also underway to facilitate other community based activities. In addition to these, residents were being supported to maintain relationships with family and friends. For example, one resident regularly visited people that they used to live with previously.

These residents were being encouraged to develop their independence skills. Both residents living in the newer unit were regularly involved in purchase of food for their home while they were also encouraged to prepare their own meals. One of these residents was also being supported to take part in recycling activities in the nearby town. Such activities happened on the day of inspection and this resident received praise from staff for their involvement in this. Encouragement was given for residents to carry out their own laundry and appropriate facilities were available in this regard. It was seen that such independence skills were highlighted as specific goals for residents and there was evidence that these residents were being adequately supported and encouraged to achieve these goals.

Efforts were also being made to ensure that the rights of residents were respected but for one particular decision around a resident's care, it was not demonstrated that the views of the resident had been sufficiently considered. However, throughout this inspection, staff members on duty were seen to support residents in a respectful way while it was noted that residents had been offered the opportunity to vote in a recent election. Any restrictive practices that impacted on residents were referred to and reviewed by the provider's human rights committee. There was evidence that residents were consulted in relation to the running of the centre. For example, residents were asked what food or drink they wanted while regular resident meetings were held where residents were given information. Residents also had intimate personal care plans in place which outlined the support to be given to residents to maintain their privacy and dignity in this regard.

Such intimate personal care plans were contained within residents' individual personal plans. These are required by the regulations and should set out the supports needed to ensure that residents enjoy a good quality of life. The personal

plans of all three residents living in this centre were seen on this inspection and it was noted that they provided a good level of guidance in this regard and were regularly reviewed. Based on the observations and findings of this inspection, considerable efforts were being made to ensure that the needs of all residents were met. It was noted though that residents' personal plans were not available in an easy-to-read format, the residents' guide in one unit referred to a different designated centre and the contents of some behaviour support plans required updating to reflect changes in circumstances. However, staff members spoken with demonstrated a good knowledge of how to support residents to engage in positive behaviour and ensure their safety where appropriate.

The previous inspection of this centre in January 2019, when the centre only comprised of one unit, had raised concerns in relation to fire safety and risk management in that unit. Since then the provider, had improved the levels of fire containment in the unit by installing fire doors which help contain the spread of fire and smoke in the event of a fire. Lower evacuation times were recorded on fire drills which had been carried out in the unit since the previous inspection. This was a noted improvement from the previous inspection but it was seen that the use of some fire doors in this unit required to review to ensure that they functioned as required. For example, it was observed that the fire door for the staff office did not close fully under its own weight. Appropriate fire containment measures were in place in the other unit of this centre and both units also had fire alarms, emergency lighting and fire fighting equipment in place.

The inspector was satisfied that the provider was now managing the risks associated with fire in a more effective way. To direct practice in risk management, a relevant policy was in place which outlined key responsibilities along with the processes for identifying, assessing and reviewing risk. This policy was supplemented by a local risk management procedure which outlined the controls measures for responding to specific risks as required by the regulations while a site specific safety statement was also provided for. Various risk assessments relating to general issues, including fire safety, were in place which outlined controls measures to reduce the potential negative impacts of such risks. Risk assessments that were specific to individual residents were contained in their personal plans. It was seen though that some resident specific risks, which staff members were aware of and responding to appropriately, were not reflected in a corresponding risk assessment.

As part of the risk management processes in place, particular concerns or potential risks relating to the premises provided were referred to relevant professionals for review. This was particularly important in the original unit of this centre given the assessed needs of the resident living there. For example, it was seen that changes had been made to this resident's bedroom in response to their particular needs. Some amendments were also required to a bathroom used by the resident. While these were not completed at the time of inspection, the provider had begun the process for such amendments to be completed. The premises for both units which made up this centre were well presented and efforts had been made to give them a homely feel. For example, one unit of the centre had a fish tank and was brightly decorated.

Regulation 12: Personal possessions

Records were maintained of residents' personal possessions and facilities were available for residents to store these. Residents were being supported and encouraged to launder their own clothes.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were involved in the wider community in different ways such as helping out with at local masses, doing recycling and being involved with a Tidy Towns Group. Support was also given to residents to have contact with family members and maintain other personal relationships.

Judgment: Compliant

Regulation 17: Premises

The newer unit of this centre was presented in a well-maintained, well-furnished and homely manner. The premises of this unit was suited to meet the assessed of residents. Efforts had been made to the give the other unit of the centre a homely feel also. Some changes had been made to that premises to reflect the needs of the resident living there but it was noted that some further amendments were required for one bathroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Information on residents' dietary requirements and preferences were available in their personal plans. Access to a dietitian was facilitated where necessary. Residents participated in food shopping and were encouraged to prepare their own meals. Appropriate facilities were available for food to be properly stored. The food and drinks stored in the centre allowed for choice.

Judgment: Compliant

Regulation 20: Information for residents

In the newer unit of the centre, a residents' guide was in place which contained all of the required information such as how to access HIQA inspection reports. It was noted though that this residents' guide referred to another designated centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

A clear risk management policy and local procedure was provided for. Risk assessments which described risks and the control measures to mitigate against the potential for adverse harm were in place. While some risk assessments were noted to have been recently reviewed it was seen that some risks were not reflected in a risk assessment.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provision of fire containment in one unit had improved while fire drills carried out since the January 2019 inspection indicated lower evacuation times. It was seen though that the use of some fire doors in this unit required review to ensure that they operated as intended. Other fire safety systems throughout both units of the designated centre included fire alarms, fire extinguishers, fire blankets and emergency lighting. Such systems were receiving appropriate maintenance checks from external contractors in a timely manner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall good arrangements were provided to support residents' needs. All residents had individual personal plans in place which had the involvement of residents and their families. As part of the personal planning process meaningful goals were identified for residents and there was progress made towards these. Personal plans were not available in an accessible format.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to avail of various allied health professionals such as general practitioners, psychiatrists and occupational therapists where required. Residents' health needs were being monitored and they were supported to participate in national screening assessments. Where necessary, residents also had specific health action plans in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

Relevant training was provided to staff and staff members spoken with were very knowledgeable around encouraging positive behaviour amongst residents. There was evidence of close monitoring of any behaviours and behaviour support plans were in place. It was seen though that some of the contents of such plans required review to ensure that they reflected changes in circumstances for some residents. Any restrictive practices in place were reviewed by a human rights committee.

Judgment: Substantially compliant

Regulation 8: Protection

Safeguarding plans were provided for where necessary but no safeguarding concerns were identified during the course of this inspection. Residents had intimate care plans in place while staff members underwent relevant training. Staff also demonstrated an awareness of how to respond to any safeguarding concerns should they arise.

Judgment: Compliant

Regulation 9: Residents' rights

Assessments of residents' rights were being carried out. Residents were provided with the opportunity to vote. Choice was offered to residents who were consulted

through resident meetings. Staff members on duty treated residents in a respectful manner throughout this inspection. For one particular decision relating to a resident's care it was not demonstrated that the resident's views had been taken into account.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Saint John of God Kerry Services - Killorglin Residential Services OSV-0005500

Inspection ID: MON-0028528

Date of inspection: 11/02/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

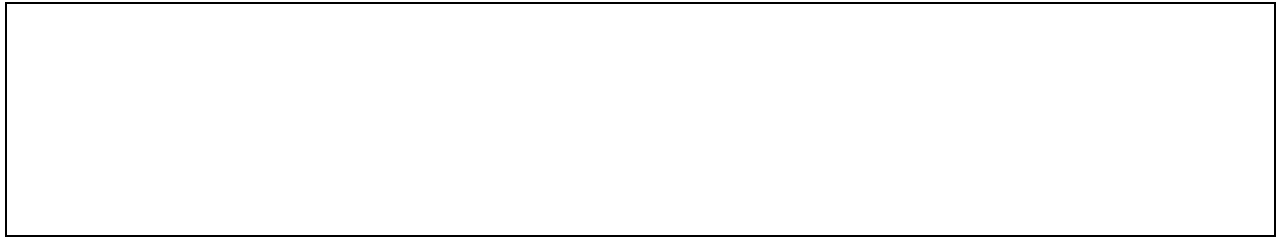
Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>15(1) The PIC will ensure that the staffing complement is reviewed and outlined in the Statement of Purpose. Complete : 30/04/2020</p> <p>15(4) The PIC and the CNM2 will ensure that all staff names are clearly indicated on the planned and actual rosters. Completed : 29/02/2020</p> <p>The CNM2 will record the allocation of staff on the planned and actual roster where a staff member is required to give support in a nearby Designated Centre. Completed : 08/03/2020</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>16(1)(c) The PIC and the CNM2 will re-create awareness of HIQA Guidance and Standards through Team Meetings Complete : 01/05/2020</p>	

<p>16(2)(b)(c) The HIQA Guidance and Standards Folder has been updated in both houses of the Designated Centre with documents issued by HIQA. Completed : 28/02/2020</p>	
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents: 19(1) The Directory of Residents has been updated to reflect that another resident had had spent overnights in the Designated Centre. Completed : 04/03/2020</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: 23(1)(c) The PIC and the CNM2 will update residents records to ensure they reflect the change in residents living location Complete : 30/04/2020 The PIC will monitor to ensure the implementation of actions resulting from Provider Unannounced Visits and Internal Audits Complete 30/05/2020</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: 24(3)(4)(a) An updated Support Agreement will be furnished to the individual`s representative reflecting the recent changes in fees.</p>	

Complete : 20/03/2020	
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>03(1) The Statement of Purpose will be updated to clearly set out the Organisational structure for the Designated Centre.</p> <p>Complete : 30/04/2020</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>31(3)(d) All minor injuries not submitted prior to the Inspection have been retrospectively submitted to the Authority .</p> <p>Completed : 24/02/2020</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>17(1)(a)</p> <p>17(1)(a)</p> <p>The Occupational Therapist and Maintenance will review alternatives to the bathroom area to improve accessibility to support the needs of the resident living in the premises mentioned in the report.</p> <p>Completed : 30/03/2020</p> <p>The Registered Provider will engage with the landlord to reach an agreement on any remedial works that can be completed to improve accessibility for the resident.</p> <p>Complete: 30/05/2020</p>	

<p>An agreed schedule of works will be implemented based on the outcome of discussions with the landlord to improve accessibility issues for the resident Completion Date: 30/09/20</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents: 20(1) A Residents Guide has been completed for the Designated Centre inspected and a copy is available to all residents. Completed : 06/03/2020</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 26(2) The PIC in consultation with CNM2 manager will support a resident at the relevant time of year to participate in making a choice in relation to vaccinations at the and measures taken will to be documented in their plan. Complete :30/09/2020</p> <p>The current risk of resident not up taking health intervention will be recorded in the residents Healthcare plan Complete:30/03/2020</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: 28(3)(a) The maintenance department reviewed the Fire door that did not fully close under its own weight mentioned in the body of the report and have arrange for the</p>	

<p>adjustment of same by an appropriate contractor. Complete : 20/03/2020</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The PIC in consultation with PIC and Team will explore and develop formats of an accessible personal plan for each resident Complete : 30/10/2020</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: 07(1) The Pic will ensure the residents behavior plans and individual plan are updated to reflect change in residents living arrangements Completion date: 17/04/2020 The PIC in consultation with the Behaviour Support co-ordinator , Resident and Team are progressing the review/assessment and updating of one residents behavior plan. Complete : 31/07/2020</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: 9(2)(a) The Pic in consultation with the CNM2 will support resident with information on the care intervention highlighted in this report to determine the resident's preference on same. The outcome will be recorded in the residents plan Completion Date:30/09/2020</p>	



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/04/2020
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	29/02/2020
Regulation 16(1)(c)	The person in charge shall ensure that staff are informed of the Act and any regulations and standards made	Substantially Compliant	Yellow	01/05/2020

	under it.			
Regulation 16(2)(b)	The person in charge shall ensure that copies of the following are made available to staff; standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	28/02/2020
Regulation 16(2)(c)	The person in charge shall ensure that copies of the following are made available to staff; relevant guidance issued from time to time by statutory and professional bodies.	Substantially Compliant	Yellow	28/02/2020
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.	Substantially Compliant	Yellow	30/09/2020
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Not Compliant	Orange	04/03/2020
Regulation 20(1)	The registered provider shall prepare a guide in respect of the designated centre	Substantially Compliant	Yellow	30/04/2020

	and ensure that a copy is provided to each resident.			
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.	Substantially Compliant	Yellow	30/05/2020
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	30/04/2020
Regulation 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.	Substantially Compliant	Yellow	30/04/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	30/09/2020

	place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/04/2020
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).	Not Compliant	Orange	24/02/2020
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where	Substantially Compliant	Yellow	30/10/2020

	appropriate, his or her representative.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/07/2020
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	30/09/2020