Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Clannad
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	04 March 2020
Centre ID:	OSV-0005633
Fieldwork ID:	MON-0023058

About the designated centre

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

Clannad is a residential centre located in Co. Kilkenny. The centre affords a service to four adults, both male and female over the age of 18 years with an intellectual disability. The service operates on a 24 hour 7 day a week basis ensuring residents are supported by care workers at all times. The day to day operations of the service are provided by a clear governance structure. Supports are afforded in a person centred manner as reflected within individualised personal plans. Service users are supported to participate in a range of meaningful activities.
The residence is a detached bungalow house which promotes a safe homely environment decorated in tasteful manner.

The following information outlines some additional data on this centre.

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
Wednesday 4 March 2020	10:30hrs to 17:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

On arrival to the centre residents were busy partaking in their choice of activation for the day. One residents was having a home visit, whilst the other residents were attending their day service.

The inspector met and spent time with the residents upon their return to the centre. On arrival residents carried out their personal routines and said hello to the inspector when these were completed. Residents sat at the table in the dining room and enjoyed a cup of tea. One resident told the inspector that they liked living in the house and that the staff were very nice. Another resident checked what staff were coming on night duty that night and what time they would have their cup of tea before bed.

Staff were observed communicating with residents in their personal mode of communication this included the use of a manual signing communication system. Where the staff had some difficulty ascertaining what was being communicated time was spent with the resident to ensure the correct message was received. The residents were very comfortable in the company of staff and jovial interactions were observed

A homely atmosphere was sensed in the household in the evening, with the dinner being cooked and residents and staff sitting around the table talking about their day. One resident spoke of doing art when it their day service. Resident went about their evening with support from staff, with resident choosing their own space to relax including their personal favourite chairs.

Capacity and capability

The inspector reviewed the capacity and capability of this service and found a number of areas required improvement to ensure the service provided was safe and effective. Whilst a clear governance structure was in place with delegated roles and responsibility this structure required review to ensure monitoring systems in place both at centre level and organisationally were implemented consistently and effectively to identify concerns and improve service provision.

The registered provider had ensured a clear governance structure was appointed to the centre. An appointed had a reporting role to the person participating in management. There was evidence of communication within the governance team with clear lines of accountability present. The person in charge possessed a keen

awareness of their regulatory responsibility and completed tasks in accordance with this. This incorporated the on going review of the statement of purpose and directory of residents for the designated centre. They had also ensured that all notifiable events were notified within the allocated time frame.

At organisational level effective arrangements were in place for the implementation of the annual review of service provision and six monthly un-announced visits to the centre. Reports were generated following both procedures with robust action plans in place with a number of areas. However, a number of concerns or issues were not identified with no action plan in place to address the concern. For example, a concern relating to the safe evacuation of the centre had not been highlighted or addressed. At centre level, an audit schedule had been identified to ensure effective monitoring was ongoing. The person in charge, whom had been appointed in January 2020 was in the process of adhering to same,

The person in charge completed a number of governance duties within the centre to ensure the service provided was safe and effective. These included staff supervisions, centre level monitoring tools and reviewing training needs. From commencement of their governance role within this centre the person in charge had completed a quality conversation with all staff members and had completed a staff team meeting to allow staff to highlight any work concerns. The person in charge had not ensured that all staff had received training which the organisation had deemed mandatory. Whilst a training plan was in place not all training needs which had been identified had been scheduled for staff for example communication and dysphagia awareness.

The registered provider had ensured staff were facilitated with guidance in the receipt and resolution of a complaint through the development of an organisational complaints policy which had further been enhanced to an easy read version to support residents to make a complaint. However, as part of an organisational monitoring system a family raised two complaints. Whilst these were addressed by the person in charge they were not done so with adherence to the complaints policy including documentation of satisfaction of the complainant.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had ensured a full application was submitted with the required time frame. however, evidence of a lease for the full term of registration had not been submitted,

Judgment: Substantially compliant

Regulation 14: Persons in charge

The registered provider had ensured the appointment of suitably qualified and experienced person in charge to the centre. This person possessed the required skills to complete their regulatory role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge has not ensured that all staff had access to appropriate training including refresher training.

The person in charge had effective systems in place to ensure staff were appropriately supervised.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents within the centre inorporating information required under Schedule 3.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured the centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured a clear governance structure was allocated to the designated centre. Whilst a plethora of monitoring systems were in place and actively reviewed, these were not utilised to consistently identify and address issues and concerns within the centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing and reviewed a statement of purpose containing information set out in Schedule 1

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifibale incidents were notified within the required time frame in accordance with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Whilst an organisational complaint policy and procedures were in place, these had not been adhered to when two concerns/complaints had been raised by a family member to ensure the complaint was addressed and the satisfaction of the complainant was documented.

Judgment: Not compliant

Quality and safety

The inspector reviewed the quality and safety of Clannad designated centre and

found areas of good practice. The registered provider had ensured the centre was operated in a manner where residents were protected form forms of abuse and were consulted in the day to day operations of the centre. Whilst the centre presented as warm, clean and homely internally, improvements were required to the external of the premises to ensure the area was in a good state of repair. Each resident was supported to decorate their personal bedroom in accordance with their unique interests and taste. Residents had their favourite spot and chair in the house. However, a number of areas required improvements to ensure adherence with regulations.

Overall the registered provider had ensured that residents were assisted and supported to communicate. Talking tiles were present throughout the house to guide a resident with a visual impairment to their immediate environment. Photographs were utilised to show food choices and staff on duty. Some improvements were required to ensure that all staff were provided with guidance to promote this communication. One resident was observed utilising a personalised manual signing systems. Whilst staff who were familiar to the resident were aware of meaning of signs, a system was not in place to ensure that new staff were provided with guidance to ensure communication was effective.

The registered provider had ensured that a number of residents were afforded with some opportunity to partake in meaningful recreational activities. Residents were supported by staff to develop maintain personal relationships and links with the local community. Some residents were encouraged and supported to participate in a range of activities be it within the home or wider community. Whilst planners had been developed to guide staff on activities conflicting information was present and guidance for staff on favoured activities were not present. Where a resident chose not to engage in an activation record of choices was not monitored to promote participation and to introduce new activities. The person in charge had ensured that each individual had a comprehensive individualised personal plan in place. This provided staff with clear guidance on some support needs of residents and incorporated monthly review. Whilst an annual multidisciplinary review was completed an annual visioning meeting had not occurred for all residents to ensure personal goals reflected the aspirations of each individual. Due to the non-completion of a visioning meeting the review of the personal plan did not focus on the social developments or evidence consultation with the residents in their day to day planning of activities other than attendance in day service.

Whilst overall residents were supported to achieve and maintain the best possible physical and mental health, some improvements were required to ensure guidance for staff was clear and present for all identified health concerns. For example, improvement were required with regard to pain management for one resident including the assessment of pain and the use of as required analgesic medication to promote a consistent approach from all staff. The person in charge had ensured the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage and administration of medicinal products.

The registered provider had ensured effective systems were in place for the

ongoing monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk. However, some improvement was required with regard to ensuring all risks were identified addressed accordingly. For example, the lone worker risk assessment did not take into account the current concerns relation to emergency evacuation, a risk assessment had not been developed for fire safety within an adjoining garage area.

Overall, within the centre the registered provider had ensured effective fire management systems were in place within the centre. Staff completed regular checks to ensure that all fire fighting equipment in place was in working order and all fire exits were clear. However, a review of full premises was required to ensure that all areas of the premises were equipped with required equipment.

Whilst fire evacuation drills were completed on regular basis by staff incorporating a number of scenarios, improvements were required to ensure that all residents were supported to evacuate the centre in a safe manner. Where residents chose not to evacuate measures to ensure their safety had not been assessed from a holistic multi disciplinary perspective. There was not clear evidence that a range of options had been trialled to encourage residents to evacuate including communication aids and mechanical aids. Whilst contact had been made with local emergency services to inform them of concern, this had not been trialled or reviewed since the centre became operational nearly 3 years previous. The plan currently involved a resident remaining in the building in the event of a fire until fire services would arrive.

Regulation 10: Communication

Overall the registered provider had ensured that residents were assisted and supported to communicate. Some improvements were required to ensure that all staff were provided with guidance to promote this communication.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The registered provider had ensured that residents were afforded with the opportunity to partake in a range of meaningful recreational activities. Residents were supported by staff to develop maintain personal relationships and links with the local community. Whilst planners had been developed to guide staff on activities conflicting information was present

Judgment: Substantially compliant

Regulation 17: Premises

Whilst the centre presented as warm, clean and homely internally, improvements were required to the external of the premises to ensure the area was in a good state of repair.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared in writing a guide in respect of the designated centre and ensured a copy was available to each resident.

Judgment: Compliant

Regulation 26: Risk management procedures

Processes and procedures relating to risk were clearly set out in an organisational risk management policy, which also contained the regulatory required information.

The registered provider had ensured effective systems were in place for the ongoing monitoring and review of risk. Through the use of risk register effective control measures were in place to reduce the likelihood and impact of identified risk. However, some improvement was required with regard to ensuring all risks were identified and addressed accordingly.

Judgment: Not compliant

Regulation 28: Fire precautions

Overall the registered provider had ensured effective systems were in place for the detection and containment of fire within the main areas allocated to the centre. Improvements were required however, to ensure that all residents were supported to evacuate the building is a safe and effective manner at all times.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured the designated centre had appropriate and suitable practices relating to the ordering, receipt, prescribing, storage and administration of medicinal products.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each individual had a comprehensive personal plan in place. This provided staff with clear guidance on support needs of residents and incorporated monthly review.

Whilst an annual multidisciplinary review was completed an annual visioning meeting had not occurred for all residents to ensure personal goals reflected the aspirations of each individual.

Judgment: Not compliant

Regulation 6: Health care

Whilst overall residents were supported to achieve and maintain the best possible physical and mental health, some improvements were required to ensure guidance for staff was clear and present for all identified health concerns.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse.

The personal and intimate care needs of all residents was laid out in personal plans in a dignified and respectful manner.

Judgment: Compliant

Regulation 9: Residents' rights

The centre operated in a manner which respected the privacy and dignity to ensure were consulted and supported to consent to decisions about their care and supports.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not 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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clannad OSV-0005633

Inspection ID: MON-0023058

Date of inspection: 04/03/2020

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Registration Regulation 5: Application for registration or renewal of registration</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:
An extension of the lease for Clannad was agreed between SPC and the landlord and a letter had been sent to the landlord of Clannad property to confirm by signature the agreed extension of lease.
The signed letter to confirm extension of the lease for the property was signed and returned by the landlord to SPC on the 23/03/2020.
A copy of the letter was sent to the inspector to evidence the extension of lease for the property.</td></tr>
<tr><td>Regulation 16: Training and staff development</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 16: Training and staff development:
All SPC employees are supported to attend mandatory and mandated training. It is also the responsibility of staff to propose training that would enhance and support their role within St. Patrick's Centre (Kilkenny).

A centre specific training profile, individual staff training profiles and a training schedule are distributed monthly to the PIC and PPIM of the centre by the Training Department. Staff training is on the agenda of the monthly team meetings and also discussed at Quality Conversations.</td></tr>
</table>

During the inspection it was identified that some staff members need to complete Lamh and Dysphagia training. Due to the current COVID-19 situation this training can now not be attended as planned. The PIC has therefore taken the following steps:
• All staff to be booked on the outstanding training courses to ensure completion as soon as the courses are available.
• The PIC has identified online Lamh training for staff to be completed. All staff will have completed this online training by the 30/04/2020.
• All staff have now completed online Dysphagia training.
• The PIC and staff team to generate in house Lamh video training especially for one person supported's communication needs.

Team Meetings:
The PIC is facilitating learning through monthly team meetings in Clannad. Standards, communication with people supported, visioning and roles/goals will be part of team meetings to build capacity within the staff team.

Quality Conversations:
There is a Quality Conversations policy in place. The policy outlines a standardised organizational framework for the implementation, continuing development and maintenance of a system of Quality Conversations for staff. These conversations aim to support employees and ensure their work practices and development are supported and overseen in a positive way.

The PIC was also attending three training sessions on the 6th and 28th February and 10th March 2020 to build capacity around Leadership and Quality Conversations.

Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
The PIC of Clannad reports directly to the CSM/PPIM, who in turn reports directly to the Director of Service to ensure good governance for Clannad.
The PIC is assigned to two designated centres, supported by her PPIM and spends adequate time in both Clannad and Dinan Lodge to ensure governance and support for the people living in both centres and the staff team.

The PPIM and PIC have monthly to 6 weekly Quality Conversations and also attend the monthly Cluster meetings and bimonthly Quality Assurance meetings.
The PPIM has monthly Quality Conversations with the Director of Service.

Provider audits:
A schedule for completion of annual and six monthly provider audits is in place. Audits are completed as per schedule in Clannad.

Based on the completed provider audits the PIC will be developing action plans and delegated duties for the staff team. The PPIM and PIC will follow through on actions through their scheduled Quality Conversations and team meetings with the staff team.

The inspector identified a fire risk at the day of the inspection in Clannad as not being addressed in the previous provider audits or Health & Safety audits. It is documented within the fire drills that 2 gentlemen living in Clannad do refuse to evacuate during a drill. This was documented but not been addressed by the PIC as to how support the people or encourage learning for the staff team.

The PIC has taken further steps (as outlined under Regulation 28: Fire Precautions) to address same and ensure safe fire evacuation within Clannad.

The acting Quality Manager will also address the learning at the next Quality Assurance meeting with all PPIM's, PIC's, H & S department and all people involved in completion of provider audits.

Regulation 34: Complaints procedure	Not Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The PIC has now documented the 2 comments/concerns of a family member within the complaints log in Clannad. All contacts with the family member and outcome of same are documented to evidence the progress on actions.

The documentation of comments and complaints will be part of the agenda for the upcoming Quality Assurance meetings, which the complaints officer is also attending. This will ensure further capacity building within SPC for all PIC's and Team Leaders.

Regulation 10: Communication	Substantially Compliant

Outline how you are going to come into compliance with Regulation 10: Communication:
To ensure that all staff members are aware of the communication needs and style for each person supported in Clannad the PIC is taking the following actions to ensure the needs are met and the staff team is developing their skills to communicated appropriately with all people living in Clannad:
• Include communication details for each person supported on induction for new staff members.
• Ensure new staff members to shadow to ensure learning.

• Generate an video for and with the Clannad staff team for house/person specific Lamh training.
• The PIC and staff team to review and update all communication passports for the people supported in Clannad.
• Further development of quality of residents meetings.

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
The PIC and staff team in Clannad are currently in the process of reviewing all visioning documentation for each person supported. The PIC, PPIM and a staff member have now completed SRV training and are implemented this knowledge within the staff team to further develop meaningful activities and lives with the people supported.

All visioning reviews will be completed by the 30/05/2020 and the Roles Based Planning toolkit then be implemented to document progress for each person supported.

Due to the current COVID-19 situation people supported are not availing of the same activities within the community as they would like to. The staff team in Clannad is therefore offering more in house activities, such as art, gardening, baking and cooking but also physical exercise within the area of Clannad.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Due to the septic tank being replaced in Clannad before winter 2019/2020 garden works at the front of Clannad designated centre have yet not been completed.

Ground work is scheduled for completion as soon as COVID-19 restrictions are released. Fencing will be completed as soon as COVID-19 restrictions are lifted to fully enclose back garden and ensure it is secure.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The PIC has started the review of risk register and risk assessments for Clannad after the inspection took place. This review will be completed by the 30/04/2020 and ensure that e.g. risk assessment for lone working and fire safety are updated to include all concerns relating to emergency evacuation.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
As requested on the day of the inspection, the Health & Safety Department sent following clarification to the inspector on the 05/03/2020:
• Certificates for doors being fire rated and
• Certificates confirming that the Fanlights over three bedrooms are fire rated
The PIC has developed the following actions regarding fire evacuation procedures in Clannad, to address procedures and support needs especially for staff in supporting the people living in Clannad during an emergency evacuation:
• The PIC to contact the local Fire Service to inform of evacuation procedures in Clannad and get advice and support. Due to COVID-19 this planned visit to Clannad will be depending on the social distancing restrictions.
• Fire drills to be scheduled with different scenarios and supports for the people living in Clannad. Learning from the drills to be discussed with the staff team and development to be implemented.
• MDT support regarding fire evacuation requested by the PIC. MDT members to support the people living in Clannad and the staff team to develop strategies and behaviour support to ensure safe emergency evacuation.
• Review of PEEPs and CEEP accordingly to reflect any changes.

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:
As outlined under Regulation 13: General welfare and development, all visioning for people living in Clannad is currently under review and to be completed latest by the 30/05/2020. These review meetings will include a review of roles and goals for each

person supported to ensure further development and progress on personal achievements and interests to be developed.

The roles based planning toolkit is being used in Clannad by all staff members now to ensure actions for roles and goals are being captured and developments can be followed through.

Progress on action plans are being discussed in Quality Conversations to ensure staff is supporting each person as they wish.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
As part of the learning from the inspection the PIC is currently developing a pain management plan for one person supported awaiting a hip replacement. This will also include guidance for the staff team around medication management of pain relief for the person supported.
Also a support plan to guide staff around the planned hospital admission is under development to ensure support and preparation for the person supported before her admission to hospital.
Both documents will be completed latest by the 15/05/2020.

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	30/05/2020
Regulation 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	15/05/2020
Regulation 10(2)	The person in charge shall ensure that staff	Substantially Compliant	Yellow	15/05/2020

	are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.			
Regulation 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	30/05/2020
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/05/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/04/2020
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	30/05/2020

	kept in a good state of repair externally and internally.			
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	10/05/2020
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.	Not Compliant	Orange	30/04/2020
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/05/2020
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	Not Compliant	Orange	15/05/2020

	to safe locations.			
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Not Compliant	Orange	16/04/2020
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Not Compliant	Orange	30/04/2020
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate	Not Compliant	Orange	30/04/2020

	his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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	15/05/2020