



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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 29
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0005845
Fieldwork ID:	MON-0037321

About the designated centre

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

Designated Centre 29 is intended to provide long stay residential support for service users to no more than four men and women with complex support needs.

Designated Centre 29 comprises two wheelchair accessible apartments, located on a campus in West Dublin operated by Stewarts Care Limited. Designated Centre 29 aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives by delivering quality, person-centred services, provided by a competent, skilled and caring workforce, in partnership with the person, their advocate, their family, the community, allied healthcare professional and statutory authorities. The centre is located near amenities and public transport. The centre is staffed by a person in charge, social care worker, nurses and health care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (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 21 September 2022	09:30hrs to 15:20hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Staff working in the centre were also observed wearing face masks, and masks and hand-sanitising facilities were readily available in the centre.

The centre comprised two small apartments located on a large campus setting operated by the provider. The first apartment accommodated two residents and was on the ground floor of a large two-storey building that also contained offices. The apartment was accessed through the front foyer of the building. The apartment comprised a main bathroom, two bedrooms, small kitchen, and a small sitting room, and provided limited living space for residents.

At times during the inspection, the environment was cramped due to the presence of residents, the inspector, and staff which included the person in charge, nursing and care staff, and household staff. The inspector observed folders, some of which contained residents' personal information, openly stored in communal areas, for example, health charts were observed in a folder on a table in the sitting room. These practices presented a risk to the privacy of residents and while noted in the centre's previous inspection report were again observed during this inspection.

Areas of the apartment required upkeep and maintenance. These areas had been reported by the person in charge to the provider's maintenance department for attention. The apartment was not homely in lay out, and the provider had determined that it was not suitable to meet the accommodation needs of the residents living there. The provider had recently secured alternative accommodation in the community that would better suit the residents needs, and was planning for them to move there in early 2023.

The second apartment accommodated two residents in a single-storey terraced building. The apartment was bright, clean, and better maintained than the first apartment. It comprised two bedrooms, bathroom, and a large open plan area with a kitchen, dining facilities, sofas, and a staff station. Some painting upkeep was required, and the exposed pipes in the living areas presented an institutional aesthetic. New fencing had approved at the back of the apartment that would provide residents with more security and privacy when using the outdoor space.

The inspector met all four residents during the inspection. One resident choose to speak with the inspector. They said that they liked living in the centre and did not want to move, however, they did not living with their housemate. They were happy with the staff working in the centre. They told the inspector that they recently got a new wheelchair, and spoke about the activities they enjoyed such as going to a local pub. The other residents did not verbally communicate their views with the

inspector, but appeared comfortable in the presence of staff.

During the inspection, the inspector heard a resident making very loud vocalisations. Before the inspection concluded, the inspector requested that the provider assess how loud vocalisations may impact on other residents to ensure that any potential adverse effects are appropriately managed.

Residents attended regular house meetings, and the inspector found that topics, such as food shopping, menu planning, and community activities were regularly discussed to support residents in exercising choice and control. Residents' main meals came from a central kitchen on the campus, however there was plenty of alternative options for them to choose from within the centre. Some of the residents also liked to go grocery shopping for their meals and eat out in local eateries.

The residents did not attend a day service and were supported by staff in the centre to partake in social and leisure activities. During the inspection, residents went for a meal out to a local pub and had therapeutic treatments within the centre. Staff spoken with told the inspector about some of the activities that residents enjoyed, such as going to cafés and pubs, walks, shopping, bus drives, beauty treatments, baking, cooking, and knitting. A bus had to be booked in advance to facilitate some community activities, and the inspector was advised that transport was not always available at short notice to facilitate spontaneous activities, however some residents could use public transport.

A social care worker was a new addition to the staff skill-mix and was supporting the person in charge in managing the centre. The social care worker told the inspector about a key aspect of their role which was to promote and support residents engaging in meaningful activities. The social care worker also advised the inspector that they were planning to support some of the residents to explore attending day service programmes.

The inspector met and spoke with different members of staff during the inspection. Staff were observed engaging with residents in a respectful manner. The person in charge spoke about some of the improvements since the previous inspection of the centre in June 2022, including enhanced staffing and the better provision of social activities for residents. Staff described the quality and safety of care and support provided to residents as being good, and said that residents were supported in a person-centred manner which promoted their choices and control. They also spoke about a range of matters, including safeguarding of residents, access to personal plans, supervision arrangements, fire safety, infection prevention and control measures, and how they support residents' rights. Some of these matters are discussed further in the report.

From what the inspector was told and observed during the inspection, it appeared that overall since the previous inspection, the provider had improved the service provided in the centre and that residents were receiving a better quality and safer service.

However, aspects of the service still required improvement, for example, in relation to staff training and supervision, positive behaviour support, and the implementation

of restrictive practices. The inspector was also not adequately assured that residents were receiving care in line with their assessed needs due to the findings in relation to the residents' personal plans.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The centre was previously inspected in June 2022, and several regulations were found to require improvements to meet compliance which demonstrated that the governance and management of the centre was not sufficient and impacted on the quality and safety of the service in the centre. In response to the poor inspection findings, the provider submitted a compliance plan outlining the actions they would take to address the findings and meet compliance with the regulations.

The purpose of this follow-up inspection was to assess the provider's progress in implementing the compliance plan actions and sustaining subsequent improvements in the centre.

There was a clearly defined management structure in the centre with associated roles and responsibilities. The centre was managed by a full-time person in charge who was based in the centre. Since the previous inspection, a full-time social care worker had been appointed with duties to include supporting the person in charge in the management of the centre. The person in charge advised the inspector, that the addition of the social care worker was having a positive impact on the governance and management of the centre as well as the quality and safety of the service delivered to residents.

The person in charge reported to a programme manager, who in turn reported to a Director of Care. The programme manager was appointed to the centre following the previous inspection and had enhanced the governance and management arrangements of the centre. The senior management team demonstrated a good understanding of the residents' needs and service to be provided to them.

The staff skill-mix and complement had improved, and the person in charge was satisfied that it was appropriate to the needs of the residents. Staff working in the centre were required to complete training as part of their professional development and to support them in delivering effective care and support to residents. The inspector found that some staff required training, including refresher training, in areas such as supporting residents with behaviours of concern and hand hygiene.

There were good arrangements for the support and supervision of staff in the centre. The person in charge completed formal supervision with staff in line with the provider's policy. However, records indicated that one staff had not had formal

supervision since 2021. Supervision arrangements also required enhancement to ensure that staff had access to care plans to guide their delivery of care and support to residents. Outside of the support provided by the person in charge, staff had access to on-call management arrangements, and senior nurses were available to provide clinical guidance to nurses in the centre.

Staff also attended regular team meetings which provided an opportunity for them to raise any potential concerns about the quality and safety of care provided to residents. The inspector viewed a sample of the recent team meeting minutes, and found that relevant topics such as safeguarding, risk management, restrictive practices, staff training and supervision, incidents, care plans, policies, and care plans, were commonly discussed.

Overall, the inspector found that most of the provider's compliance plan actions had been implemented resulting in improvements across both dimensions of capacity and capability, and quality and safety. The improvements included an enhanced staff skill-mix and complement, strengthening of the governance structures, better notification of incidents, increased monitoring of the service provided in the centre, and in securing appropriate accommodation for two residents.

However, some actions outlined within the provider's compliance plan had not been achieved within the specified time frames, and some of the regulations inspected during this inspection were found to require further improvements to meet compliance. These matters are discussed throughout the report.

Regulation 15: Staffing

The registered provider had ensured that the skill-mix and complement for the centre was appropriate to the number and needs of the residents.

Since the previous inspection, the provider had enhanced the skill-mix with the addition of a full-time social care worker. Their duties included to assist the person in the management of the centre, and to support the social care model of care.

The skill-mix also included nursing and care staff. The nursing post was a half whole-time equivalent, and they worked between both apartments with responsibility for overseeing residents' health care needs.

There were no staff vacancies. Staff leave was covered by staff from the centre and from other of the provider's centres working additional hours. The person in charge also occasionally covered vacant shifts.

The person in charge maintained planned and actual staff rotas. The inspector viewed some of the recent rotas and found that they showed staff on duty in the centre during the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents.

The training programmes included fire safety, safeguarding residents from abuse, epilepsy management, manual handling, infection prevention and control, and positive behaviour support.

The inspector viewed the staff training records with the person in charge and found that some staff required training, including refresher training, in supporting residents with behaviours of concern, and hand hygiene. The person in charge was planning on scheduling the outstanding training.

The training records provided to the inspector were not comprehensive in relation to infection prevention and control training, and therefore could not provide assurances that it had been completed by all staff.

The person in charge provided support and supervision to staff. Senior nurses working for the provider, were also available to provide clinical support to nurses in the centre.

Staff spoken with told the inspector that they were very satisfied with the level of support and found supervision to be very useful. Formal supervision with the person in charge took place four times per year, and records of the meetings were maintained.

The inspector viewed a sample of the supervision records with the person in charge, and found that one staff had not received formal supervision in 2022.

The inspector also found that the supervision of staff required improvement to ensure that they were aware of, and had access to personal plans to guide them on the interventions to supports residents' care and support needs.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in the centre with good senior management systems in place.

The programme manager had good oversight of the service provided in the centre and supported the person in charge in their role. The person in charge met the programme manager frequently and also submitted a monthly report to them which covered key aspects of the service, such as staffing updates, environmental issues, and updates on residents' needs. The programme manager also arranged monthly person in charge meetings which the person in charge attended for the purposes of providing operational updates and sharing learning to promote quality improvement. There were also regular meetings attended by the Director of Care to review the progress of actions for improvement in the centre.

To improve the monitoring of the centre, an additional unannounced visit report had been carried out in the centre to identify areas for improvement. An infection prevention and control (IPC) follow-up audit had also been completed by the provider's IPC team. In addition to these, the person in charge carried out regular audits in areas such as residents' finances, health and safety, and key worker meetings. The actions for improvement identified from audits and reports were maintained on a compliance tracker that was reviewed and updated by the person in charge to ensure progression.

As noted under regulation 17, the centre was not suitable to meet the accommodation needs of two residents. However, the provider had recently secured more appropriate accommodation for these residents to move to, and expected this to happen in early 2023.

In addition to the staff supervision and support arrangements, staff also attended regular team meetings which provided an opportunity for them to raise any concerns about the quality and safety of care and support provided to residents.

Overall, the inspector found that the provider had implemented most of the actions submitted to the Chief Inspector in the compliance plan following the previous inspection of the centre. However, some of the actions remained outstanding and outside of their time frames for completion, and the findings in this report demonstrated that the governance of the centre required further enhancement.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that incidents occurring in the centre had been notified to the Chief Inspector as per the requirements of this regulation.

Judgment: Compliant

Quality and safety

The inspector found that aspects of the quality and safety of care and support provided to residents had improved since the previous inspection. However, areas remained that required further improvement and which posed a risk to residents' wellbeing and welfare, such as the poor development and maintenance of personal plans, and implementation of behaviour support plans.

The premises comprised two self-contained apartments located on a campus setting operated by the provider. One of the apartments required maintenance and upkeep, and overall was not appropriate in meeting the residents' needs. The provider had recently secured appropriate accommodation located in the community and was planning for the residents to move there in early 2023. The second apartment was more spacious and better maintained.

The premises was clean, and there was easy access to hand washing facilities, infection prevention and control (IPC) guidance, and personal protective equipment (PPE). The provider had implemented the actions in their compliance plan under regulation 27 by carrying out a follow-up IPC audit, updating the COVID-19 contingency plan and enhancing the cleaning schedules. The inspector found that some more amendments were required to enhance the contingency plan and cleaning schedules.

The registered provider had implemented fire safety systems. There was fire equipment in both apartments, and the provider had established arrangements for the equipment to be serviced as required. The provider was enhancing the fire containment measures in one apartment by installing an additional fire door the day after the inspection.

As described in the previous inspection report, the fire detection system was not adequate, and the provider was planning to upgrade the fire alarm and emergency lighting system for all designated centres on the campus which would address this. Staff spoken with had completed fire safety training and were able to describe the evacuation procedures. However, as also noted in the previous inspection report, the inspector found that one of the written fire evacuation plans required minor amendment.

The person in charge had ensured that residents' needs were being assessed. However, the arrangements for the development and maintenance of personal plans was poor and posed a risk to the quality and safety of care provided to residents as staff did not have access to some of the care plans required to guide them in their provision of care. The quality of some of the care plans also required improvement to ensure that they clearly outlined the supports required by residents. While residents' communication plans had been updated in line with the associated compliance plan action, the inspector found that some plans required further revision to accurately detail the communication means of residents.

The registered provider had ensured that multidisciplinary services were available to residents to support them with their healthcare needs. However, as some healthcare plans were not available, the inspector was not assured that residents' healthcare

needs were being fully met. Furthermore, the inspector was advised by the person in charge that multidisciplinary team meetings had not taken place for all residents as detailed in the compliance plan.

Behaviour support plans had been developed for residents and the inspector found that they were detailed and up-to-date. However, the inspector was advised that not all of the interventions outlined in the plans were being implemented which therefore limited the effectiveness of the behaviour support plans.

Restrictive practices including physical, chemical and environmental restraints were implemented in the centre. The inspector found that the implementation of restrictions had improved since the last inspection, however improvements were still required to adequately demonstrate that restrictions were implemented for the shortest duration necessary and that residents, or their representatives, had provided informed consent.

The registered provider and person in charge had implemented measures to protect residents from abuse. There were effective procedures for the management of safeguarding concerns, and staff had completed training to support them in preventing, detecting and responding to abuse. Safeguarding was a regular topic discussed at staff team meetings and during formal supervision to ensure that staff were aware of the procedures.

Regulation 10: Communication

Residents communication plans had been updated since the last inspection. Some further revision was required, as staff advised the inspector that some of the communication means outlined in the plans such as manual signs were not used by residents.

Residents had good access to different forms of media, including televisions and the Internet.

Judgment: Substantially compliant

Regulation 17: Premises

The premises was clean, however some upkeep and attention was required, particularly in one of the apartments.

The centre was small in space and did not meet the needs of some of the residents residing there. It failed to meet all requirements as detailed in Schedule 6 such as adequate private and communal accommodation for residents, including adequate

social, recreational and private accommodation.

While, the provider had recently secured more suitable accommodation for these residents, it was not yet ready for residents to move into.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had adopted measures to protect residents against infection, and the inspector found some of the measures had been improved since the previous inspection.

The COVID-19 contingency plan had been updated to reflect changes to the plan, for example, management details. The plan required further review to consider other infection outbreaks beyond just COVID-19.

The provider's infection prevention and control (IPC) team had completed a follow-up audit in the centre. The audit reflected on actions that had been completed to improve the IPC measures as well as actions that required completion. The IPC team were also available to provide ongoing guidance and direction to the centre as required. The person in charge had also carried out health and safety audits which assessed aspects of the IPC measures, for example, access to personal protective equipment and cleaning chemicals.

The person in charge had revised and updated the cleaning schedules to encompass more of the required duties, however, some further minor revisions were required, for example, to include a schedule for cleaning the washing machines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had implemented fire safety precautions and management systems.

There was fire equipment in both apartments, including extinguishers, blankets, alarms, and emergency lights, and there were arrangements for the servicing of the equipment.

The inspector checked several of the fire doors and they all closed properly when released.

The provider was enhancing the fire containment measures by installing a new fire

door to a closet, containing a tumble dryer, which lead onto the hallway in one of the apartments. The new fire door was due to be installed the day after the inspection.

While there was a detection and alarm system in place in centre, the fire panels were located outside the centre and did not alert staff to identify the exact location of fire, should it occur. The provider however, had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis.

Staff working in the centre completed fire safety training, and staff spoken with were able to describe the evacuation procedures to the inspector.

Fire evacuation plans and individual personal evacuation plans had been prepared and were readily available in the centre.

Similar to the previous inspection report, the inspector found that one of the plans required minor amendment in relation to equipment used by a resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Assessments of the residents' care and support needs had taken place to inform the development of personal plans.

Health care plans related to epilepsy, nutrition, and hypertension were up-to-date and available, however, some of the epilepsy care plans required revision and more detail.

The inspector also found that other key care plans required review and some were not available, for example, intimate and personal care plans and mobility plans.

The quality of residents' social goal plans also required enhancement to detail how personal goals were being progressed.

The absence of comprehensive plans for staff to refer to posed a risk to the safety and quality of care provided to residents as it could not be demonstrated that care interventions were being appropriately implemented in accordance with residents' assessed needs.

Furthermore, it could not be demonstrated how the effectiveness of personal plans were reviewed, or how residents or their representatives were involved in the development of their personal plans.

Judgment: Not compliant

Regulation 6: Health care

Residents had good access to healthcare services, including multidisciplinary services such as occupational therapy, speech and language therapy, and clinical nurse specialists. Residents were seen by general practitioners, and nursing input was provided in the centre.

The person in charge had ensured that residents' healthcare needs were assessed. However, as some of the residents' healthcare plans required improvement, it could not be demonstrated that all of their healthcare needs were being met.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Behaviour support plans had been developed for residents as required.

The inspector viewed three behaviour supports and found that they were up-to-date and readily available to staff to guide them in supporting residents with their behaviours of concern. However, not all of the interventions outlined in the plans were being implemented, for example visual schedules and other programmes. Therefore, the effectiveness of the behaviour support plans was limited. The rationale for the failure to implement these interventions was not made clear to the inspector.

Restrictive practices including physical, chemical and environmental restraints were implemented in the centre. The inspector viewed a sample of the documentation relating to some of the restrictions, and found that the recording of the use of the restrictions required improvement to demonstrate that they had been implemented for the shortest duration necessary.

The involvement of residents or their representatives also required improvement to demonstrate that restrictions were being implemented with their informed consent.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had implemented measures to protect residents from abuse,

which were underpinned by comprehensive safeguarding policies and procedures.

Staff working in the centre had completed safeguarding training to support them in preventing, detecting, and responding to safeguarding concerns; and staff spoken with were able to describe the procedure for reporting safeguarding concerns.

Safeguarding was also a regular topic discussed at staff team meetings and supervision meetings.

Recent safeguarding concerns had been reported, responded to, and managed in line with the provider's policy.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 29 OSV-0005845

Inspection ID: MON-0037321

Date of inspection: 21/09/2022

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 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>All staff have a contractual obligation to maintain their core training. They continue to be facilitated to engage in this requirement. All staff have completed core training since inspection and are continuing to do further training in relation to required specialist training identified for behavior support. Further training identified with some in progress due to availability of same such as Autism awareness and behavior support training. All supervisions up to date as of date of this monitoring report.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Increased level of senior management oversight and direct centre interaction now in place to support Person In Charge and ensure they are supported to complete all actions outstanding within timeframes indicated. All staff have had additional care planning system training since inspection. Outstanding training actions will be completed by 14th November 2022.</p> <p>The Director of Care – Residential- has submitted a plan to HIQA since inspection outlining the plan for development of new property and proposed move date.</p>	

Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication: A complete review of communication personal support plans for all residents in this centre has been completed and all plans have been updated so it reflects their lives family and wishes, wants and needs. All communication passports have been updated and communication boards being implemented across the designated centre and person centered to the residents current needs.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: There is a plan to move both residents from this property pending suitable accommodation which has been identified.</p> <p>The director of care has submitted a transition plan to HIQA since the date of inspection. This plan outlines the secured property and the plan of readiness.</p> <p>Cleaning schedule was reviewed, gaps highlighted and addressed. New schedule in place as of week of inspection.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: New fire door installed since date of inspection. Fire evacuation plans reviewed for all residents of the center and updated accordingly.</p>	
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:
 All care plans reviewed and updated and all staff have had additional training since inspection. There is a designated section on care plans to record delivery and effectiveness.
 Where deficits occurred within same, i.e. personal goals - further details were included to capture resident's true needs, wishes and wants.
 Further staff supervision and oversight of completing care plans/personal goals by Person in charge ongoing. Further training on new care planning system ongoing for all staff including one to ones with person in charge or programme manager.
 Care plans are now on the rolling agenda for keyworker to ensure residents wishes/wants are documented and followed through and on staff meetings to raise any issues with care plans, i.e. training.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 Care plans are reflecting healthcare needs and assessment and full review of same has been completed since inspection. Care plans are now on the rolling agenda for keyworker to ensure residents wishes/wants are documented and followed through and on staff meetings to raise any issues with care plans, i.e. training

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 A document has been implemented since inspection to record use of approved restrictive practice and specific to the duration of use of said equipment. All staff compliant with implementation of restrictive practice for shortest duration possible. Consent is now being reviewed at keyworker meetings and being recorded in same.

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	18/10/2022
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	14/11/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	18/10/2022
Regulation 17(1)(a)	The registered provider shall ensure the	Not Compliant	Orange	28/02/2023

	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.			
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	18/10/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	28/02/2023
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Substantially Compliant	Yellow	18/10/2022
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	Substantially Compliant	Yellow	18/10/2022

	safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	18/10/2022
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	30/06/2023
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	18/10/2022
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	18/10/2022
Regulation 05(4)(a)	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	Substantially Compliant	Yellow	18/10/2022

	reflects the resident's needs, as assessed in accordance with paragraph (1).			
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	18/10/2022
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 his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	18/10/2022
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format,	Substantially Compliant	Yellow	18/10/2022

	to the resident and, where appropriate, his or her representative.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	18/10/2022
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	18/10/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a	Substantially Compliant	Yellow	18/10/2022

	review, carried out 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	18/10/2022
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	18/10/2022
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	14/11/2022
Regulation 07(3)	The registered provider shall ensure that where required,	Substantially Compliant	Yellow	18/10/2022

	therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	18/10/2022
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	18/10/2022