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:	Peamount Healthcare ID Community Based Service Slade Castle
Name of provider:	Peamount Healthcare
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	21 October 2022
Centre ID:	OSV-0008107
Fieldwork ID:	MON-0035766

About the designated centre

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

Peamount Healthcare ID Community Based Service Slade Castle provides full-time residential care to both males and females with an intellectual and/or physical disability and complex medical needs, including stroke, dementia, and palliative care needs. Care is provided by a team of registered general and intellectual disability nurses, social care workers and healthcare assistants. The centre is located in West Dublin and provides apartment style accommodation for up to 12 residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

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 (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
Friday 21 October 2022	10:55hrs to 17:10hrs	Erin Clarke	Lead

What residents told us and what inspectors observed

Peamount Healthcare ID Community Based Service Slade Castle designated centre is located in West Dublin. The centre is comprised of nine individual apartments across two apartment blocks that can accommodate a maximum of 12 residents. One apartment is for the sole use of staff, and the other eight apartments are home to between one and two residents depending on resident preference and independence. On the day of the inspection, there were eight residents present, one resident was in hospital, and there were three vacancies.

On arrival to the centre, the inspector met with the person in charge. Later, the inspector met with a person participating in the management (PPIM) of the designated centre. They and another PPIM also attended a feedback meeting at the close of the inspection. As this inspection took place during a time of COVID-19 restrictions in designated centres, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these measures throughout the inspection.

This was an unannounced inspection conducted to follow up on the site visit of this centre by the Health Information and Quality Authority (HIQA) in October 2021. The inspector had the opportunity to meet with all nine residents during the course of the inspection in their apartments. As well as spending time with the residents in the centre and speaking with staff, the inspector also reviewed documentation. Reports reviewed included the most recent annual review and the report written following an unannounced visit to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and Capability' section of this report. The inspector also looked at the records of incidents and safeguarding concerns and a sample of residents' individual files. These flies included residents' personal development plans, healthcare and other support plans.

Residents were supported by a team of registered general / intellectual disability nurses, social care workers and healthcare assistants. They also had access to members of the multi-disciplinary team, including physiotherapists, speech and language and occupational therapists. The inspector observed that staff had a very positive approach with residents who appeared to really enjoy the company of staff. There was a relaxed atmosphere, with residents chatting and laughing together with staff about previous holidays and day trips.

Residents assessed needs documented the importance of familiar staff to their wellbeing. From reviewing the rosters and speaking to key personnel, it was clear that the centre had previously relied heavily on relief and agency workers to meet the assessed needs of residents. However, due to recent recruitment, the return of some staff from leave and the recent transition of two residents from the centre, the inspector found the high staff turnover weekly had reduced significantly. This promoted the continuity of care being provided to residents.
Residents were observed to be familiar with the person in charge, and they were

clearly comfortable in their presence. It was evident that they maintained a high level of oversight in the centre, which had a positive impact on the quality of care and support provided to residents in their homes.

There were regular residents' meetings, occurring weekly, and the inspector reviewed the minutes of several meetings. It was evident that residents were allowed to express their views and preferences and were provided with information relating to the centre and their care. For example, information on human rights, the contact details of the local advocacy service, and how to make a complaint were shared with residents. Residents also spoke about changes they would like in the centre, including bringing maintenance repairs to staffs' attention. Additionally, the meetings served as informational sessions for the residents. For instance, eight residents completed a hand hygiene course at one of the meetings.

The inspector visited residents in their apartments throughout the day. Residents had decorated their homes to a very high standard which were warm and homely. Residents appeared very happy, and residents told the inspector they liked living in the centre, having friends nearby, and they could talk to staff if they had any worries. There was a relaxed and homely atmosphere in the centre, and residents were seen to enjoy chatting with staff and spending time with each other watching television and eating meals.

Post-COVID-19 restrictions, residents were supported to return to their day services. While not all residents' day services had returned to full-time, most had returned to delivering a two or three-day service. Some residents attended day services within the provider's own services, and other residents attended community day service settings on certain days of the week. One resident was also engaged in paid employment but was due to retire soon. Staff spoke of plans the resident had for their retirement party.

Some residents were enjoying doing activities on their own in their apartments and had little input from the staff team for the majority of the time during the inspection. However, residents appeared content and happy when visited. Depending on residents' needs, staff were present in some residents' apartments at certain times of the day, and some residents required additional support. All residents knew they could contact the staff if required, and residents were observed visiting staff that were based in another apartment in the building block. One resident had requested that staff support them in going shopping and staff made arrangements to support the resident. The inspector also observed residents leaving the centre independently throughout the day to buy groceries, get lunch and take the bins out.

Two residents met by the inspector in one apartment had just finished lunch together. They told the inspector they loved living in their apartment and that they take it in turns to cook for one another. Another resident told the inspector they were on the 'Speak up Committee', and they were responsible for recording the minutes and ensuring everyone in the centre were aware of what was being discussed at these meetings. For example, the resident informed the inspector they discussed human rights and what they would do if someone wanted to make a

complaint.

Residents spoke of how they were happy that activities had returned, such as community outings after COVID-19 restrictions had eased. Residents enjoyed a range of community activities and outings. Some residents had gone to stay in a hotel in Galway, and another resident was in the process of planning a holiday to Lanzarote. There was also evidence of staff reviewing activity options and alternatives for residents that declined planned activities.

In summary, it was found that there was good practice in the centre and residents were in receipt of a good service. From what the inspector was told and observed during the inspection, it appeared that aspects of the care and support that residents received was of a good and safe quality. However, other aspects required improvement, for example, providing a contract of care that clearly outlined the service provided and fees charged, review of restrictive practices, and upkeep of the premises.

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

Capacity and capability

Overall, the inspector found that residents were provided with a safe and comfortable home that met their care and support needs. There was a good management structure in place with clear lines of responsibility and accountability. However, some improvements were required to ensure full compliance with the capacity and capability regulations. These included Regulation 24: Admissions and contract for the provision of services and Regulation 31: Notification of incidents.

This centre was initially registered with another centre up until January 2022, when the provider divided the centre into two separate designated centres. This allowed for a greater monitoring of the services delivered in the centre and gave the person in charge more opportunities to implement ongoing quality improvement initiatives. As this centre was being registered as a standalone service for the first time, a site visit took place in October 2021 by an inspector of social services. The purpose of this inspection was to follow up on actions from that site visit in line with regulatory process.

There was a clearly defined management structure that identified the lines of authority and accountability, and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. During the inspection, the inspector met with the person in charge, a clinical nurse manager (CNM2) and the assistant director of nursing and social care. The Chief Executive Officer also attended the feedback meeting.

The person in charge commenced their role in February 2022. They were found to be motivated to ensure residents were happy, safe, and in control of their daily lives. They were also found to be educated about residents' assessed needs and their responsibilities in relation to the regulations. In accordance with the provider's policy, the person in charge had devised a schedule to have twice-yearly staff supervision meetings. A sample of records reviewed demonstrated that this had occurred with staff, with dates planned for the remaining meetings to be completed. In addition, regular team meetings were also taking place. They covered a varied range of agenda items, some of which included; safeguarding, incidents, residents' needs, infection prevention and control and maintenance issues. Staff spoken with said they felt well supported in their role and that they could raise any issue of concern to the management team if required.

The inspector found that there were arrangements for auditing and reviewing systems to promote a quality and safe service.
The person in charge had developed an annual schedule for an extensive range of local audits to ensure a holistic model of care was being delivered as per the centre's statement of purpose. These included audits in health and safety, finances, medicines, staff training, personal plans, incidents, mealtime experience, social activation, resident meetings and fire safety checks.

One action from the site visit related to the staffing arrangements in the centre. Due to changing needs within the centre, the provider appointed additional staffing hours so residents' needs could be safely met. These additional staffing hours were being covered by relief and agency staff. As a result, the inspector found during the site visit, that while the provider was managing and reviewing the staff arrangements, improvements were required to ensure consistency of care for residents. During this inspection, the inspector found that two residents had been transferred to another designated centre that would better accommodate their evolving needs. As a result, there was less need for agency and relief employees, and residents' continuity of care with known staff members had improved. Staff met with during the inspection, reported that there had been improvements in the standard of care and support being provided to residents since the last inspection of the centre. They also mentioned that since the centre was divided in two, there was improved accessibility to the person in charge.

The centre had a policy on admissions that outlined the arrangements in place for admitting and transferring residents within the centre as outlined under Schedule 5 of the regulations. However, the inspector noted the policy required review as the policy was designed for another part of the service and was not specific for residents within disability services. For example, the policy received post-inspection referred to residents older than 65 with medical needs. Despite the requirement for a policy review, the inspector found the discharge of two recent residents detailed and planned, demonstrating the residents' involvement with the process at each stage.

However, the regulatory requirement to have an agreed written contract that dealt with the resident's support care and welfare, including the fees payable, was not compliant. During the previous site visit in October 2021, it was identified that written agreements did not contain the fees charged to residents and required

improvement. On this inspection, the inspector found the contracts of care, and the statement of purpose remained unclear regarding the bills and fees payable by residents. This is further discussed under regulation 24: Admissions and contract for the provision of services.

Registration Regulation 7: Changes to information supplied for registration purposes

A change in the identity of the person in charge had been notified to the Chief Inspector along with the necessary supporting information.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge carried out a schedule of local audits throughout the year and followed up promptly on any actions arising from the audits. These audits assisted the person in charge in ensuring that the operational management and administration of the centre resulted in safe and effective service delivery.

Judgment: Compliant

Regulation 15: Staffing

Improvements had been made in the consistency of staff working in the centre since the last inspection.

There was a consistent staff team appropriate to the assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. Staff were observed attending to residents in their individual apartments and also spending time with residents who arrived at the staff office.

There was an actual and planned roster which reflected individual, and group needs were being met. There was also an ongoing review of the resources required to ensure all residents could be supported as per their assessed needs.

Where required, residents were provided nursing care as outlined in the centre's statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre received supervision from the person in charge. Supervision sessions followed a set agenda covering issues relating to staff development and the service in the centre. The person in charge had a schedule in place to plan staff supervision sessions.

There were monthly staff meetings in the centre, and the inspector reviewed the minutes of previous meetings. A range of areas were discussed, for example reviewing the COVID-19 contingency plan, staff training needs, centre improvements and residents' activities. The person in charge also provided information on changes in practice or new developments. For example, recommendations made from a safeguarding review had been discussed. Residents' needs were also discussed at each meeting.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that governance and management systems in place were monitored through ongoing auditing and oversight of its performance so that a quality assurance system was in place. The provider had completed an annual report on the quality and safety of care and support provided to residents living in the designated centre. There was evidence to demonstrate that the residents and their families were consulted about the review as legally required. In addition, six monthly unannounced reviews of the quality and safety of care and support provided to residents were taking place, and there was a plan in place to address any concerns regarding the standard of care and support provided.

Furthermore, there was a robust local auditing system in place by the person in charge to evaluate and improve service provision and achieve better outcomes for residents. This demonstrated the provider had enhanced their governance and oversight arrangements for the centre and within their organisation. These audits had identified areas for improvement, and the inspector noted that on foot of these audits, the provider had put plans in place to address the actions identified.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The contracts of care did not fully reflect the terms of the residency or the bills that each resident paid. In some places, contradictory charges were found in the agreements. Contracts of care viewed by the inspector referred to RSSMAC contributions (Residential Support Services Maintenance and Accommodation Contributions) which sets out a maximum contribution that each resident can be charged for living in a designated centre. However, RSSMAC contributions did not apply to this centre and residents paid rent to a housing authority and paid bills directly for utilities such as heating and lighting.

Although the contracts of care specified that the monthly rent would be €85, it did not specify that residents would be responsible for paying for utilities such as heating, lighting, television, or refuse services. The application process for rent allowance or subsidies was not specified. While the majority of residents were in receipt of these payments, there was a significant delay for one resident. Additionally, it was not clear whether residents were responsible for paying all bills in the event of another resident transferring from an apartment. Or how the money would be recovered from a resident who was transferred before a bill was issued. Therefore, the inspector was not assured that the terms of residency were transparent or that the financial viability of residents had been considered. Contracts of care did not detail the specifics of procedures if residents could not afford to pay bills issued to them.

Judgment: Not compliant

Regulation 31: Notification of incidents

Incidents in the centre were appropriately managed and reviewed as part of continuous quality improvement to enable effective learning and reduce recurrence. The person in charge had submitted notifications regarding adverse incidents within the required three working days as set out in the regulations and had ensured that quarterly and six-monthly notifications were submitted as required.

However, the provider did not submit one allegation relating to a safeguarding concern within the relevant time lines as legally required.

Judgment: Not compliant

Quality and safety

There was good practice noted on this inspection in relation to the quality and safety of care provided to residents. The inspector found that residents were

provided with person-centred care and support and that their health and wellbeing were promoted. Residents spoken with told the inspector they felt safe and were happy in their homes. Some improvement was noted to maintenance issues arising in the centre and the review of restrictive practices. Improvements in these areas would further enhance the quality of care and support provided.

The inspector completed a walk-through of the designated centre with the person in charge with residents' permission. The centre is comprised of apartment-style accommodation across two buildings, with the sizes of those apartments varying from one to two bedrooms. The apartments allow residents to share the accommodation or live alone. In all cases, residents' apartments were decorated in a homely manner and provided a comfortable living environment. Some improvement was required in relation to the premises to ensure repair works were completed in a timely manner.

Where appropriate, residents were provided with positive behavioural support plans or psychological support plans. These plans include strategies and de-escalation techniques to guide staff on how to best support residents during times when their behaviour could negatively impact themselves or others. The person in charge ensured that staff were provided with specific training relating to behaviours of concern that enabled them to provide care that reflected evidence-based practice.

It was observed by the inspector that the centre experienced a low number of peer-to-peer events. Most residents got along well with one another, and everyone had their own room and personal space. There was evidence that any incidents and allegations of abuse were reported, screened, and investigated. When required, safeguarding plans had been developed, shared with the staff team and implemented. The inspector spoke to management regarding the investigation and review of an allegation of abuse that had been notified to the Chief Inspector in July 2022. While the provider had identified no grounds for concern, the inspector found learning had been applied post-investigation. Recommendations made by the safety committee, including staff education sessions, staff meeting agendas and residents' access to advocacy groups, had been actioned and completed.

There were no identified restrictive practices in operation at the time of inspection; however, during the course of the inspection, it was found that the use of a sensor mat had not been identified as a restrictive practice. A bed sensor mat is a device which can alert another person that movement has occurred. It had, therefore, not been subject to the provider's own policy and procedures regarding restrictive practices or reported to HIQA, The inspector was informed that where bed sensors were in use and activated, they were to manage personal risks for residents. They would not sound in the resident's bedroom, but staff would be notified via a pager alert; therefore, the resident would not be aware that their movement was monitored. The inspector advised that this system required monitoring to ensure that this system did not adversely impact on residents' freedom of movement.

Residents were provided with timely and appropriate healthcare, and staff were knowledgeable about the healthcare needs and support of residents. Residents could access a range of healthcare professionals as the need arose and were

supported during periods of ill health.
In line with the statement of purpose, the centre could meet the needs of residents with complex medical requirements. Residents had access to clinical nurse specialists (CNS) in the management of behaviour, dementia and infection, prevention and control. Residents were also supported with their ageing needs with input from gerontology, the CNS for older persons and palliative care/ home care team, when required.

The person in charge had prepared written fire evacuation procedures and personal evacuation plans for residents. The plans were readily available to guide staff in the event of a fire. Fire safety was discussed regularly at residents meetings. There were also regular fire drills to test the effectiveness of the fire evacuation procedures and plans. Some of the drills were reflective of the most amount of residents and least amount of staff on duty. These records identified that staff could safely support residents to evacuate the centre in a timely manner and of the records reviewed, no issues or concerns were raised as a result of the most recent fire drills completed. The mobility and cognitive understanding of residents was adequately accounted for in the evacuation procedures and in the residents' individual personal evacuation plans.

Arrangements were in place for the identification, assessment and management of risks in the centre. Individual risks had been assessed, and the controls outlined in risk management plans were implemented in practice. For example, water flushing for unused water outlets to prevent legionella disease and limiting unfamiliar staff due to risks presented when unfamiliar staff are in the centre. Similarly, staff described the safeguarding measures in place to mitigate safeguarding risks.

Regulation 17: Premises

The premises were clean, accessible and decorated in a homely manner. The centre met the mobility needs of the residents currently living in the centre. However, the inspector found the provider had not implemented all of the actions from previously submitted compliance plan. New flooring was required in one area and storage space for cleaning products was required. In addition, clarity was needed on the purpose and function of unused rooms and bedrooms in apartments as well as enhanced cleaning in these areas.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspector reviewed matters in relation to the discharge planning for residents that had moved from the centre since the previous inspection. Effective discharge

planning processes had been implemented, ensuring the resident's full participation at every stage of the process. Staff supported the residents in seeing their new homes and bedrooms. Residents were encouraged to get to know other residents by spending time with them in their new houses. The decision regarding where residents would move to was made with input from the residents and family representatives, who also had the chance to participate in consultations about the transition from the centre.

Where delays to the move had occurred outside of the control of the provider due to an outbreak of COVID-19, residents had been provided with a social story detailing why the move had been postponed. A post-discharge review completed one month after admission indicated that the transition had been successful for the residents, and both had settled well into their new homes.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management plans outlined the control measures in place to mitigate against identified risks and plans were regularly reviewed. The inspector found control measures as outlined in plans were implemented in practice.

The inspector also acknowledged the person in charge and staffs' person-centred management of some personal risks for residents, demonstrating a practical and person-centred approach to managing risks for residents.

The registered provider had systems in place in the centre to ensure that risks were assessed, managed and reviewed on an ongoing basis. The inspector found good oversight at the provider level of risks in the centre through safety committee reviews that were attended by senior management within the wider organisation, including the Chief Executive Officer (CEO) and clinical specialists.

Judgment: Compliant

Regulation 28: Fire precautions

Concerns from the previous inspection regarding the ability of all residents to safely evacuate from their apartments had been addressed.

The registered provider had implemented fire safety arrangements in the centre. There was a fire safety policy, and the provider's fire safety expert had completed a fire safety risk assessment and audit of the centre. There were fire prevention, detection, fighting, and containment equipment, such as fire doors, alarms, blankets, extinguishers, and emergency lights. The alarms, blankets, extinguishers,

and lights had been serviced, and staff were also completing daily fire safety checks.

Staff spoken with had completed fire safety training, participated in fire drills and were knowledgeable on fire evacuation procedures.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with the care and support to meet their healthcare needs. Residents' health care needs had been assessed by their general practitioner (GP) and other members of the multi-disciplinary team. Residents had good access to a range of healthcare professionals from within the provider's wider organisation.

The inspector found residents with significant health needs had been supported appropriately through necessary clinical care providers. In addition, other residents were supported on an ongoing basis through diabetic services and specialist appointments with local hospitals. The inspector found there was good monitoring of changes in residents' baseline presentations by staff, and prompt medical action had taken place where necessary.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had been provided with support in order to help them manage their emotions and behaviour. Where required, residents were assessed by a behaviour specialist, and behaviour support plans outlined the proactive and reactive responses to support residents in managing their behaviour. In addition, refresher training had been provided to staff in positive behavioural support.

However, the use of one restriction had not been identified as restrictive by management or staff. This was not notified to the Chief Inspector, as required, on a quarterly basis. The inspector acknowledged that any restrictive practices in place were implemented due to identified risks and clear rationale.

Judgment: Substantially compliant

Regulation 8: Protection

Appropriate measures were in place to ensure residents were protected, and the

inspector observed these measures were implemented in practice. There was evidence that where safeguarding risks had been identified in the past, these were screened and reported appropriately, and safeguarding plans were implemented where necessary.

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Staff who spoke with the inspectors were clear about their responsibility to report any concerns or allegations of abuse in order to keep the residents safe. Throughout the inspection residents were seen to be comfortable in the presence of staff members.

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	
Registration Regulation 7: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Peamount Healthcare ID Community Based Service Slade Castle OSV-0008107

Inspection ID: MON-0035766

Date of inspection: 21/10/2022

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 24: Admissions and contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The contracts of care are being reviewed to consider the terms of residence and the bills that that each resident will pay. The contracts will be reviewed to determine the financial commitment to the resident should a second resident in a double occupancy apartment move out and to their responsibility to paying utility bills. The terms of residency and financial viability of the resident will be taken into consideration.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The Provider will ensure that all incidents will be reported within the relevant timelines. The Person In Charge will ensure that they submit their notifications within the necessary timeframes. The PPIM will be notified of any incidents and notifications being submitted, the PPIM will submit notifications in the absence of the PIC. A review of the incidents has been completed by the Provider, PIC and the PPIM to establish how the notification was missed and to prevent reoccurrence.	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A storage cupboard for cleaning products has been installed in the centre. A request for repair of the flooring area has been submitted to the HSE for funding. A cleaning schedule will be implemented for bedrooms that are vacant at present.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: A restraint self-assessment will be reviewed and revised. The use of bed sensor mats will be reviewed by the multi-disciplinary team to ensure that it is not adversely impacting the resident's freedom of movement. The bed sensor will be included on the restrictive practice register and reported to HIQA quarterly.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(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	30/06/2023
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.	Not Compliant	Orange	31/03/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the	Not Compliant	Orange	19/12/2023

	following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/03/2023