



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

Issued by the Chief Inspector

Name of designated centre:	Haughton House
Name of provider:	St Catherine's Association Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	30 September 2021
Centre ID:	OSV-0001850
Fieldwork ID:	MON-0034366

About the designated centre

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

Haughton House is a children's respite service operated by St. Catherine's Association in County Wicklow for children with an intellectual disability. The centre has a capacity for up to four children at any one time from six to 18 years of age. The centre is managed by a person in charge. The person in charge is supported by a deputy manager who also engages in the day-to-day management and operation of the centre. Staffing resources are allocated to meet the needs of children attending the centre at any given time and short stay breaks for children are managed taking into consideration children's ages, friendships and the needs of families. The premises consist of a single storey building which provides a sensory room and recreation spaces inside. Each child is provided a single bedroom during their stay. There is a garden to the rear of the centre with plenty of sensory and play equipment for children to play with.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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 - 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
Thursday 30 September 2021	9:30 am to 6:15 pm	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that respite residents well-being and welfare was maintained by a good standard of evidence-based care and support during their stay at the designated centre.

On the day of the inspection, the two respite residents were attending school. The inspector got the opportunity to meet with both residents later in the afternoon when they returned to the centre. As much as possible, engagement between the inspector and the residents took place from a two metre distance and wearing the appropriate personal protective equipment in adherence with national guidance.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff using non-verbal communication, it was obvious that staff clearly interpreted what was being communicated.

The inspector joined one resident on their walk around the front of the centre with their staff member. The resident enjoyed watching cars come and go and had a keen interest in the centre's bus. The staff member supported the resident on to the bus and the inspector observed the resident to be smiling and appeared content. The inspector observed that the resident appeared very comfortable in the presence of their staff member and with the support they were providing.

The inspector joined another resident out in the designated centre's outdoor play park which was out the back of the premises. The resident enjoyed picking specific leaves from the trees on the surrounds of the play park. The resident appeared happy and relaxed during this activity and on speaking with the staff member, the inspector found that they were knowledgeable in the care and support needs of the resident and of their likes and interests.

For the most part, the house was found to be suitable to meet residents' individual and collective needs. The inspector observed that the centre provided an age appropriate environment for the respite residents with child friendly indoor and outdoor activities made available to them. There were age appropriate murals and residents' artwork displayed throughout the walls of the centre. Furthermore, the house notice boards were full of age appropriate notices for residents including information relating to Rights, COVID-19, fire evacuation procedures and activity and meal choices.

Overall, the design and layout of the premises ensured that each resident could enjoy their respite visit in an accessible, comfortable environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents throughout their stay. There was a large playroom with a choice of

toys, games and puzzles including a selection of floor mats and beanbags for the residents to enjoy. In addition, each resident had their own box of toys which were made available to them during their stay. There was a sensory room which included a variety of facilities such as a bubble tube, fibre optics, water-bed and sand tiles. There was a garden play park to the rear of the centre which provided an array of sensory and play equipment for residents to enjoy during their respite stay.

However, the inspector observed that many areas of the premise required upkeep and repair so that it ensured residents were enjoying a respite break in an environment that was in good state of repair and mitigated the risk of infection.

The inspector found that the health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. During their stay in the centre, residents were provided with a choice of healthy meal, beverage and snack options. In the resident's dining room there were a number of visuals on the wall to support the residents make choices about their meal preferences.

In summary, the inspector found that respite residents well-being and welfare was maintained to a good standard during their stay in the centre and that there was a strong and visible person-centred culture within the designated centre. The inspector found that, systems in place endeavoured to ensure that residents were safe and in receipt of good quality care and support. Through observing residents and speaking with staff and through a review of documentation, it was evident that staff and the local management team were striving to ensure that respite residents were staying in a supportive and caring environment where they were supported to have control over and make choices during their stay.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident availing of the respite service.

Capacity and capability

The registered provider was striving to ensure that the residents availing of the respite service in the designated centre were in receipt of a good quality and safe service. Overall, the inspector found that the care and support provided to the respite residents was person-centred and promoted an inclusive environment where each of the resident's needs and wishes were taken into account. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a deputy manager, who was knowledgeable about the support needs of the respite residents and this was demonstrated through good-quality care and support. The inspector found that since the last inspection, a number of improvements had been made which resulted

in positive outcomes for residents during their respite stay, and in particular, improvements to fire safety. However, on the day of the inspection, the inspector found that improvements were needed to some of the quality improvement monitoring systems in place in the centre. This was to ensure that these systems were timely and effective, and ensured the safety of respite residents at all times.

The respite service temporarily ceased on the 13th March 2020 due to COVID-19 restrictions in place. Within one week, the organisation moved to dual occupancy support of two priority placements in the centre until the 10th of August 2020. The respite service resumed after this date and provided a service to two respite residents at a time. Post inspection, and in line with the easing of restrictions, the respite service provided a service to three respite residents at a time.

Overall, the inspector found that the local governance and management systems in place in the centre operated to a good standard. There was a comprehensive auditing system in place by the person in charge, (assisted by the deputy manager), to evaluate and improve the provision of service and to achieve better outcomes for residents during their respite stay. The person in charge carried out a schedule of audits on a monthly and quarterly basis that related to the care and support provided to the residents availing of the respite service. In addition, in July 2021 a review of the state of repair of the premises had been carried out by the person in charge, including actions and timelines for their completion.

However, the inspector found that provider audits carried out in the designated centre were not always timely or effective. For example, the health and safety audit was last completed in June 2019. On review of the unannounced six monthly review of the quality and safety of care and support in the designated centre, which took place in June 2021, the inspector found that it had not identified many of the findings on this inspection and in particular, findings relating to the state of repair of the centre. The impact of this, was that issues relating to fire containment, maintenance of premises and infection prevention and control were not addressed in a timely manner and potentially increased risk to residents' safety during their respite stay.

The inspector found that staffing arrangements in the designated centre were in line with the centre's statement of purpose. The person in charge maintained a booking system for the respite service which took into account dependency levels of residents attending the service, including nursing requirements, which informed the roster and ensured that there was enough staff with the right skills, qualifications and experience to meet the assessed need of the residents. There was a staff roster in place in the centre and it was maintained appropriately. The staff roster clearly identified the times worked by each person and included details of when the person in charge and deputy manager were present in the house.

Overall, there was continuity of staffing in the centre. A number of the staff team had worked in the centre for over five years or more. Two new staff had recently joined the team and were provided with a comprehensive induction programme. Currently there was no agency staff working in the centre.

Staff who spoke with the inspector demonstrated good understanding of the respite residents' needs, the supports to meet those needs as well as the residents' likes and preferences. Staff were knowledgeable of policies and procedures which related to the general welfare and protection of respite residents. Throughout the day, the inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

Overall, the education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents during their respite stay. Staff were provided with training in fire safety, managing behaviours that challenge, safe medicine practices, epilepsy, and Children's First but to mention a few. The person in charge was endeavouring to ensure that all staff were provided with the centre's mandatory training. The person in charge was endeavouring to ensure that all staff were provided with the centre's mandatory training. While dates had been provided for a number of training courses for new staff who commenced employment in May 2021 and early September 2021, including refresher courses for other staff, on the day of the inspection, a number of the courses had yet to be completed.

The person in charge provided one to one supervision meetings to staff to support them perform their duties to the best of their ability. Staff who spoke with the inspector advised that they had found the meetings beneficial to their practice.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care. However, on review of the centre's Schedule 5 policies, the inspectors found that a number of policies and procedures had not been reviewed and updated in line with the regulatory requirement. As such the register provider could not ensure that all policies and procedures were consistent with relevant legislation, professional guidance and international best practice relating to delivering a safe and quality service.

Regulation 14: Persons in charge

There was evidence to demonstrate that the person in charge was competent, with appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service and meet its stated purpose, aims and objectives. They were supported in this role by a deputy manager.

Judgment: Compliant

Regulation 15: Staffing

The inspector found that staffing arrangements included enough staff to meet the needs of the residents during their respite stay and were in line with the statement of purpose. There was a staff roster in place in the centre and it was maintained appropriately. Overall, there was continuity of staffing. Staff were knowledgeable of policies and procedures which related to the general welfare and protection of residents availing of the respite service.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, the training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents during their respite stay.

The person in charge was endeavouring to ensure that all staff were provided with the centre's mandatory training. While dates had been provided for a number of training courses for new staff who commenced employment in May 2021 and early September 2021, including refresher courses for other staff, on the day of the inspection, a number of the courses had yet to be completed.

For example training in; Food Safety (3 staff due), Children's first (2 staff due), Intimate care (1 staff due), First Aid (1 staff due), Epilepsy (1 staff due), managing behaviours that challenge (2 staff due) and Training related to feeding aids (1 x staff due).

For the most part, staff refresher training was up-to-date; two staff were due refresher training in food safety and one staff in Children's First.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The designated centre's directory of residents was made available when requested by the inspector and was up to date with all the required information.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that the local governance and management systems in place in the centre operated to a good standard. The person in charge carried out a schedule of audits on a monthly and quarterly basis that related to the care and support provided to the residents availing of the respite service.

However, a review of the timeliness of the health and safety audit was needed.

In addition, a review of the system in place for carrying out the provider's unannounced six monthly review of the quality and safety of care and support in the designated centre was needed, to ensure it was effective at all times.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

For the most part, the inspector found that there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

On review of the centre's Schedule 5 policies, the inspector found that a number of policies and procedures had not been reviewed and updated in line with the regulatory requirement. For example, policies and procedures relating to admissions, including transfers, discharge and the temporary absence of residents, staff training and development, nutrition, the creation, retention, maintenance of and destruction of records and complaints.

Judgment: Substantially compliant

Quality and safety

The inspector found that overall, the residents' well-being and welfare was maintained by a good standard of evidence-based care and support during their respite break at the designated centre. It was evident that the person in charge and staff were aware of the respite residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, the inspector found, that to ensure better outcomes for residents at all times, a number of improvements

were required a number of the quality and safety regulations to bring them back in to full compliance.

The inspector looked at a sample of respite residents' personal plans and found that each resident was provided with a personal plan which was continuously developed and reviewed in consultation with the resident, relevant keyworker, their parents and where required, allied health professionals. Where appropriate, respite residents were provided with an accessible form of their personal plan to ensure participation, consultation and understanding of their plan. Residents' plans were regularly reviewed and updated to reflect their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance during their respite stay, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. There was an up-to-date child protection policy and associated procedures in place in the centre and it was made available for staff to review. Staff who spoke with the inspector were knowledgeable in the procedures to follow should there be a safeguarding incident.

The inspector saw there where restrictive procedures were being used, they were based on centre and national policies and were documented and subject to review by the appropriate professionals involved in the assessment and interventions with the individual. The person in charge was continuously reviewing ways to reduce the restrictions in the centre. A number of alternatives relating to sleeping arrangements had been put in place since the last inspection. This saw a reduction to previously existing restrictive practices and in turn, resulted in positive outcomes for residents during their respite stay.

For the most part, the design and layout of the designated centre ensured that residents could enjoy staying in an accessible and comfortable environment during their respite break. The centre provided appropriate indoor and outdoor recreational areas for the residents including age-appropriate play and recreational facilities. Each resident had their own personal possessions, including toys, which were made available to them during each visit.

However, in relation to the overall upkeep of the internal and external areas of the centre, a number of improvements were needed to ensure that respite residents were staying in a house that was in good decorative repair, mitigated the risk of infection and maintained appropriately. The person in charge was currently addressing some of the issues such as the replacement of blinds that were in disrepair, painting of the walls, door-frames and skirting boards, addressing the cleaning of the centre's roof, fascia and windows.

However, in addition to the above issues the inspector also found that the flooring throughout the hallway of the premises, and in most of the residents' bedrooms, required review. The inspector observed the flooring to be clinical in nature and took

away from the homeliness of the house. The storage systems also required review, as currently a number of wardrobes in residents' bedrooms were locked as they were being used for storage. One wardrobe, (that was open and not in use), included personal items belonging to a resident who was not staying there at the time. Large equipment was also being stored in bedrooms and moved to other rooms when those bedrooms were needed.

Overall, the bedrooms available to the residents during their respite stay were large and spacious and contained appropriate furniture. However, a bedroom which was used on a regular basis, included office type cupboards and counter tops as a space to store the resident's clothes. This took away from the homeliness of the room and presented as clinical in style.

The residents were supported to choose the food, drink and snacks they wanted during their respite break, and in a way that met their communication needs. There was a system in place whereby residents could choose pictures or reference items to demonstrate their choice at each meal-time. Where they so wished, residents were supported to prepare and cook meals during their respite stay. Residents were provided with wholesome and nutritious foods. Some residents brought their own food with them during their stay. The inspector observed that there was adequate provision for residents to store food in hygienic conditions. The inspector observed that where packages had been opened, they were sealed and appropriately dated. Furthermore there were temperature checks for food cooked, including temperature checks of the centre's fridges and freezers.

The inspector found that there were satisfactory contingency arrangements in place for the centre including self-isolation plans for residents and staff, an outbreak response plan and adequate contingency plans. In addition, there were protocols for cleaning, travelling in the bus, the layout of tables at mealtimes, but to mention a few. These endeavoured to ensure the safety of residents during their stay in the respite service and reduced the risk of spread of infection, including COVID-19. The inspector observed there to be an adequate supply of hand sanitizer, hand washing facilities and soap for staff and residents to use. On review of the storage cupboards, the inspector observed that there was an ample supply of PPE gear, if required. All staff had completed specific training in relation to the prevention and control of COVID-19 and on the day of inspection, were observed to be adhering to public health guidance in the appropriate use of face coverings, hand hygiene and social distancing.

Overall, the centre appeared clean and tidy. Staff completed cleaning tasks on a daily basis including cleaning touch surfaces on three occasions throughout a 24 hour period. There was additional cleaning staff employed to assist with the cleaning duties in the designated centre. However, as there were areas in the house that required improvement to the state of repair of the house, not all surfaces could be effectively cleaned properly which in turn, posed a potential risk of the spread of infection. For example, throughout most areas of the house, including around hallways, door frames, and pillars, the edges of the flooring was stained with ingrained black marks which were sticky in substance. In addition, there was peeling

and chipped surfaces throughout the house.

The inspector found that, for the most part, there were good systems in place for the prevention and detection of fire. All staff had received suitable training in fire prevention and emergency procedures and firefighting equipment and fire alarm systems were appropriately serviced and checked. However, not all containment measures, such as internal fire doors, were found to be effective. For example, an internal fire door did not release and close when the fire alarm activated. The person in charge had highlighted this issue in June 2021 however, on the day of inspection the door remained ineffective. A planned visit from an external fire company was arranged for the week following the inspection however, overall, to better ensure the safety of residents, improvements were warranted to ensure responses to safety issues were dealt with in a more timely manner.

For the most part, there were adequate means of escape, including emergency lighting. Fire safety checks took place regularly and were recorded appropriately. Fire drills were taking place at suitable intervals. Each respite resident was provided with a personal evacuation plan which was regularly updated. Adequate provision was made for all respite residents' safe evacuation from the centre, through the provision of personal evacuation plans. However, on the day of the inspection, the inspector observed two of the fire escape exit routes to be partially blocked; one with a traffic cone and large door wedge and another with a large brick which also posed as a trip hazard. In addition, the inspector found that a review of the keypad lock on a garden gate, which was part of a fire escape route, needed reviewing to ensure that all staff were aware of the code in an emergency situation.

There were individual and location risk assessments in place which endeavoured to ensure that safe care and support was provided to residents during their respite stay. In addition, there were risk assessments specific to the current health pandemic including, the varying risks associated with the transmission of the virus and the control measures in place to mitigate them. However, on the day of inspection there was a risk identified that had not been assessed. For example, there was no risk assessment completed for an ineffective internal fire door.

Regulation 17: Premises

For the most part, the design and layout of the designated centre ensured that residents could enjoy staying in an accessible and comfortable environment during their respite break. The centre was in need of upkeep and decorative repair however, in July 2021, the person in charge had identified many of the areas of the centre that need improvement and had completed a review of the state of repair of the centre and had completed an action plan with a timeline for their completion.

There was a number of storage rooms in the centre however, to avoid storing large equipment in bedrooms and using wardrobes as storage space, a review of the centre's overall storage systems was needed.

The overall, decor, repair and storage in a respite resident's bedroom where office type cupboards and counter tops were in place required improvement so that it better met their needs and ensured the room presented as warm and homely.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The residents were supported to choose the food, drink and snacks they wanted and in a way that met their communication needs. Where they so wished, residents were supported to prepare and cook meals during their respite stay. Residents were provided with wholesome and nutritious foods.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements as set out in the regulations and that the policy was reviewed regularly and in line with Schedule 5 requirements. There was a risk register specific to the centre which was reviewed regularly and addressed social and environmental risks.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that there were satisfactory contingency arrangements in place for the centre during the current health pandemic, including self-isolation plans for residents and staff, an outbreak response plan and adequate contingency plans. All staff had completed specific training in relation to the prevention and control of COVID-19.

For the most part, the centre appeared clean and tidy. However, due to the poor state of repair of some areas of the house, surfaces could not be effectively cleaned which in turn, had the potential for bacteria to colonise and spread to residents. For example:

The edges of the flooring on most areas of the house was stained with ingrained black marks which were sticky in substance.

There was peeling and chipped surfaces throughout the house.

In addition to the above, on the day of the inspection, the inspector observed liquid splash stains on the wall of the dining room under the serving counter and a paper sticker covering a kitchen appliance switch which was unclean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector found that, for the most part, there were good systems in place for the prevention and detection of fire. However, not all containment measures, such as and internal fire door, were effective. In addition, the risk relating to the internal fire door had no risk assessment or control measures in place.

For the most part, there was adequate means of escape, including emergency lighting. However, two of the fire escape exit routes were partially blocked; one with a traffic cone and large door wedge and another with a large brick which also posed as a trip hazard. At the end of the inspection, the inspector observed the traffic cone to be removed from the fire exit door.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector looked at a sample of personal plans and found that each respite resident was provided with a personal plan. The plans were regularly reviewed and updated to reflect residents' continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where restrictive practices were used , they were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date Child Protection policy and associated procedures in place in the centre and it was made available for staff to review. Staff were provided with training in child protection. Staff who spoke with the inspector were knowledgeable in the procedures to follow should there be a safeguarding incident.

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	
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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Haughton House OSV-0001850

Inspection ID: MON-0034366

Date of inspection: 30/09/2021

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> <ol style="list-style-type: none"> 1. On the day of inspection Haughton House were 98% compliant in terms of mandatory / compulsory staff training requirements. Following inspection, the Person-In-Charge completed a full review of all training deficits, in line with the requirements of the center's Statement of Purpose, and appropriate steps were taken to address any gaps. Where deficits were identified, the relevant staff member has been booked to attend the next available training opportunity; <ol style="list-style-type: none"> a. Food Safety (3 staff due) – two staff members have completed the required training since inspection; two on 17th October 2021 and one staff scheduled for completion on 19th November 2021. b. Children's First (2 staff due) – the staff member completed the required training on 15th October 2021. The second staff is due to complete Children's Frist training no later than 10th December 2021; please note that all staff member had completed the Children's First HSE online module on the day of inspection c. Intimate Care (1 staff due) – The staff member is due to complete intimate care training on 30th November 2021. d. First Aid (1 staff due) - The staff member completed first aid training on 29th October 2021. e. Epilepsy (1 staff due) – The staff member is due to complete epilepsy training on 29th November 2021. f. MAPA (2 staff due) – The staff member is due to complete MAPA training on 4th / 5th January 2022. g. IDDSI (1 staff due) - The staff member completed IDDSI training on 2nd October 2021. <p>Based on currently available training opportunities remaining in 2021, the deficits identified on the day of inspection in H. House will be fully addressed by 4th / 5th January 2022. Where a staff member is unable to attend and / or the course does not proceed as scheduled, a further booking will be made for the next available training</p>	

opportunity.

2. As per the Haughton House Statement of Purpose, all staff training requirements are coordinated by the organisational Training Development Officer (TDO) & training records stored centrally. Regular communication between the PIC and TDO ensure staff members receive appropriate training in line with regulations 16. (1)(a). This ensures that all employees of St Catherine’s have access to appropriate training, including refresher training, as part of a continuous professional development program.

3. The Person-In-Charge ensures the on-going continuity of care through effective rostering of available staff to ensure that there was sufficient skill mix of trained staff on duty at all times.

Time-scale;

1. 5th January 2022

2. 30th September 2021 – Complete

3. 30th September 2021 - Complete

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

1. St Catherine’s Association committed to a return to the six monthly schedule, as required under Regulation 23.(2), as soon as reasonably possible following the considerable disruption caused by the current health pandemic. Subsequently the following provider-led audit was completed in Haughton House in June 2021. The second unannounced provider-led audit is scheduled for completion before the end of the year.

2. The provider requested that the organisation’s Quality Compliance department review current six-monthly provider audit practices to ensure that an appropriate renewed emphasis is placed on the maintenance of the premises; particularly as it pertains to infection prevention control.

3. Through our internal process of monthly fire drills, St Catherine’s identified an issue with three fire doors closers. St Catherine’s engaged a third party contractor and following an additional on-site assessment, six door closers were replaced and installed on 7th October 2021.

4. As an additional safety assurance measure, St Catherine’s subsequently engaged an external fire safety consultant to conduct a full review of upgraded fire doors in the designated centre. The quality assurance report, received on 4th November 2021 for an assessment conducted on 19th October 2021, identified further minor upgrade works required on 9 doors and suggested minor maintenance works to correct all issues. The consultant provided the following assurances; “The fire door upgrades works ... do not render the existing fire doors inadequate. The fire doors in their current state are still capable of being effective in a fire situation”. All deficits were referred to the St Catherine’s maintenance department for corrective action, and all upgrade works were completed on 15th November 2021.

5. St Catherine’s engaged an external health & safety consultant to conduct a full health

& safety audit of the designated centre. The assessment was conducted on 9th November 2021 and St Catherine's await the final health & safety report. Once received St Catherine's will implement an appropriate, time-bound compliance plan response to the external audit report.

Time-scale;

1. 30th September 2021 - Complete
2. 15th October 2021 – Complete
3. 7th October 2021 - Complete
4. 15th November 2021 - Complete
5. 9th November 2021 - Complete

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

1. During inspection, the following Schedule 5 policies were identified; are currently under review with the Senior Management Team. Policies currently being considered include;

- a. External Referrals & Discharge Policy; significant review conducted by document lead. Clinical input required post-PDS and therefore due for final review by Senior Management Team no later than 31st March 2022.
- b. Missing Persons Policy; Board approved on 16th October 2021 & effective as of 11th November 2021.
- c. Staff Training & Development Policy (QCT); review conducted by document lead; due for final approval by the Senior Management Team no later than 3rd December 2021.
- d. Food and Nutrition Policy (QCT); revision being completed by Nursing department, due for SMT review / approval by end of quarter 1 2022; 31st March 2022.
- e. Record Management and Data Protection Policy; significant review commenced by document lead following consultation with HSE Policy and Compliance Unit. Due for final review by Senior Management Team no later than 31st March 2022.

Workload has been delegated to the relevant policy owner / document lead and an appropriate time-scale applied for the revision process. Where multiple policy reviews are required by a single department, the review schedule will be determined by order of priority.

2. All Schedule 5 policies to be reviewed by 31st March 2022. Once approved by the SMT, revised policies to be presented to the Board of Directors (BOD) for formal approval. The BOD are due to meet, on average, every two months; meeting schedule for 2022 to be agreed by year end.

3. In line with Reg. 04(2), all revised policies are communicated to all staff members via the policies email account. Line Managers are responsible for adding revised policies to the subsequent team meeting agenda for discussion. Finally all staff members are

requested to sign a 'Policy Sign-Off Record' to confirm they have read and understood the new/revised policy.

4. In line with Reg. 04(3), appropriate review periods are applied to all new/revised policies. Policies are reviewed and updated in line with prescribed review dates, or sooner as required by updated legislation, national guidance, etc.

Time-scale;

1. 26th November 2021
2. 31st March 2022
3. 30th September 2021 - Complete
4. 30th September 2021 - Complete

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. The Person-In-Charge will continue to identify and highlight areas of the centre in need of repair, through existing maintenance processes, for timely corrective action; incl. minor wear & tear to high traffic areas such as marks on door frames, pillars, etc. Where an issue persists the Person-In-Charge will escalate the issue to the relevant Senior Manager for action.

2. St Catherine's will conduct a review of the center's storage needs and determine / quantify the storage requirements for the centre. St Catherine's will clearly identify designated storage areas for personal items, large equipment, etc. All equipment will be stored in designated areas only moving forward.

3. The Person-In-Charge has reviewed and begun updating décor in the respite bedroom detailed in the report. Upgrades include;

a. New blinds; purchased on 21st October 2021. Installation scheduled for 20th November 2021.

b. New wardrobes; to be purchased. Installation to be completed on or before 17th December 2021.

4. The following items noted in the report have also been addressed;

a. A new couch was purchased and delivered on 29th October 2021.

b. The removal of moss, cleaning and treating of center's roof was completed by 15th November 2021.

Time-scales;

1. 30th September 2021 - Complete
2. 26th November 2021
3. 17th December 2021
4. 15th November 2021 - Complete

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

1. The Person-In-Charge will review and update, as necessary, existing cleaning protocols to ensure all areas of the centre are appropriately maintained; with particular focus on daily cleaning of floors, daily monitoring for splash-marks in areas where the issue is likely to present (i.e. kitchen, dining room, etc.)
2. The Person-In-Charge will review and update local management audit practice to ensure on-going, appropriate monitoring of floors and splash-marks.
3. The Person-In-Charge will ensure that the sticker noted on a kitchen appliance is removed, and the appliance suitably cleaned thereafter.
4. Deficits to paintwork, noted throughout the centre, will be referred to the St Catherine's maintenance team for repair, make good and repaint as necessary.
5. The provider will review current six-monthly provider audit practices to ensure that an appropriate renewed emphasis is placed on the upkeep of the premises.
6. With regards to flooring, St Catherine's will seek quotes for the removal and replacement of all, or part, of the flooring (as necessary). Once obtained, St Catherine's will discuss with third part funding agency to secure appropriate funding for the upgrade works.

Time-scale;

1. 12th November 2021 - Complete
2. 12th November 2021 - Complete
3. 1st October 2021 - Complete
4. 31st March 2022
5. 15th October 2021 - Complete
6. 31st March 2022

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. Following inspection, the Person-In-Charge created a new risk assessment relating to fire doors not closing properly; incl. appropriate control measures, and time-scales for corrective action.
2. Through our internal process of monthly fire drills, St Catherine's identified an issue with three fire doors closers. St Catherine's engaged a third party contractor and following an additional on-site assessment, six door closers were identified for fire safety upgrade works. The installation of 6 x 24V heavy duty hold open devices in high-footfall areas was completed on 7th October 2021.
3. As an additional safety assurance measure, St Catherine's subsequently engaged an external fire safety consultant to conduct a full review of upgraded fire doors in the designated centre. The quality assurance report, received on 4th November 2021 for an assessment conducted on 19th October 2021, identified further minor upgrade works required on 9 doors and suggested minor maintenance works to correct all issues. The consultant provided the following assurances; "The fire door upgrades works ... do not

render the existing fire doors inadequate. The fire doors in their current state are still capable of being effective in a fire situation". All deficits were referred to the St Catherine's maintenance department for corrective action, and all upgrade works were completed on 15th November 2021.

4. The Person-In-Charge will revise and update existing internal housekeeping audits checks to ensure protected corridors and emergency escape routes are routinely checked and free from any potential obstructions / trip hazards.

5. The Person-In-Charge erected an emergency safety notice on the inside of the external garden gate with details of the required code to safeguard all staff being aware of the code in an emergency situation.

Time-scales;

1. 11th November 2021 - Complete
2. 7th October 2021 – Complete
3. 15th November 2021 - Complete
4. 12th November 2021 - Complete
5. 4th October 2021 - Complete

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 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	05/01/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	30/09/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	17/12/2021
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the	Substantially Compliant	Yellow	15/11/2021

	service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	04/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/11/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any	Substantially Compliant	Yellow	31/03/2022

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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