



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

Issued by the Chief Inspector

Name of designated centre:	Breakfree Lodge
Name of provider:	Enable Ireland Disability Services Limited
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	18 January 2022
Centre ID:	OSV-0002031
Fieldwork ID:	MON-0034183

About the designated centre

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

Breakfree Lodge provides a full-time and respite service to a maximum of four adults. In its stated objectives, the provider strives to provide each resident with a safe home and with a service that promotes inclusion, independence and personal life satisfaction. Residents have day services each day and transport is available to facilitate day service activities. Residents present with a broad range of needs in the context of their disability and the service aims to have the arrangements in place to meet these needs. The premises is a bungalow style property located in a rural but populated area and is a short commute from a broad range of services and amenities. Each resident has their own bedroom. One bedroom has universally accessible ensuite facilities. Residents share communal, kitchen, dining and bathroom facilities. The model of care is social but given residents' assessed needs the staff team is comprised of social care and nursing staff under the guidance and direction of the person in charge. Ordinarily, there are two staff on duty during the day and during the night. Staffing arrangements are altered, depending on the mix of residents in the centre at any one time.

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 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 18 January 2022	09:45hrs to 16:45hrs	Mary Moore	Lead

What residents told us and what inspectors observed

Based on what the inspector observed, read and discussed, this was a person centred service where residents had the support that they needed to enjoy good health and a good quality of life. There was evidence of consistent and proactive management but some improvement were needed. For example, the provider needed to review the suitability of the available facilities to the service that was provided. More robust policy and procedures were needed in relation to the management of residents' personal possessions and infection prevention and control practice.

This inspection was undertaken in the context of the ongoing requirement for measures to prevent the accidental introduction and onward transmission of COVID-19. Given the current reduced occupancy of the service there was sufficient space for the inspector to be safely based in the house.

Ordinarily, both residential and respite services were provided in this service. Respite services were suspended for reasons such as the recent requirement for the service to relocate to an alternative location. This was to facilitate maintenance works to the premises. Two residents received a full-time residential service; the inspector met both of these residents at intervals throughout the day.

Both residents engaged openly with the inspector and were happy to share details of their lives. Residents provided informed comprehensive feedback on life in general and on what life for them was like in the centre. It was evident from these discussions both residents were actively consulted with in relation to the recent relocation. Residents knew the relocation plan had been discussed and agreed with HIQA (Health Information and Quality Authority). Both residents said they were delighted to be back "home" and were extremely happy the works had been completed as planned and in time for them to return home for Christmas. There was evidence of consultation and resident input into the remedial works such as choosing tiles and the colours of fittings. Residents spoke of the benefits for them of the works completed. For example, the modifications made to the kitchen such as counters that were height adjustable. These modifications promoted accessibility and meant residents could actively engage in activities such as meal preparation and baking. The provider had installed doors in residents bedrooms to facilitate bed-evacuation by staff in the event of fire or other emergencies. Residents said that this was a much easier and safer procedure for them.

The works completed by the provider were pro-active and provided residents with a safer home better suited to their needs and abilities. However, the overall design and layout of the premises did not provide the facilities necessary to meet the arrangements in place in response to the number and the assessed needs of residents. There was insufficient space to accommodate staff on sleepover duty and

consequently communal space for residents was also used as a bedroom for staff. This will be discussed again in the main body of this report.

From what residents said residents were active participants in the planning and review of the care and support provided to them. Residents spoke of planned meetings with their keyworker to discuss and agree personal goals and objectives for 2022. Residents discussed a broad range of interests, activities and programmes that they accessed. Residents said these were all of their choosing and liking and, if they changed their mind they could say this and their decisions were respected. There was a very easy rapport between staff and residents and between both residents. As routines and excursions were discussed, the description was of mutually enjoyed trips and experiences. For example, one resident said that they enjoyed the drive with staff as much as the planned activity itself. Both residents discussed a very broad range of topics with the inspector throughout the day from music to history and politics.

However, it was also evident that life in the context of COVID-19 had at times been difficult and challenging. Restrictions had brought tremendous change to the full and active lives that residents led and to the dynamic of the house. Residents spoke openly about this and of the steps taken and the support provided to help them cope. Residents were aware of the significant risk that COVID-19 posed to their health and well-being, confirmed they had availed of vaccination and wore a face mask when out and about in their community. Residents were re-engaging with life but there was a natural residual caution in the context of current variants and restrictions. There were benefits too and residents spoke of these positives. One resident said that he spent less time now in the day service and very much enjoyed the additional time spent in the centre where he could relax in his own surroundings, listen to his music or interact with his digital assistants. These assistants were the source of much respectful banter and laughter during the day. Residents presented as comfortable with each other and respectful of their different interests and choices. Residents said that they "loved" living in the centre, they had no concerns they wished to raise or changes they would like to see made. One resident did say the house was better in the absence of the respite service as it caused "some disruption" to established routines. For example, the resident enjoyed having sole use of the main bathroom when respite services were suspended.

Residents spoke of family, the support received from family and access to family. The person in charge confirmed there were no barriers and there were systems for seeking feedback from families as to their views of the quality and safety of the service. However, how this feedback was sought, if it was sought and received was not included as required by the regulations in the providers annual review.

The provider had a range of systems in place designed to protect residents from the risk of infection and these have been effective in protecting residents from the risk of COVID-19. However, update and clarity of guidance and risk assessments better suited to the specific circumstances arising in this centre were needed to assure the safety of both residents and staff.

The next two sections of this report will present in more detail 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.

Capacity and capability

While improvement was needed, this was an effectively managed and overseen service. The provider was proactive in identifying and completing actions that improved the safety and quality of the service. The centre presented as adequately resourced. For example, the provider maintained adequate staffing levels and invested in the maintenance and improvement of the premises.

The person in charge was responsible for the-day to-day management and oversight of the service. The person in charge was supported in this by a staff nurse who worked on the staff team. The person in charge had responsibility for other services but these were local and the person in charge had an active presence in the house each week. The person in charge and the staff nurse worked collaboratively to ensure there was an active on-site management presence. The person in charge confirmed she also had good support from her line manager who was also based locally. The person in charge demonstrated good leadership and accountability for the service provided. The person in charge clearly understood the role of the regulator and was diligent in their communications with HIQA. For example, in relation to the requirement to temporarily relocate residents to an alternative location and any infection prevention and control concerns arising.

Systems of oversight included ongoing consultation with residents, staff meetings and staff supervisions, health and safety reviews and the regular review of risks and their control. In addition, the provider was also completing the annual and six-monthly service reviews required by the regulations. These reviews captured the challenges presented by COVID-19 and provided for consultation with staff and residents. The recorded feedback from residents was very positive and would reflect the feedback provided by residents during this HIQA inspection. The person in charge confirmed there were systems for seeking feedback from representatives. However, how and if this feedback was sought and if it had been received or not was not included in the most recent annual review.

There was solid evidence of how management and oversight was focused on assuring and improving the quality and safety of the service. For example, the premises and fire safety works that had recently been completed. The person in charge also told the inspector that there had been discussion and there were preliminary plans to reduce the overall occupancy of the service given the use of the communal room at night to provide sleeping accommodation for staff.

The person in charge discussed staffing challenges such as planned and unplanned absence but confirmed staffing levels were always maintained and consistency of

staffing was considered when compiling and maintaining the staff rota. The agreed staffing levels and this consistency were evident from the sample of staff rotas reviewed by the inspector. There were two staff on duty at all times by day and by night. These staffing levels provided for individuality but also ensured two staff members were on duty in response to assessed needs and risks such as providing safe support to residents during transfers. While not a nurse led service the staff skill-mix included nursing staff.

In consultation with the person in charge the inspector reviewed the record of training completed by staff. The inspector was satisfied that staff had completed baseline mandatory training such as in safeguarding, responding to behaviour that challenged and manual handling. Staff had also completed training in infection prevention and control, hand hygiene and how to put on and take off personal protective equipment. To enhance and support their knowledge and practice the provider was requesting staff to complete further training modules such as HIQA safeguarding and human rights modules and additional infection prevention and control training.

Regulation 14: Persons in charge

The person in charge worked full-time and had the skills, experience and qualifications required for the role. The person in charge was accessible to residents and had systems for ensuring residents were consulted with and for assuring the quality and safety of their service.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. A planned and actual staff rota was maintained showing the staff members on duty by day and by night and the hours that they worked.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that reflected their role, mandatory training requirements and residents' assessed needs. Staff attendance at baseline and refresher training was monitored.

Judgment: Compliant

Regulation 23: Governance and management

There was solid evidence of how management and oversight was focused on assuring and improving the quality and safety of the service. However, how and if feedback from representatives was sought and if it had been received or not, was not included in the most recent annual review.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Records seen confirmed that residents knew how to complain and who to complain to. A record was maintained of any complaint received, the actions taken in response and complainant satisfaction with the management of their complaint.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had in place the full range of policies and procedures required by Schedule 5 of the regulations. The policies were a combination of national and local procedures. They had all been reviewed within the previous three years.

Judgment: Compliant

Quality and safety

Resident well-being and quality of life was maintained by a good standard of person-centred, evidence based care and support. Residents confirmed they were active participants in their routines and in decisions about their care and support. However, improvements were required in systems underpinning infection prevention

and control practice and the management and oversight of resident's personal finances. The multi-disciplinary review (MDT) of the personal plan was overdue. The provider needed to review the suitability of the available facilities to the service provided and the arrangements in place.

One resident was happy for the inspector to review their personal plan. The inspector saw that the plan was about the resident and was based on an assessment of their needs, wishes and choices. The plan provided good guidance for staff on the resident's preferred daily routine and the care and support needed so that the resident continued to enjoy good health and a good quality of life. The resident confirmed they had input into their plan and good control over decisions about their support and their personal goals and objectives.

The plan included the plans for meeting any identified health care needs. These plans were informed by the nursing assessment, advice and care that was available in the centre. For example, the inspector saw that plans such as plans for maintaining skin integrity were informed by the completion of evidence based nursing assessment tools. Residents were provided with the equipment that they needed for their comfort and well-being such as pressure relieving equipment, ceiling track hoists and slings appropriate to the transfer task. From the plan the inspector saw that residents had access to the clinicians and services that they needed such as their general practitioner (GP), pharmacist, physiotherapist, dentist and specialist hospital services. There was evidence of clinical input such as in the plan for movement techniques in resident care and the use of interventions that had a restrictive dimension such as bedrails. Residents were encouraged to understand and where possible manage their own health care needs. For example, the inspector saw that residents checked their own temperature while staff recorded the reading.

The plan was kept under review by staff and had been updated. However, the person in charge confirmed the MDT review of the personal plan normally undertaken on an annual basis was overdue.

As mentioned in the opening section of this report the pandemic, required restrictions and changes had brought challenges for residents. The person in charge described the actions taken to support residents to manage and develop their resilience and coping strategies. Residents confirmed the clinical and therapeutic support they received. Residents had access to counselling services when and if they choose to avail of them.

Any restrictions in place were in response to the assessed clinical needs of the residents. Risk assessments set out the indications for their use and their safe use. For example, the use of bedrails where there was a risk of falling from bed and the use of clinically prescribed devices to ensure safe and comfortable posture.

Residents told the inspector that they were very happy living in the centre and it was home. A resident said they would, could and did say if they were not happy. The inspector saw from records such as complaints and safeguarding plans that the provider acted to safeguard residents in response to any concerns raised. The designated safeguarding officer and the confidential recipient were reported to have

both visited the centre to introduce themselves to residents. Residents were advised of the availability if needed of independent advocacy services.

The provider had in place the full range of policies and procedures required by Schedule 5 of the regulations. The suite of policies included overarching safeguarding policy and other policies that had a safeguarding dimension such as the policy on resident's personal property, personal finances and possessions. This policy stated local procedures were to be put in place setting out local controls such as designated staff and reporting responsibilities. The local procedures in place did not adequately reflect the requirements of the national policy. Local procedures were specific to the respite aspect of the service and did not address local financial procedures with respect to full-time residential residents.

There was evidence of proactive fire safety management systems. The inspector saw that the provider had used the temporary relocation of the service as an opportunity to improve its fire safety systems. This included the provision of doors that facilitated bed evacuation from two bedrooms. On return to the centre staff had simulated a drill so as to familiarise themselves and test the bed evacuation procedure. There were adequate arrangements in place for the detection, containment and extinguishing of fires and, equipment was regularly serviced. This included servicing on the completion of the recent remedial works. One self-closing device was not fitted. The resident confirmed the original device had impeded his ability to independently access his bedroom. The person in charge confirmed that a device that promoted accessibility but also ensured the fire-resistant door would close had been sourced and as awaited. Staff and residents took part in successful fire drills at scheduled intervals.

As stated in the opening section of this report the provider had commissioned a range of premises improvement works that enhanced the accessibility, safety and quality of the premises. Residents said that they loved their home and actively participated in decisions about its maintenance and upkeep. However, the premises did not provide the amount of overall sleeping accommodation needed in the context of the number of residents that could be accommodated and the staffing arrangements in place to meet their assessed needs. There were two staff members on sleepover duty each night but only one staff bedroom. The residents' communal accommodation was used as a staff bedroom at night.

The person in charge maintained a register of risks and arrangements were in place for reviewing risks, their control and identifying any new risks arising. For example, monthly reviews were completed to identify any new hazards and there were structured health and safety meetings where issues such as fire safety and manual handling tasks were reviewed. The personal plan contained a range of risk assessments including clinical risk assessments. There was a culture of balancing residents' rights and risks. Other than national restrictions imposed on all citizens to manage the risk of COVID-19 there was no evidence of controls that impacted negatively on residents' rights or quality of life. For example, there was a suite of risk assessments in place describing the risk and the controls in place so that

residents could safely access services, amenities and, meet with family and friends in the context of COVID-19.

There was much evidence of vigilance and good infection prevention and control practice that has protected residents from the risk of COVID-19. However, all practice observed in relation to the use of face-masks by staff was not in keeping with recently issued national guidance. Updated guidance in response to the increased risk of transmission requires the use of a respirator mask in all care settings for all care activities even where there is no clinical suspicion of COVID-19. The person in charge advised the inspector that there were barriers to the use of both surgical and respirator face masks and occupational health advice was available and had been sought. There was evidence of the use of alternatives to surgical and respirator masks. However, based on the records seen by the inspector these reported barriers, the possible increased risk to residents and staff of transmission and exposure and, any further mitigating controls that might be needed were not adequately addressed in risk assessments and plans such as plans for responding to suspected or confirmed COVID-19. There was evidence of the communication of changes made to national and local infection prevention and control guidance. However, the folder of COVID-19 information available in the centre contained guidance that had been retired. At verbal feedback of the inspection findings the person in charge was asked to prioritise and risk assess these findings particularly given the very high risk category resident profile. The person in charge provided written assurances the following day of actions taken in response including seeking further occupational health advice and guidance.

Regulation 10: Communication

Both residents were effective verbal communicators. Residents had an interest in and had access to a broad range of media such as television, radio, computer tablets, the Internet and digital assistants.

Judgment: Compliant

Regulation 12: Personal possessions

The local procedures for the management and oversight of resident's personal finances did not adequately reflect the requirements of the overarching policy. Local procedures were specific to the respite aspect of the service and did not address procedures with respect to the finances of full-time residential residents.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents had access to a broad range of facilities and amenities and had meaningful opportunities to participate in activities in accordance with their interests, abilities and choices. For example, residents spoke of their enjoyment of local swimming pools, coffee shops and retail outlets. Residents spoke of trips they had enjoyed such as to Glasnevin Cemetery and amenities such as a local beach that provided accessible facilities they could access and enjoy. Residents also spoke of what they missed such as going to concerts and planned trips that were cancelled due to COVID-19. Staff were proud of what residents had achieved. Prompted by staff a resident spoke of the book they had written and published. A resident discussed the opportunity he had to work with a local radio station. Both residents were proud and appreciative of the generosity of time and spirit shown to them by many public figures as residents pursued their goals and objectives.

Judgment: Compliant

Regulation 17: Premises

The premises did not provide the amount of sleeping accommodation needed in the context of the number of residents that could be accommodated and the staffing arrangements in place to meet residents' assessed needs. There were two staff members on sleepover duty each night but only one staff bedroom. Consequently, resident communal accommodation as indicated on floor plans submitted to HIQA was also used as a staff bedroom at night.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Both residents confirmed they enjoyed the meals provided as they agreed and planned the weekly menu together and with staff. Residents confirmed that they each had allocated days for participating in the preparation of meals and baking. Residents showed the inspector the adaptations made to the kitchen so that facilities such as counter height and the level of the cooker were better suited to their needs.

Judgment: Compliant

Regulation 26: Risk management procedures
There were systems in place for the identification, assessment, management and regular review of risks and their control.
Judgment: Compliant
Regulation 27: Protection against infection
There were reported centre specific barriers to the implementation of national guidance. This, and any further mitigating controls that might be needed was not adequately addressed in risk assessments and plans seen such as plans for responding to suspected or confirmed COVID-19. There was evidence of the communication of changes made to national and local guidance. However, the folder of COVID-19 information available in the centre contained guidance that had been retired.
Judgment: Substantially compliant
Regulation 28: Fire precautions
The provider had adequate fire safety systems in place. The provider had been proactive in completing works to improve its procedures for evacuating residents in the event of fire or other such emergency.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The personal plan was kept under review by staff and had been updated. However, the person in charge confirmed the MDT review of the personal plan normally undertaken on an annual basis was overdue.
Judgment: Substantially compliant
Regulation 6: Health care

Resident health and well-being was maintained by a good standard of person-centred, evidence based care and support. Residents had access to the services and the clinicians that they needed so as to enjoy good health. Residents were supported to understand and where possible manage their own health care needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents received therapeutic support and care to help them cope with challenges and demands that presented. Residents enjoyed minimal restrictions in their routines and choices other than those needed for their safety and well-being.

Judgment: Compliant

Regulation 8: Protection

The provider had safeguarding policies and procedures and took appropriate action in response to any concerns arising.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were actively involved in decisions about the services they received. Residents were seen to be active participants in the running their own home. Their individuality, rights and independence were promoted and respected. Their choices were respected and staff were proud of the achievements of residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
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	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Breakfree Lodge OSV-0002031

Inspection ID: MON-0034183

Date of inspection: 18/01/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>PIC has sent out questionnaire to residents family and will amend Annual report to reflect their response. Questionnaires sent out to two residents – one received back and PIC will amend annual report to reflect this response. To be completed by 28th February 2022</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>National Policy on Managing Service Owner Personal Property And Finances In Residential and Respite Services currently being reviewed, feedback due in 21st February 22. PIC is currently following up with residents and staff in drawing up a local policy that ensures systems are in place to monitor and safeguard how service owners are supported to manage their personal property and/or finances. To be completed by 28th February 2022</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
 We have reviewed the premises in line with floor plans, service needs, service user needs, staff needs. We propose a change in our statement of purpose to reduce our max capacity from 4 to 3 beds – two residential, one respite and therefore use the bedroom (Room 2) as second sleepover room for staff. This entails some work in changing around the rooms, reorganizing items/storage and will be achieved by 31st March 2022. We will submit an application by 10.3.22 to vary the SOP to reflect the reduced bed capacity

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 Risk assessment and guidelines were immediately reviewed with Health and safety rep from national group, we have implemented that staff are wearing masks FFP2's at all times when in the company of residents. Staff have been instructed to eat/drink separately to residents do that any risk of transmission of the virus is mitigated. Completed 19.1.22. Those staff that have stated they are unable to tolerate FFP2's due to medical issues have been referred to occupational health. Referral was made to HIQA Infection Control Hub who also advised referral to OH. In the meantime Staff have been advised to be diligent in their infection control procedures and wear the PPE, surgical masks that has been risk assessed with them completed 31.1.22. Further advise from OH is currently being sought appointments arranged for second week of February and advise will be implemented as soon as received – 31.3.22

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
 Nurse has met with the residents and MDT's conducted 7.2.22 - completed

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	28/02/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph	Substantially Compliant	Yellow	28/02/2022

	(d) shall provide for consultation with residents and their representatives.			
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	19/01/2022
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	07/02/2022