Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cairdeas
Name of provider:	RehabCare
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	15 June 2022
Centre ID:	OSV-0002651
Fieldwork ID:	MON-0028282

About the designated centre

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

This designated centre provides a respite service for persons with a physical or sensory disability. A maximum of six persons can be accommodated at any one time. The premises are purpose built on a campus operated by the provider where other unrelated services are provided. The centre is a relatively short commute from the city and transport is provided. Each resident has their own bedroom for the duration of the respite stay, bathrooms are shared between two residents. The service is funded to open 243 nights per year and the opening times and the duration of the respite stay can vary according to individual requirements. When open the service is staffed on a 24 hour basis and the staff team is comprised of the person in charge, team leader, care workers and nursing staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 June 2022	09:20hrs to 17:40hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

The centre was a purpose-built single-storey building where a residential respite service was provided to adults with physical and sensory disabilities. The centre could accommodate up to six residents at a time. Over 50 people accessed the service throughout the year. Residents were typically offered four to six stays in the centre each year, staying for either five or seven days at a time. The designated centre was designed with the needs and requirements of the resident group in mind. It was located on a campus operated by the provider. The other services on the campus were not related to the service provided in this centre.

This was an announced inspection. On arrival, the inspector met with the person in charge. In the course of the inspection they also met with the team leader and one of the persons participating in management. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control (IPC) procedures were in place. The inspector and all staff adhered to these throughout the inspection. On the day of inspection there were five residents staying in the centre. The inspector had the opportunity to meet with four of them.

The centre was observed to be clean and decorated in a homely manner with pictures on many of the walls. There was a spacious, well-equipped kitchen and dining area with lots of storage available. The area also included a computer that was available for residents to use. The accessible design of the building and the fittings installed allowed for residents to participate in cooking, laundry and other daily tasks if they wished. There were no restrictive practices used in the centre. There was a large television, books and puzzles available in the living room area, as well as a suite of comfortable furniture. The layout of the building meant that each bedroom had shared access to an ensuite bathroom. Residents could also access a larger communal bathroom. When walking around the centre some areas requiring maintenance were observed. Some damaged surfaces, including torn upholstery on a chair in the kitchen and the flooring in a number of rooms, required either repair or replacement.

While in the centre, the inspector saw a brochure that had been prepared regarding the designated centre. The provider was required to submit this to HIQA (Health Information and Quality Authority) to support their application to register this centre.

On the day of this inspection, five resident bedrooms were in use. The provider had gradually increased the number of residents accommodated in the centre at any one time since the last HIQA inspection in July 2021 and had recently begun to operate again at full capacity. This was in line with the easing of national restrictions and revised public health guidance regarding the COVID-19 pandemic.

As was found on the last inspection of this centre, it was clear that the needs and preferences of the residents were central to how support was provided. Days in the

centre were organised around what residents wanted to do and any support needs they had.

The inspector met with four of the five residents staying in the centre. These residents had arrived in the centre the previous Monday and were due to return to their family homes in the coming days. All four residents had positive things to say about the centre, their time spent there, and the staff team. Two residents separately told the inspector that staff in the centre would bend over backwards to help.

The inspector met with one resident not long after they arrived in the centre. This resident had enjoyed many visits to the centre and was very positive about the services provided and the 'royal treatment' they received from staff. They had very clear ideas about how they wished to spend their days while there and there had never been any issue with these requests being met. They never had any cause for complaint and felt confident that if they did any matter would be addressed. It was clear that very warm relationships had been developed between this resident and members of the staff team.

The inspector spent some time in the kitchen area while residents were there. One of the residents had met with the inspector the previous July. They remained positive about their experiences in the centre and spoke with the inspector about what they had been doing in recent days.

Later the inspector met with two other residents in a one-to-one setting. Again these residents were positive about their experiences. One resident discussed a matter they had raised with management and how they had been kept up to date with the plans to address the issue ever since. Residents advised that they chose what they did with their time and staff always supported any requests they had. A resident told the inspector that they had spent time in the centre with different groups of people and had always enjoyed their company.

As well as spending time with the residents in the centre and speaking with some staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the two most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The centre's complaints log was reviewed and while improvements were noted since the last inspection, further information was required in the records maintained in the centre. The medication management processes in the centre were also reviewed with a member of staff. The inspector also looked at a sample of residents' individual files. These included residents' personal development plans, healthcare and other support plans. Some areas for improvement were identified and will be outlined in the remainder of this report.

As this was an announced inspection, resident questionnaires were sent to the provider in advance. Six questionnaires were completed by residents. Overall the feedback received was very positive, with many respondents stating there was

nothing they would change about the service provided. One resident advised that they always had a good time whenever they stayed in the centre. Residents reported that they were happy with the supports provided and felt safe. Residents were positive about staff, with one resident describing them as the best thing about the centre. Residents were also positive about the other people accessing the service, mentioning the craic they enjoyed together. Residents outlined a broad range of activities they enjoyed while staying in the centre. These included going to the cinema, out for coffee, shopping, day trips and sporting events, beauty treatments, music and bingo. The only areas highlighted for improvement related to the physical environment. One resident mentioned that they would prefer a larger bathroom and another reported a wish for the door frames in the centre to be wider. Other documents reviewed in the course of the inspection referenced residents suggesting automatic doors be installed as the ones in place were very heavy. There was evidence that management were linking in with suppliers to get quotes for doors that would be easier for residents to open and close.

The provider maintained a record of compliments received regarding the services provided in the centre. These were overwhelmingly positive with residents reporting their appreciation for the staff team and the 'wonderful service' they provided. The food provided was praised, as were the activities and outings. One resident described how they 'felt lucky' to have met the staff.

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 living in the centre

Capacity and capability

There were strong management arrangements in place that ensured residents were provided with a high-quality, safe service tailored to their individual needs. Management systems ensured that audits and other effective oversight systems were implemented in the centre. There was strong leadership and effective day-to-day management in the centre. The centre was staffed by a committed and consistent team.

The person in charge had been in the role since August 2016. As well as managing this centre they also managed another service in Limerick city. The lines of reporting and accountability were clear in the centre. All staff reported to the team leader, who reported to the person in charge, who reported to one of the persons participating in management. The staff team included a team leader, care assistants and nursing staff. There were no current vacancies. The team leader worked full-time in this centre. They had protected administration time and also provided direct support to residents. They worked across the seven day week which provided all staff with opportunities for management supervision and support. Meetings were

held regularly in the centre. Records indicated that these involved planning and review of residents' stays and a wide variety of other topics relevant to the delivery of a quality service.

Management explained to the inspector that due to an adverse event in March 2022, staff in the centre did not have full access to their digitally stored information and documents. Additional resources had been deployed to recreate some documents and templates. At the time of this inspection, there was no adverse impact on the service provided to residents noted as a result of this incident.

There was evidence that the provider had completed all actions outlined in the compliance plan submitted following the most recent HIQA inspection of the centre in July 2021. This included ensuring that all members of the staff team, including the person in charge, received one-to-one supervision in line with the provider's own policy.

The provider had completed an annual review and unannounced visits every six months to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in September 2021. This involved consultation with residents and with a relative of one resident. As was found during this inspection, all feedback received was positive. Two actions were generated following this review. There was evidence that both had since been completed. Of note, the annual review addressed only nine regulations identified by the provider. When asked about this narrow focus, management advised that this system was currently under review by the provider. Unannounced visits had taken place in July 2021 and again in January 2022. Findings outlined following the first of these visits regarding the COVID-19 contingency plan were similar to those identified on this inspection. These will be outlined further in the next section of this report. Aside from this matter, there was evidence that all other areas requiring improvement highlighted during these visits had been addressed.

Staffing levels in the centre were adjusted based on the needs and number of residents staying in the centre at the time. Management informed the inspector that at a minimum there would be three staff working in the centre during the day, with two staff working by night. One staff completed a sleepover shift, while the other remained awake. The inspector examined the actual roster of a week selected at random and found that these staffing levels were provided at all times. When reviewing staff training records, it was identified that all members of the staff team were up to date with mandatory training.

The inspector reviewed the centre's statement of purpose. This is an important document that sets out information about the centre including the types of service and facilities provided, the resident profile, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations. Some additional information was required in this document to meet the requirements of the regulations. These included ensuring that all members of the management team referenced in the provider's application to register the centre were reflected in the document.

There was a local and a national complaints officer in place. Their photos were on display in the designated centre. The inspector reviewed the centre's complaints and compliments log. Far more compliments had been recorded than complaints. Any complaints that had been made had been addressed in a timely manner. Although planned responses were noted, it was not clear from the records reviewed what actions had been completed in response to complaints made. It was also not always clear if complainants were satisfied with the outcome of their complaints.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to register this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills, qualifications and experience necessary to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. There was a planned and actual staff rota in place. Residents received continuity of care and support from a consistent staff team. Staff personnel files were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training. All staff had recently attended the trainings identified as mandatory in the regulations. The provider's staff supervision policy was implemented in the centre. The team leader worked across the seven day week in the centre ensuring all staff working in the centre had access to management support and supervision.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was in place and met the requirements of this regulation.

Judgment: Compliant

Regulation 21: Records

This regulation was not inspected in full. The dates that residents were first admitted to the designated centre were not always recorded. This is a requirement of this regulation.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider ensured that insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

The provider had sufficiently resourced the centre to ensure the effective delivery of care and support. There was a clearly defined management structure and effective management systems in place. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed. There was evidence that where issues had been identified, actions were completed to address these matters. It was noted that the scope of the annual review was very narrow, with only nine of the 34 regulations assessed. Management advised that this system was being reviewed at an organisational level.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Signed, written agreements were in place regarding the terms on which residents stayed in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure all information was up to date and accurate, including the names of all of the persons participating in management and their role in the organisational structure of the designated centre. It was also required to outline that the person in charge was employed on a full-time basis. Clarity was also required regarding the staffing arrangements and the arrangements in place should a resident present as unwell / with symptoms of COVID-19 during their stay. Additional information was also required regarding the emergency procedures in the designated centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Some notifications had been submitted outside the time frame specified in this regulation. This had been identified by the provider and the notifications were submitted retrospectively.

Judgment: Not compliant

Regulation 34: Complaints procedure

There was evidence that any complaints made were investigated promptly. The record of complaints required improvement to clearly document the actions taken on foot of a complaint and whether or not the complainant was satisfied.

Judgment: Substantially compliant

Quality and safety

The inspector found that the quality and safety of care and support provided was maintained to a high standard. A review of documentation and the inspector's observations indicated that residents' rights were promoted and the service provided was tailored to the needs and preferences of whoever was staying in the centre at any one time. Residents were very positive about the time they spent in the centre and received a high quality, individualised service. This was clearly communicated to the inspector by the residents they met with and in residents' feedback documented at the end of their visits, in the centre's compliments log and in the questionnaires distributed in advance of this inspection.

The inspector reviewed a sample of the residents' assessments and personal plans. These provided guidance to staff members on the various supports to be provided to residents while they stayed in the centre. Information was available regarding residents' interests, likes and dislikes, daily support needs including any aids or equipment used, communication abilities and preferences, sleep routines and preferences, healthcare and medication support needs and other person-specific needs that may apply such as mealtime or financial support plans. Prior to a resident's stay in the centre, the resident or their representative was contacted to assess if any changes had occurred that needed to be reflected in their personal plan. These changes were then added with as much input from the resident as possible either in advance or during the visit. From the sample reviewed there was evidence of regular review, and where appropriate, updating of personal plans. There was one exception noted where a support plan had not been reviewed in the previous 12 months, despite the resident staying in the centre during that time. Each resident's personal plan also included a personal emergency evacuation plan (PEEP) for staff to implement should a fire or other emergency occur. Some of these plans required review to ensure that the staffing support levels outlined were consistent with those in residents' mobility support plans.

At the beginning and end of each visit, each resident was supported to complete an admission and discharge form. This documents the resident's plan for their stay, including any activities they wish to participate in. Prior to leaving, any activities that occurred are noted and there is also an opportunity to document feedback on the service provided. In the sample reviewed by the inspector, in the majority of cases,

activities requested or planned at the outset of a resident's stay in the centre took place. However, where planned activities did not take place, it was not documented why they had not occurred.

As residents stayed in the centre for short periods of time, they did not often have visitors. When reviewing one person's admission and discharge form it was noted that staff had supported them to meet relatives for a meal in a restaurant. Most residents maintained contact with their families independently. Wireless internet access was available in the centre to support this.

The inspector reviewed the medication management processes in place in the centre with one of the staff members. This staff member was very knowledgeable about the systems in place. Assessments had been completed regarding residents' ability to manage their own medication and many residents were independent in this area. Others had been assessed as requiring some support and how this was to be provided was clearly documented. If medicines were to be administered by staff, they were stored in a secure, dedicated area of one room, with six separate designated storage spaces. This room was clean and had an uncluttered counter space available to prepare residents' medications. A medication fridge was available and the temperature was monitored nightly. A medications audit had been completed in January 2022 and no areas requiring improvement had been identified. There were clear processes in place regarding the ordering, receipt, prescribing, storing, disposal and administration of medicines. A member of staff guided the inspector through these processes and the checks implemented to reduce the risk of any medication errors. In the course of this discussion and demonstration it was identified that there were inconsistent practices when checking the number and types of medications residents brought with them on admission to the centre. If medications were provided in blister packs the number of compartments was counted, whereas medication in other containers was counted individually with the dose and type of medication also checked against the resident's prescription. The risk of error therefore appeared higher for those whose medication was supplied in one format over another. A review also identified that the administration record for a medicine that was due to have been administered the previous night had not been signed, in line with the provider's own procedures.

The inspector reviewed the systems in place regarding the prevention and control of healthcare associated infections, including COVID-19. Information regarding COVID-19 was available in the centre and included recent guidance issued by public health. A self-assessment regarding planning and infection prevention and control (IPC) had been recently reviewed. An IPC audit had been completed by the provider two weeks prior to this inspection. There was evidence that actions generated from this were completed or were being progressed. Staff had completed IPC training. The inspector reviewed the COVID-19 contingency plan in place. Revision was required to this plan now that the centre had returned to operating at full capacity. The plan also needed to reflect the specific arrangements and service provided in this centre.

As outlined previously, the centre was observed to be clean on the day of inspection. Cleaning schedules were in place. The provider employed the services of a cleaning company one day a week. The staff team were also responsible for

cleaning duties. Some damaged surfaces were observed throughout the centre. These included flooring in a number of rooms and some furniture covers. As a result it would not be possible to effectively clean these surfaces. The utility room was used for the storage of cleaning equipment, some household items and laundry facilities. This room was clean and well-organised. A colour-coded cleaning system was implemented in the centre for the use of specific equipment in certain areas so as to prevent cross contamination. A cleaning folder was stored in another room which included checklists that were completed daily. The implementation of these various systems ensured that residents were supported in a clean environment.

Regulation 11: Visits

Residents were free to receive visitors if they wished and communal facilities were available to facilitate this. Given the nature of the service provided in the centre, residents did not typically have visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and retained control of their personal property, possessions and finances while in the centre. Where support was required, there were systems in place to meet these needs.

Judgment: Compliant

Regulation 13: General welfare and development

Residents had access and opportunities to engage in activities in line with their preferences, interests and expressed wishes. Activities were available in the centre and the local community. If requested, residents were supported to attend education, training or employment commitments.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs and objectives of the

service and the number and assessed needs of residents. There was adequate private and communal accommodation. Rooms were of a suitable size and layout for residents and included suitable storage arrangements. Equipment and facilities were provided to meet residents' assessed needs. The centre was kept in a good state of repair, however some maintenance issues including a broken lock on a bedroom door, damaged tiles and damaged units in the utility room needed to be addressed.

Judgment: Substantially compliant

Regulation 20: Information for residents

The guide prepared for residents required revision to reflect the terms and conditions related to staying in the centre, including any associated costs, and the arrangements for visits. Additional information was also required regarding the complaints processes and the arrangements for residents' involvement in the running of the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Procedures had been adopted to ensure residents were protected from healthcare-associated infections including COVID-19. All staff had recently completed training in infection prevention and control and hand hygiene. The COVID-19 contingency plan required review to ensure that it was reflective of, and specific to, this centre. The centre was observed to be clean. However some damaged surfaces were observed throughout. These included torn upholstery on furniture, marked flooring in bedrooms and damaged flooring in the utility room. It would not be possible to effectively clean these surfaces.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that appropriate practices relating to the ordering, prescribing, storage, disposal and administration of medicines were implemented in the centre. Some improvements were required to ensure that, in line with the provider's own policy, all records relating to medicines administered by staff were signed. Some improvement was required to ensure that practices regarding the receipt of medications were consistent. Residents who wished to were encouraged

to take responsibility for their own medication. Assessments have been completed to support residents' independence in this area.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment and personal plan in place. However, not all support plans had been reviewed in the last 12 months, despite residents staying in the centre during that time. Residents' personal emergency evacuation plans (PEEPs) required review to ensure the staff support levels required by each resident to safely evacuate were accurate. Residents outlined what they would like to achieve during each stay on their arrival to the centre. While these goals were achieved in the majority of plans reviewed by the inspector, it was not always noted why planned or requested activities had not taken place during a resident's stay.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. Nursing staff were rostered to support residents where this had been assessed as necessary due to their healthcare needs.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre at the time of this inspection. All staff had received appropriate training in relation to safeguarding residents and the prevention, detection, and response to abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was operated in a manner that respected each residents' human rights. Each resident received a service tailored to their individual needs, preferences and

requests. Residents were encouraged and supported to exercise choice and control while staying in the centre.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant

Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Cairdeas OSV-0002651

Inspection ID: MON-0028282

Date of inspection: 15/06/2022

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Due to cyber- attack in Mar 2022 existing documentation and templates were not all accessible at the time of Inspection. While much of the supporting documentation on individuals' files was recreated, detail on individuals' initial assessment and first admission to the service will be available once access to main platform has been restored	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The organizational annual review was reviewed in November 2021; it has been broadened to include further regulations for the purpose of annual reviews.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose for the service has been updated to include the following	

(15/08/22):

• PIC employed on a full time basis
• Clarity/inclusion on all PPIM roles
• Arrangements for respecting dignity within the service
• Further details on therapeutic interventions
• Arrangements if an individual should become unwell, covid 19 or otherwise
• Emergency procedures should the service become inhabitable.

Regulation 31: Notification of incidents	Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
In order to address this non- compliance regarding notification of incidents, the team leader of the service has been added as a user to the HIQA portal (08/08/22)

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaints log has been amended to reflect all actions taken to address the complaint and detail the complainant's satisfaction/dissatisfaction at the outcome week ending (14/08/22)

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The broken lock on the door of bedroom 2, the broken tile in the foyer as you enter the building and the press in the utility have all been repaired week ending Aug 14th 2022

Regulation 20: Information for residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 20: Information for residents:
The Residents Guide has been reviewed and updated to include the following:
• Cost of service
• Arrangements for visiting the service
• Complaints process
• Residents' involvement in running the service (09/08/22)

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The covid 19 contingency plan has been updated to reflect protocols in the event a service user is suspected of being covid positive. This includes detail on monitoring/treating the individuals' symptoms, isolation procedures and guidance for staff until such time as the individual can return home.

The seat of the armchair in the kitchen to be replaced and the unit in the utility room was repaired week ending (14/08/22).

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Practice regarding administration of medication to be revisited with all staff at staff team meeting scheduled for Aug 30th.

The receipt of medication protocols currently being reviewed to ensure mitigation against error, going forward all medication to include medication in blister packs will be counted (09/08/22)

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
Team meeting scheduled for Aug 30th will include discussion on the following areas:

• PEEPS- staff to ensure all PEEPS reflect appropriate information

• Review of support plans to completed on each visit, if there are not any changes to an individuals' support needs then this should be reflected at the front of the Support plan

• Staff to ensure that when completing discharge templates with individuals after their stay the reasons for any activity/outing not taking place should be documented.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	14/08/2022
Regulation 20(2)(b)	The guide prepared under paragraph (1) shall include the terms and conditions relating to residency.	Substantially Compliant	Yellow	15/08/2022
Regulation 20(2)(c)	The guide prepared under paragraph (1) shall include arrangements for resident involvement in the running of the centre.	Substantially Compliant	Yellow	09/08/2022
Regulation 20(2)(e)	The guide prepared under paragraph (1) shall include the procedure	Substantially Compliant	Yellow	09/08/2022

	respecting complaints.			
Regulation 20(2)(f)	The guide prepared under paragraph (1) shall include arrangements for visits.	Substantially Compliant	Yellow	09/08/2022
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2022
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	Substantially Compliant	Yellow	31/08/2022

	associated infections published by the Authority.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Substantially Compliant	Yellow	31/08/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/08/2022
Regulation 31(1)(b)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre.	Not Compliant	Orange	31/08/2022
Regulation 34(2)(f)	The registered provider shall ensure that the	Substantially Compliant	Yellow	14/08/2022

	nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.			
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/08/2022