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:	Oldcourt DC
Name of provider:	St John of God Community Services CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	25 January 2023
Centre ID:	OSV-0002878
Fieldwork ID:	MON-0029996

About the designated centre

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

Oldcourt DC is a designated centre operated by St. John of God Community Services CLG. Oldcourt DC consists of two community houses within a two mile radius of each other. One of the houses is a detached bungalow in a housing estate near a large town in Co. Wicklow. The house is situated within walking distance of local shops, the community centre, library, chemist, doctors surgery and a church. It is surrounded by a garden at the front and back. The house has four single bedrooms, with a sitting room, kitchen, staff office, and bathrooms. The second house is a detached two story house located in a different housing estate. Again this house is in close proximity to many local amenities. It has a small open garden to the front with side access to a large walled garden to the back. The house has four bedrooms, sitting room, conservatory, staff office and bathrooms. The aim of Oldcourt is to provide a residential service for adults with varied levels of intellectual disabilities. It aims to provide quality person centred care, promote independence, community participation and improve the quality of lives of residents. Oldcourt provides residential care 24 hours a day, seven days a week. The staff complement includes a person in charge, a social care leader, social care workers and staff nurses. Staffing levels are based on the support needs of the residents at a particular time and can be adjusted accordingly.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

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 25 January 2023	10:10hrs to 17:15hrs	Jennifer Deasy	Lead
Wednesday 25 January 2023	10:10hrs to 17:15hrs	Karen McLaughlin	Support

What residents told us and what inspectors observed

The inspectors had the opportunity to meet most of the residents who lived in the designated centre on the day of inspection. Some residents chose to engage with the inspectors and talked to them about their experiences of living in Oldcourt designated centre. Other residents preferred to continue with their daily routines. Unfortunately, resident questionnaires had not been completed in advance of the inspection and so these were unavailable for review by the inspectors.

The inspectors used interactions with residents, observations of care and support provided by staff, conversations with staff and a review of the documentation to form judgments on the quality of care being provided in the designated centre. The inspectors wore appropriate personal protective equipment (PPE) and maintained physical distancing as much as possible in interactions with residents and staff.

Overall, the inspectors saw that residents appeared comfortable in their homes and that they were supported by a staff team who knew their needs and their preferences well. However, the inspectors found that the management systems in the designated centre were ineffective at identifying and responding to risks to the safety of care in a comprehensive and timely manner. This will be discussed further in the capacity and capability section of the report.

Oldcourt designated centre is made up of two community based houses which are located a short distance from each other. One house was home to four men who were at home when the inspectors arrived. Due to the needs and expressed preferences of some of the residents, only one inspector entered this house initially. The residents greeted the inspector non-verbally and agreed that she could look around their home. The residents left shortly afterwards for community outings and the second inspector attended the house to continue the inspection.

Inspectors saw that this first house was in need of significant refurbishment. The kitchen was not maintained in a manner that supported accessibility for residents or effective infection prevention and control practices. The inspectors also identified significant risks to the containment of fire in this house and an urgent action was issued on the day of inspection in this regard. These issues will be discussed further in the quality and safety section of the report.

Some residents in this house told the inspectors what it was like living in Oldcourt. Residents said that they liked living there and that the staff were good. Residents spoke about their family visiting them and about their community activities. One resident showed the inspector a diary of their planned activities for the week ahead. The inspector saw that this resident had a wide range of social and recreational activities planned.

The first house had a back garden which was clean however the inspectors saw that

there were limited facilities for relaxation or recreation in the garden.

Inspectors attended the second house which made up the designated centre in the afternoon. This house was seen to be well-maintained and had sufficient communal and private space for the residents. However, inspectors identified risks to IPC in this house also. These risks will be discussed in the quality and safety section of the report.

Inspectors saw that the staff and resident interactions in this house were kind and caring. Staff were seen to be responsive to residents' communications including non-verbal communications. Residents were seen to be very comfortable in their home and accessed all areas of the house. This house had a large back garden which had a paved patio area and was equipped with a table and chairs so residents could enjoy their garden.

Staff spoken with in both houses were aware of the residents' needs and of their care plans. Most of the staff had worked in the designated centre for several years and knew the residents well. Staff were also knowledgeable regarding their safeguarding roles and responsibilities and described the measures in place to protect residents from abuse.

The next two sections of the report will present the findings of the inspection in relation to the governance and management arrangements in place and how these impacted on the quality and safety of care in the designated centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that significant enhancements were required to the oversight arrangements for the centre in order to ensure that the safety of care was being effectively monitored.

The provider had appointed a person in charge who had oversight for four designated centres including Oldcourt. Each designated centre had a social care lead who reported to the person in charge and supported them in their role. The social care lead had responsibility for completing local audits which were then reviewed by the person in charge at regular meetings. However, the inspectors saw that local audits were ineffective at identifying risks in the designated centre. For example, local IPC audits did not identify significant IPC risks which were found by the inspectors.

The provider had not completed a six monthly review of the quality and safety of care since April 2022. This audit had identified that a number of regulations were not compliant and that action was required in order to address these. The six monthly audit was used to update a quality enhancement plan (QEP) with the

required actions. However, the inspectors found that the actions set out on the QEP were insufficient to address the risks.

Furthermore, regulations which required action were marked as "compliant" and colour-coded green before the risk had been adequately addressed. This meant that the QEP was not effective in ensuring that risks were addressed or that long-standing and higher rated risks were escalated to the provider level.

The centre was staffed by a team which had the qualifications and skills as set out in their statement of purpose. There was one staff vacancy which was being filled by regular relief staff. This supported continuity of care for residents.

The staff team were in receipt of regular supervision and training. They were found to be knowledgeable regarding the residents' needs and their care plans. Staff reported that they felt supported in their roles.

The provider had submitted an application for renewal of the centre's certificate of registration along with the required fee. However, there were several errors on the application form and the statement of purpose which required review. The inspectors found that the statement of purpose had been updated and contained all of the information required by the regulations by the time of inspection.

The provider had also implemented policies as required by Schedule 5 of the regulations. However, when these were reviewed by the inspectors, they found that several of these were out-of-date. Additionally, some of the policies were insufficiently detailed to guide staff in their roles and responsibilities in these areas.

Registration Regulation 5: Application for registration or renewal of registration

An application to renew the centre's certificate of registration was received within the required time frame and was accompanied by the relevant fee.

However, there were several errors or omissions in the application form and the prescribed information which required review and resubmission by the provider before the application could be progressed.

These errors included:

- failure to fully complete all sections of the application form including providing information on whether a property was owned or leased and the age range of residents to be accommodated
- the statement of purpose required review to ensure it reflected the staffing whole time equivalents accurately.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The centre was staffed by a full-time person in charge who was suitably qualified and experienced. They were supernumerary to the roster. However, the person in charge's remit had increased since the last inspection. The inspectors were not assured that there were adequate systems in place to support the person in charge in fulfilling their regulatory responsibilities.

The person in charge had oversight of four designated centres which were made up of seven houses. This was an increase in the oversight responsibilities from the previous inspection when the person in charge was responsible for three designated centres. The person in charge informed the inspectors that they attended each designated centre at least every three weeks. A social care lead was nominated to oversee the daily running of the designated centre and to complete local audits.

However, the inspectors found that the systems in place to support the person in charge to maintain effective governance of the designated centre were ineffective. Audits were not sufficiently comprehensive to ensure that risks were identified and escalated to the person in charge. It was not evidenced that the person in charge was in attendance in the designated centre on a frequent enough basis to identify risks and to fulfill their regulatory responsibilities.

Judgment: Substantially compliant

Regulation 15: Staffing

There was a planned and actual roster in place in the designated centre. These were reviewed by the inspectors on the day of inspection. The inspectors saw that there was sufficient staff to meet the needs of the residents. Staffing levels were in line with the statement of purpose.

There was one vacancy in the designated centre at the time of inspection. This was being filled by regular relief staff and by permanent staff who worked flexi-time. This supported continuity of care for the residents.

Several of the staff files were reviewed and were found to contain the information as required by Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to regular supervision and support. There were regular staff meetings held which supported staff to stay up to date with important information regarding the residents' needs or the safety of care in the designated centre.

A training matrix was in place for the designated centre. The inspectors reviewed the matrix and found that all staff were were provided with training in line with residents' needs. The provider had identified specific mandatory training for staff, and offered refresher training on a routine basis. For example, in areas such as fire safety and manual handling. In the case of manual handling two staff required refreshers and had been scheduled for this quarter.

Judgment: Compliant

Regulation 22: Insurance

The provider had effected contracts of insurance against injury to residents and against loss or damage to property. Copies of these were submitted to the Chief Inspector in line with the regulations to support the application to renew the centre's certificate of registration.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors were not assured that the management systems and structures in place in the designated centre were effective in identifying and addressing risks.

The centre was run by a person in charge who had responsibility for several other designated centres. They were supported in their role by a social care lead in each designated centre. The social care lead had responsibility for completing local audits including infection prevention and control (IPC) audits which were then reviewed by the person in charge.

The inspectors saw that these audits were ineffective at identifying risks. It was not evidenced that the audits were sufficiently comprehensive or that the staff had received the necessary training and support in order to accurately complete them.

For example, an IPC audit identified that a hand washing sink was available in the kitchen. However, inspectors saw that this was a sink which was also used to prepare food. The risk of contamination to food had not been considered in the audit or risk assessed. Furthermore, these audits did not identify additional risks to IPC including ineffective laundry arrangements which were seen by the inspectors on the day of inspection.

The provider had not completed a six monthly audit within the six months prior to the inspection. The last six monthly audit was completed in April 2022. This audit was used by the person in charge to update the quality enhancement plan (QEP) for the designated centre. The inspectors saw that the quality enhancement plan did not accurately identify the presenting risks or the actions required to bring the centre into compliance.

For example, the six monthly audit had identified that there was damage to the kitchen presses. The quality enhancement plan then set out that the action required to address this was to inform the provider's maintenance department. This action was then colour coded green and marked as "complete". This did not reflect the level of risk, the actual action required or the impact that the poor premises was having on the quality of life for the residents. There was no timeframe in the QEP for when the premises work would be completed or when the action would be reviewed. Therefore, the QEP was not effective in driving service improvement.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had effected a statement of purpose which had been reviewed and was up-to-date.

The statement of purpose was reviewed on inspection and was found to contain the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had in place the policies as prescribed by Schedule 5 of the regulations. However, many of these were found to be out of date and required review.

Additionally, many of the policies were insufficiently detailed to guide staff in the management of risk including, for example, the provider's infection prevention and control policy.

Furthermore, the provider did not have a safeguarding policy which guided staff on the provider's organisational arrangements to manage safeguarding risks. The provider instead relied on the HSE safeguarding policy.

Judgment: Substantially compliant

Quality and safety

This section of the report details the quality of the service and how safe it was for the residents who lived in the designated centre. The inspectors found that, while the residents were in receipt of person-centred care which ensured their needs and preferences were met, there was significant enhancement required to ensure that this care was delivered in a safe environment.

The inspectors saw that there were several risks to the safety of residents in this designated centre. These risks were in the areas of premises, infection prevention and control (IPC) and fire. Many of these issues had been identified on previous inspections of the designated centre and a warning meeting and warning letter had been issued to the provider in the last cycle of registration. The inspectors saw that while these issues had been addressed in one of the houses, the learning had not transferred to the other house and similar risks had presented again.

An urgent action was issued verbally on the day of inspection, and in writing the following day, regarding the fire containment measures in the centre. The inspectors saw that actions identified from an audit in 2021 to enhance the containment measures in the designated centre had not been progressed in spite of this audit setting a six month time frame to address these. The inspectors saw that one house had insufficient fire doors. Additionally, inspectors were informed that automatic door closers were fitted but were then removed as residents were being bruised by these. Door closers were removed without a risk assessment or without considering options such as magnetic door holders.

The premises of one of the houses was in a poor state of repair. Significant maintenance was required to the kitchen, the flooring and the storage facilities. Many of the premises issues also presented a risk to IPC. For example, the kitchen was damaged and therefore could not be cleaned effectively.

Other IPC risks were identified, in particular, in relation to the laundry arrangements in the designated centre. Oldcourt designated centre had received an IPC inspection in 2022 and were found to be not compliant in regulation 27. The laundry arrangements had been highlighted in this inspection report as being ineffective in mitigating against the risk of spread of infection. The inspectors found that the arrangements remained ineffective and that there was a risk of transmission of infection among residents.

Residents did however, appear to be in receipt of quality care by the staff team. Resident files were reviewed and were found to contain an up-to-date assessment of need. These assessments of need informed comprehensive care plans which were written in a person-centred manner.

Inspectors saw that residents had opportunities to participate in activities which were meaningful to them. Many of the residents attended day services and participated in community activities.

There were some restrictive practices in place in the DC. These were regularly reviewed and were notified to the Chief Inspector in line with the regulations. Staff had received training in positive behaviour support and were aware of residents' behaviour support plans.

Staff were informed regarding their safeguarding responsibilities and were aware of how to report a safeguarding concern. Safeguarding incidents were notified to the relevant statutory authorities. The inspectors also saw that residents files contained up-to-date intimate care plans.

Overall, inspectors found that residents were in receipt of person-centred care and were supported by a knowledgeable staff team. However, this care was being delivered in an environment which presented significant risks to the health and well-being of residents. These risks had not been comprehensively identified by the provider and it was not evidenced that there was a time bound plan in place to identify known risks such as the poor upkeep of the premises.

Regulation 13: General welfare and development

The inspectors saw that residents had access to meaningful days.

Many of the residents attended day services, some on a part-time basis. There was a schedule of preferred activities in place for residents when they were not availing of day service including regular opportunities for individual activities with the support of staff. Many of these activities took place in their local community.

Judgment: Compliant

Regulation 17: Premises

The inspectors found that, while one house was generally well maintained, the other house was in a poor state of repair and required significant maintenance throughout. The premises issues were impacting on the safety of care and were presenting a risk to infection prevention and control. Specifically, the inspectors saw that:

- the kitchen was maintained in a poor state of repair. Kitchen presses were damaged internally and externally. Some handles of kitchen presses were

broken. The laminate counter top was damaged.
- flooring in the designated centre was damaged and required repair both downstairs and in residents' bedrooms.
- the utility room was small and cluttered. It was being used as a medication storage room at the time of inspection. The provider intended to move the washing machine and tumble dryer to the utility room however the inspectors were not assured that there was sufficient space in this room to function as both a utility and medication room.
- there was insufficient storage in one house. The inspectors saw that the conservatory was crowded with furniture. Some of this furniture was poorly maintained including a sofa which was seen to have exposed stuffing at the back of the seat pad.
- a computer desk in the dining room was unused. Unused equipment and documents were piled on top of this desk.
- the edging on the stairs was seen to be lifting. This presented a falls risk.
- it was not evident that the centre was equipped with all of the aids and appliances that residents required as per their assessed needs. The inspectors saw that one resident was waiting on bedrails and bedbumpers since at least October 2022 but had not received them by the time of the inspection.

Judgment: Not compliant

Regulation 20: Information for residents

A residents' guide was maintained in the designated centre and was available for review by the residents.

This document was reviewed by the inspectors and was found to contain all of the information as require by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

A risk policy was in place however this was found to be out of date and required review.

A risk register was maintained for the designated centre however the inspectors identified several risks to the health and safety of residents on the day of inspection which had not been identified by the provider. These included fire and infection prevention and control risks.

Some risk assessments on the risk register were insufficiently detailed and the control measures were ineffective or inappropriate. For example, one resident had been assessed as requiring bedrails and bedbumpers since at least October 2022. They had not received these by the time of inspection and the control measure detailed on their risk assessment to reduce the risk of falls from bed was found to be inappropriate and presented an additional IPC risk which had not been considered by the provider.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The inspectors saw that the arrangements in place in relation to infection prevention and control (IPC) in the designated centre were not in line with the national standards for infection prevention and control in community services. This centre had an IPC inspection in 2022 and was found to be not compliant in regulation 27. The inspectors found that the provider's compliance plan actions had been ineffective in addressing the IPC risks in the designated centre.

One of the houses that comprised the designated centre had significant premises issues which presented an IPC risk. These have been outlined under regulation 17. The inspectors saw that both of the houses had additional risks in IPC which were not known to the provider.

Risks identified included:

- ineffective laundry arrangements. Residents shared laundry baskets in both houses. Laundry was washed communally. This presented a risk of tranmission of infection. There were issues with soiled linen and with transmissable skin infections in this designated centre.
- residents in both houses shared bath mats. This presented a risk to residents as some residents presented with transmissable skin and nail infections. New, individual bath mats were purchased for residents in one of the houses on the day of inspection.
- laundry management protocols were ineffective in reducing the risk of transmission of infection
- the provider's IPC policy was insufficiently detailed to guide staff in the management of IPC risks
- the local IPC audit was ineffective as it did not comprehensively identify risks in the centre
- there was no outbreak management plan available to guide staff in the management of an outbreak of a transmissable infection.
- the COVID-19 outbreak management plan was out of date and was insufficiently detailed.
- residents' individual isolation plans were out of date and were not comprehensive. They did not reflect the actual arrangements to support

residents to isolate when diagnosed with a confirmed case of COVID-19. They also did not include information on the arrangements for food and nutrition and personal care.

- there were several pieces of furniture which were damaged and therefore could not be effectively cleaned. These included a couch in the conservatory which was found to have seat stuffing exposed and an armchair in the living room of one house which was peeling
- there were no separate hand towels or dish towels in the kitchen. The inspectors were informed that one towel was used for both drying dishes and drying hands
- there was no designated hand wash area in the kitchen
- disposable hand towels were located in the kitchen however they were located across the room from the sink. This was ineffective in supporting good hand hygiene for staff.
- the extractor fan in the kitchen was sticky and dusty.
- a mattress was propped between one resident's bed and the wall. The inspectors were informed that this was there to prevent the resident from getting injured. The mattress was uncovered and it was not clear where this mattress had been used before being placed in the resident's room. The uncovered mattress presented an IPC risk.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had not implemented appropriate arrangements to contain fire and to ensure that all residents could be evacuated in a timely manner. Under this regulation, the provider was required to submit an urgent compliance plan to address an urgent risk. The provider's response did provide assurance that the risk was adequately addressed.

A fire audit had been completed in 2021 in this designated centre subsequent to a not compliant finding in regulation 28 on a previous HIQA inspection. The inspectors saw that many actions from this audit had not been implemented or were implemented and then removed. For example, inspectors found that:

- fire doors had not been installed throughout the designated centre
- automatic door closers had not been fitted to doors. The inspectors were informed that these had been fitted but were removed as residents were being bruised from the doors. This had not been risk assessed and alternative measures such as magnetic door holders had not been considered.

Additionally, inspectors saw that the final exits in one of the houses were not thumb locks. This posed a risk to the ability of residents to evacuate in a timely manner in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that residents' care needs were assessed which informed the development of personal plans.

Inspectors viewed a sample of residents' care plans including health and personal care plans and found that care plans were current and reviewed regularly. They were person centred and focused on the needs of the resident and what supports they required.

The care plans were made in collaboration with each resident and were set out in an easy-to-read format.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate healthcare professionals as required based on their assessed needs.

The inspectors saw that residents accessed a variety of multidiscplinary professional both within the provider's services and externally, in the community.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were three restrictive practices in the designated centre. They were reviewed regularly and notified accordingly. All staff had received up-to-date training in behaviour management including de-escalation and intervention techniques.

Judgment: Compliant

Regulation 8: Protection

Staff were aware of their safeguarding roles and responsibilities. Staff had received training in Safeguarding Vulnerable Adults and Children First. Staff spoken with were aware of how to report safeguarding concerns and the steps required to ensure that residents were protected from abuse.

There were intimate care plans on file that were written in person-centred language and detailed the supports required to maintain residents' dignity and autonomy.

Safeguarding incidents were recorded and were notified to the Chief Inspector and to the HSE safeguarding team.

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	Substantially compliant
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Oldcourt DC OSV-0002878

Inspection ID: MON-0029996

Date of inspection: 25/01/2023

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**
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration: • Application forms (including providing information on whether a property was owned or leased and the age range of residents to be accommodated) will be completed fully. 25/1/2023 • The statement of purpose and function was reviewed to ensure it reflects the staffing whole time equivalents accurately 25/1/2023	
Regulation 14: Persons in charge	Substantially Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: There is a supervisor in place in the DC to support the PIC. The Programme Manager is also available to support the PIC. 25/1/23 There will be a review of the overall governance structure and assignment of the DCs with the Service. 30/8/2023 All Service Audits for this DC will be reviewed, and actions will be entered on the QEP. Any risks identified as a result of the audits will be inputted onto the risk management system and reviewed by the PIC. 30/4/2023 PIC will be in attendance in all houses on a regular basis to fulfil regulatory responsibilities. There are monthly meetings between the PIC and Supervisor of the DC to ensure there is effective governance in place and that the PIC is fully aware of any risks within the DC 25/1/2023	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC will be in attendance in all houses on a regular basis to fulfil regulatory responsibilities. 25/1/2023 Service Audits will be reviewed by PIC to be more comprehensive in relation to identifying risks. 30/4/2023	

Actions on QEP will identify risks to bring them into compliance. 30/4/2023

Six monthly audit has been obtained form the quality team and all actions have been inputted on the QEP 21/2/2023
QEP will be reviewed to ensure it is reflective of the actions completed. 6/3/23

Regulation 4: Written policies and procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
Schedule 5 policies will be updated by the policy committee by 30/11/2023
IPC Policy will be updated by…30/11/2023
SJOG Safe Guarding Policy vs HSE policy: Old Court Designated Centre, has in place a robust and comprehensive Local Operating Safeguarding Procedure to support the full implementation of the principals /standards and practice of the HSE National Safeguarding Vulnerable Adults Policy which was approved in its entirety by the Board of Saint John of God Community Services clg in 2014 . This Safeguarding Procedure was updated in November 2019 and is being fully adhered to by all staff working in this Designated Centre. When the HSE fully approve and launch their revised National Safeguarding Vulnerable Adults Policy the Board of SJOGCS will fully adopt this National Policy and plan to develop a policy/ SJOGCS Standard Operating Procedure to support its full implementation. 30/11/2023

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• A complete review of the house will be carried out on 6/3/2023 with a view to replacing the whole kitchen and flooring downstairs and in the resident's bedrooms…any other changes/updates needed. 31/8/2023
• As part of the review of the house the utility room will only be used for that purpose. Extra storage will be sought for the house. Medication will be stored in an alternative self contained area. 31/8/2023
• The conservatory will be decluttered and new furniture purchased for same. The sofa has been covered until new furniture is bought. 31/3/2023
• The computer desk in the dining room will be removed by 31/3/2023
• The edging on the stairs was fixed on 25/1/23
• Bed rails no longer needed for the lady's bed in San Antone. The bed will be repositioned in the room to allow her exit the bed on both sides as she chooses. A second crash mat and vacant bed mat will be purchased to replicate the support she currently has on one side of the bed…alerting staff as to when she is out of her bed. 17/3/2023

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
Risk Management Policy will be reviewed by 30/11/2023
Risk Assessments were completed for fire and infection control on 25/1/23
Risk assessment for one lady for risk of falls has been reviewed. 28/2/2023
A full review of the risk register will take place with the PIC/SCL and Risk Manager. 9/3/2023

Regulation 27: Protection against	Not Compliant

infection	

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

• Laundry protocol was update on 21/2/23. All residents in both houses have individual laundry baskets. Bed linen and clothing is changed and washed on individual designated days and more often if required. 20/2/23

• residents in both houses have individual bath mats 25/1/23

• Laundry protocol was update on 21/2/23.

• Alginate bags are available in the DC. Protocol in place to guide same. 25/1/2023

• IPC policy will be reviewed to guide staff in the management of IPC risks….

• the local IPC audit will be reviewed by 30/4/2023

• An outbreak management plan will be available to guide staff in the management of an outbreak of a transmissable infection by 16/3/23

• The COVID-19 outbreak management plan will be reviewed with more detail by 16/3/23 or sooner if an indivual contracts covid.

• Residents' individual isolation plans will be reviewed with more detail by 16/3/23 or sooner if an indivual contracts covid.

• Old furniture removed and will be replaced by 31/3/2023.

• Location of hand towels in one location being repositioned beside the sink. 31/3/2023

• the extractor fan in the kitchen has been cleaned and now forms part of the cleaning schedule. 30/1/2023

Bed rails no longer needed for the lady's bed in San Antone. The bed will be repositioned in the room to allow her exit the bed on both sides as she chooses. A second crash mat and vacant bed mat will be purchased to replicate the support she currently has on one side of the bed…alerting staff as to when she is out of her bed. The mattress being used in the meantime is now covered. 17/3/2023

Regulation 28: Fire precautions	Not Compliant

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

Fire Actions from inspection completed:

• Four new fire doors and frames have been fitted downstairs in Deepdales (6th of February 2023)

• The Fire engineer has been to Deepdales house and automatic door closures were installed on the fire doors – complete as of the 6th of February 2023.

• Thumb locks have been fitted to all exit doors in both houses – completed as of 27/1/2023

• Fire Management Protocol has been updated and communicated to all staff on the 25/01/23

• The night duty list in Deepdales has been updated on the 25/1/2023 and all staff have been inducted

• Risk Assessment for fire evacuation has been updated on the 26/1/2023

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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	25/01/2023
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the	Substantially Compliant	Yellow	25/01/2023

	information set out in Schedule 2.			
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	30/08/2023
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.	Not Compliant	Orange	31/08/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/08/2023
Regulation 17(5)	The registered provider shall ensure that the premises of the designated centre are equipped, where required, with assistive technology, aids and appliances to support and promote the full capabilities and	Substantially Compliant	Yellow	31/08/2023

	independence of residents.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2023
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.	Not Compliant	Orange	30/04/2023
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	21/02/2023
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	30/08/2023

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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.	Not Compliant	Orange	25/01/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Red	15/02/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	15/02/2023
Regulation 04(1)	The registered provider shall prepare in writing and adopt and	Substantially Compliant	Yellow	30/11/2023

	implement policies and procedures on the matters set out in Schedule 5.			
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 event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/11/2023