



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

Issued by the Chief Inspector

Name of designated centre:	Colga Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	19 January 2022
Centre ID:	OSV-0004999
Fieldwork ID:	MON-0035623

About the designated centre

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

Colga Services provides a combination of residential and day supports to adults with an intellectual disability from a specified geographical area. The service is registered to accommodate up to eight residents. It currently provides a service for seven individuals of mixed gender who are over 18 years of age and have a mild to severe intellectual disability and or autism or mental health difficulties. The services provides six full-time residential placements and one respite placement. The service provides home-based services for some residents. Colga Services is made up of two houses close to a rural village. One of the houses is a two-storey house including a self-contained apartment. It has a large garden with separate areas for the house and the apartment. The other house is a bungalow with a garden, and is located within walking distance of the village. All residents have their own bedrooms. Residents are supported by a staff team that includes a team leader, nurses and support workers. Staff are based in the centre when residents are present and staff sleep over in both houses at night to support residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 January 2022	09:30hrs to 17:30hrs	Mary Costelloe	Lead
Wednesday 19 January 2022	09:30hrs to 15:30hrs	Aonghus Hourihane	Support

What residents told us and what inspectors observed

On arrival at the centre, staff on duty guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. The Chief Inspector had been notified of two staff members who had tested positive for COVID-19. They were not attending for work and were not considered to have been close contacts with other staff members or residents in the centre. Staff were observed to be correctly wearing face coverings in line with national guidance.

From conversations with staff and residents, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life, had choices in their daily lives, were involved in activities that they enjoyed and were supported to be involved in the local community.

The designated centre comprised of two houses located within a ten minute drive of one another. Both houses were located in rural residential areas and close to a village. The inspectors spent most of the day in the larger of the two houses. They met with residents and staff and reviewed information and documentation. During the late afternoon, one of the inspectors visited the other house where they also met with residents and staff. At the time of inspection, there were five residents living in one house, two residents living in the other and there was one vacancy.

Residents were observed to be familiar with and comfortable in their surroundings. There were stable staffing arrangements in place and inspectors noted that staff knew the residents well. Residents spoken with told the inspectors that they had good relationships with staff and got on well together. Some residents were unable to tell the inspectors their views of the service but appeared in good form, were smiling, content and comfortable in the company of staff. There was an atmosphere of friendliness in the house visited. Staff on duty were observed speaking kindly and respectfully with residents, listening attentively and responding promptly to any requests for information or support. Staff spoken with were very knowledgeable regarding residents wishes, preferences and interests.

During the morning of inspection, some residents were being supported with personal care, some were getting up and having their breakfasts in the kitchen. Some residents had already had their breakfasts and had returned to their rooms to rest in line with their preferred routine. Other residents were getting ready to go for a drive and walks. Throughout the day, residents were observed following their own routines, coming and going from their bedrooms and the communal areas of the house as they wished. They were observed relaxing in a variety of communal sitting areas, having their meals in the kitchen, having cups of tea and snacks. Residents were observed enjoying the interaction and company of staff. Some residents were observed enjoying a variety of table top activities, puzzles, using their iPad and having a foot spa. Residents told the inspectors how they had enjoyed going for

walks in local seaside areas as it was a bright and sunny day.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. Staff had established residents' preferences through the personal planning process, weekly house meetings, and ongoing communication with residents and their representatives. The inspectors observed that the privacy and dignity of residents was well respected by staff throughout the inspection.

Staff were aware of the individual communication supports required by residents. Some staff had received specific training to assist them in communicating more effectively with residents. The inspectors observed effective communication between staff and residents including the use of the Lámh key word signing system.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished. Residents were supported to regularly visit family members at home while some residents regularly met with family members and friends for walks or coffee. Residents were supported to send greeting cards and gifts to family members on special occasions. Other residents were supported to visit family graves which was of great importance to them.

Staff outlined how residents were involved and had choice in selecting their preferred food and meal options. Inspectors observed the colourful pictorial menu options and food choices displayed so that residents could easily see and select their preferred options. Residents were supported to eat out or get takeaways at weekends. Staff were knowledgeable regarding the nutritional needs and dietary requirements of residents including the recommendations of the dietitian and speech and language therapist (SALT). Residents were also encouraged and had the choice to select healthier food options including fresh fruit juices, smoothies and foods high in fiber.

Residents were supported to keep active and partake in activities that they enjoyed. The centre was close to a range of amenities and facilities in the local area and nearby city. Residents enjoyed going out for drives and walks, going on day trips to places of interest, visiting local shops, getting takeaway meals, personal shopping outings, visiting the hairdresser and visiting religious shrines. Some residents enjoyed attending art classes, baking and day service activities. Some residents were delighted to show the inspectors photographs of recent events, birthday celebrations and day trips which they had enjoyed. The centre had three vehicles which could be used by residents to attend outings and activities.

This centre comprises of two houses. One house was modern and two storey in design and accommodated five residents. Residents had their own bedrooms with en suite bathroom facilities and one resident was accommodated in a separate self contained apartment. The second house was single storey in design and currently

accommodated two residents who had their own bedrooms with a shared bathroom facility. Both houses were comfortable, suitably furnished and decorated in a homely manner. The houses were spacious and bright with a good variety of communal spaces available for residents use. Both houses were found to be well-maintained and visibly clean. Residents had easy access to well maintained garden areas. The houses were accessible with suitable ramps and handrails provided at the entrance areas.

Residents bedrooms were spacious, comfortably decorated, suitably furnished and personalised. All bedrooms had televisions, adequate storage for personal belongings and were personalised with items of significance to each resident including family photographs, favourite posters, religious ornaments and sporting achievements. Residents had been consulted and involved in selecting their preferred wall colours and in choosing soft furnishings for their rooms.

Throughout the inspection, it was evident that staff prioritised the welfare of residents, and that they ensured residents were supported to live person-centred lives where their rights and choices were respected and promoted.

The next two sections of the report outline 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 residents lives.

Capacity and capability

This inspection was carried out to monitor compliance with the Regulations. This centre had a good history of compliance with the regulations and issues identified at the last inspection had been addressed.

The designated centre comprised of two houses. Since the last inspection, a new house had been provided for five of the residents and they had moved to their new house in recent months. The development and delivery of this project over a sustained period appeared to be well managed in a person centred manner. Residents spoken with confirmed that they were enjoying living in their new home and staff reported that the new house offered residents a better quality of life.

The centre was managed by a suitably qualified and experienced person. The person in charge worked in a full time position and although he managed a number of centres he had a good knowledge of the assessed needs and support requirements for each of the residents, and the requirements of the regulations. There were clear management and reporting structures in place within the centre.

The provider's suite of policies and procedures were reviewed as part of this inspection. The person in charge accepted that a number of these required updating

and this was an action that needed to be completed.

The centre's staffing compliment was in line with the statement of purpose. The person in charge reported difficulties in hiring locum staff but there was only one permanent vacancy at the time of inspection and plans were progressing to ensure this position was filled. There were no significant gaps noted in a review of the centres staffing rotas. There was a mix of staff from both social care and nursing backgrounds which enhanced the lived experience of the residents. In recent months, there was an additional staff member who facilitated and supported residents to attend and partake in a range of activities during the weekdays.

The training records of all core staff were reviewed during this inspection. The records were broadly up-to-date and staff had received recent mandatory training in areas such as fire safety, safeguarding and infection prevention and control. It was also evident that the provider had in place an extensive 'staff training' schedule for 2022 and that all staff in this centre had access to a variety of different training modules.

The provider had completed the annual review for 2020 and was in the process of completing the 2021 review. The provider had engaged with residents and their representatives to inform the annual review which had focused on the proposed move of five of the residents to their new house.

The person in charge had completed a recent unannounced visit in relation to the safety and quality of care and support of the service. There was also clear evidence that these reviews were taking place every six months in line with regulations.

While the provider had systems in place to monitor and review the safety of care in the centre, inspectors had concerns about the robustness of the systems especially in relation to the identification of risk. The inspectors had a particular concern about the arrangements in place for one resident and the lack of access to staff in the case of an emergency at night time. The resident had use of a 'buzzer' system at night, but there was a specific instruction that staff were not to respond to it. This posed a risk to the resident and as discussed with the person in charge required urgent review. It was of concern that the provider had not identified the risk posed to the resident in the case of an emergency, had not considered this practice to be restrictive or its impact upon the resident's rights. While there were regular multidisciplinary meetings about the care and support needs of the resident, there was no evidence that this risk had been discussed or reviewed. The person in charge confirmed that he understood the concerns expressed by the inspectors and agreed to bring the issues to this forum. Some staff members spoken with told inspectors of their concerns about this system at night time.

The person in charge informed the inspectors that he regularly met with the team leaders and the last meeting took place in December 2021. He advised that the last team meeting was held in August 2021 and cited COVID-19 as a major factor in the organisation of these. The inspectors did not see any other evidence of forums for sharing information or to facilitate staff to have discussions or raise concerns about the service except through discussions with the team leader.

The provider had an accessible and up-to-date complaints policy. There were no active complaints within the service at the time of inspection. There was evidence in the documentation reviewed that previous concerns raised by inspectors about complaints had been addressed and learning shared.

Regulation 14: Persons in charge

The person in charge worked full-time in the role and was person in charge for a number of centres. He had the required experience and qualifications for the role.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, staffing numbers and skill-mixes were sufficient to meet the assessed needs of residents. Staffing rosters reviewed showed no significant discrepancies and indicated that staffing levels were in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The training records reviewed on the day of inspection showed that staff generally had completed mandatory training. Staff also had access to a suite of other relevant training facilitated by the provider.

Judgment: Compliant

Regulation 23: Governance and management

The provider had a clearly defined management structure in place in the designated centre. The provider had governance systems in place within the centre. However, the systems in place did not effectively identify risks in relation to one resident and so the provider could not fully monitor that their service was consistently safe for

the resident.

There had been no staff meetings in over five months and no other effective forums were identified to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had an up to date statement of purpose and its content was in line with Schedule 1 of the Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities: Regulations 2013.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had ensured that all notifiable incidents within the centre had been reported to the Chief Inspector in line with regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a clear and effective complaints procedure in place. The provider had ensured that measures were put in place to improve responses to complaints following a previous inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had an extensive suite of policies and procedures. On the day of inspection it was noted that a number of these needed to be reviewed and updated.

Judgment: Substantially compliant

Quality and safety

Inspectors found that while residents received a good quality service that ensured they were well supported with a person-centred service, issues raised in relation to unidentified risk as previously discussed under the capacity and capability section of this report impacted negatively on the safety and rights of a resident. Some improvements were required to further enhance infection control.

Residents' health, personal and social care needs were assessed and kept under regular review. Care and support plans were developed where required and were found to be informative and person centered. Residents who required supports with communication had comprehensive plans in place which were tailored to their individual communication preferences.

Residents were supported to identify and achieve personal goals and these were kept under review. Regular meetings were held to review progress of the goals. An example of goals identified included; a mini break, shopping trip and overnight stay, learning to use a hand held computer tablet, day trips to specific places of interest and meeting with family and friends. The inspector noted that many of the goals set out for 2021 had been achieved while some had been postponed due the ongoing COVID-19 pandemic. One staff member had completed training on the use of accessible digital technology and had provided other staff with guidance so as to support residents use their hand held tablets. Residents were also supported to be as independent as possible through the identification of skill building goals, such as learning to complete various household tasks including assisting with laundry and meal preparation.

Residents were supported to achieve the best possible health by being facilitated to attend a range of medical and health care appointments. Residents had access to general practitioners (GPs) and a range of allied health services. During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face-to-face consultations. A review of a sample of residents files indicated that residents had an annual medical check up, had been regularly reviewed by the speech and language therapist (SALT), dietitian, psychologist, chiropodist, dentist and optician. Residents had also been supported to avail of national health screening and vaccination programmes.

There were arrangements in place to ensure that residents were supported to partake in activities that they enjoyed in the centre and in the local community. The centre was close to a range of amenities and facilities in the local area and village as well as the nearby city. The centre had three vehicles which could be used by residents to attend outings and activities. During the inspection, residents spent time going places that they enjoyed. For example, attending local day care services, going out for drives in the vehicle, going for walks in the locality and local sea side

areas.

There were systems in place to control the spread of infection in the centre, however, the storage and use of some cleaning equipment required review to further enhance infection control. There was guidance and policies in place to reduce the risk of infection, including measures for the management of COVID-19. Staff spoken with were knowledgeable regarding the guidance. These included adherence to national public health guidance, staff training and daily monitoring of staff and residents for signs and symptoms of COVID-19. There were adequate supplies of personal protective equipment (PPE) available and staff were observed to be correctly wearing it in line with national guidance. Arrangements described by staff for the management of laundry was in line with best practice in infection prevention and control. There were cleaning schedules in place and the inspector observed that both houses and equipment in use were visibly clean. There was a colour coded cleaning system in place, however, the storage of some cleaning equipment required review to further enhance infection control. While colour coded mop buckets and mops were in use, they were inappropriately stored in an unclean condition outside at the rear of the house contrary to best practice in infection control and the centres own cleaning protocols. Alcohol wipes were inappropriately used throughout the centre for cleaning items and frequently touched surfaces. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces.

Both houses in the centre were comfortable, spacious, furnished and decorated in a homely style. The provider had systems in place for the ongoing maintenance and repair of each house. Recent improvements to one of the houses included the installation of a new gas fired central heating system and the garden area had been enclosed to provide a safe and accessible outdoor space for residents. Further improvement works were planned including the fitting of new external doors and kitchen units.

While there was systems in place to manage and review risk in the centre, further oversight was required to ensure that all risks were identified and managed appropriately. Inspectors had concerns regarding the risk posed to a resident in the event of an emergency at night time. The resident had use of a 'buzzer' system at night but there was a specific instruction that staff were not to respond to it. This posed a risk to the resident and as discussed with the person in charge required urgent review.

The staff demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Regular fire drills had been completed simulating both day and night-time scenarios, involving all staff and residents. There was a recently updated individual personal emergency evacuation plan for each resident. The fire equipment and fire alarms had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills.

There were measures in place to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable

people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal and intimate care plans to guide staff. The support of a designated safeguarding officer was also available if required. There were no safeguarding concerns at the time of inspection. Staff had received training in managing behaviours of concern.

There were individualised positive behaviour support plans in place for residents which were informative, identified triggers and supportive strategies. However, as discussed previously, it was of concern that a residents' restricted access to staff during the night time had not been considered a restrictive practice and the impact on the resident's rights had not been evaluated. This practice and system had not been kept under review, for example, it had not been discussed at the organisation's human rights committee or at multidisciplinary meetings held to discuss the care and support needs of the resident.

Regulation 11: Visits

Visiting to the centre was being facilitated in line with national guidance. There was plenty of space for residents to meet with visitors in private if they wished.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs.

Judgment: Compliant

Regulation 17: Premises

Both houses were maintained in a good state of repair, were clean and suitably decorated.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The transition of residents to their new home in recent months had been well managed in a person centred manner.

Judgment: Compliant

Regulation 26: Risk management procedures

Improvements were required to the identification and management of risk in the centre. A resident had use of a 'buzzer' system at night but there was a specific instruction that staff were not to respond to it. Inspectors had concerns regarding the risk posed to the resident in the event of an emergency at night time.

The risk posed to the resident had not been identified, assessed, managed appropriately or reviewed.

Judgment: Not compliant

Regulation 27: Protection against infection

Some improvements were required to further enhance infection prevention and control systems in place.

Colour coded mop buckets and mops were inappropriately stored in an unclean condition outside at the rear of the house contrary to best practice in infection control and the centres own cleaning protocols.

Alcohol wipes were inappropriately used throughout the centre for cleaning items and frequently touched surfaces. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The staff and management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Regular fire drills had been

completed simulating both day and night-time scenarios, involving all staff and residents. The fire equipment and fire alarms had been serviced. Fire exits were observed to be free of obstructions. All staff had completed fire safety training and staff spoken with confirmed that they had been involved in fire safety evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of the health, personal and social care needs of each resident had been carried out, and individualised personal plans had been developed for all residents based on their assessed needs.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants.

Judgment: Compliant

Regulation 7: Positive behavioural support

A restrictive procedure in place for a resident had not been applied in accordance with national policy. For example, there was no documented evidence to indicate that this restrictive procedure had been risk assessed, had been discussed with the resident or the multidisciplinary team, or what other alternative measures had been considered or tried before this restrictive measure was put in place.

Judgment: Not compliant

Regulation 8: Protection

Safeguarding of residents was promoted through staff training, management review of incidents that occurred and the development of comprehensive intimate and personal care plans. At the time of the inspection, there were no safeguarding

concerns at the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Staff supported residents to live person-centred lives where their rights and choices were respected and promoted.

The privacy and dignity of residents was well respected by staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Colga Services OSV-0004999

Inspection ID: MON-0035623

Date of inspection: 19/01/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to come in to compliance with Regulation 23 The Person In Charge has arranged these forums for discussions about quality and safety of care to residents:</p> <p>At a local level a member of our Advocacy Representative will link with the Residents and Staff in the Designated Centre prior to Advocacy meetings to see is there any quality or safety concerns that need to be highlighted to Management.</p> <p>For Staff a Team Meeting has been scheduled for March 15th where we will review quality and safety and risk, also quarterly Team Meeting dates for the remainder of the year will be discussed and agreed for this Designated Centre.</p> <p>In addition for staff to raise any concerns around quality and safety there is the availability of the Person in Charge or in their absence the On Call Manager available on a daily basis.</p> <p>Since the inspection the Person in Charge and Multi D Team have reviewed the Restriction that was in place by night for one Resident and have now put controls in place to remove the risk where staff are available 24 hours a day to respond to the Resident. A review of the restrictions in place for the Resident will also be carried by Our Organisations Human Rights Committee on 10th March 2022.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>In order to come into compliance with Regulation 4: Written policies and procedures the</p>	

Registered Provider will ensure all policies are updated in line with their review date. The Person In Charge can confirm that since the inspection four of the policies that were out of date have been reviewed and updated and have been made available to the staff team. The small number of policies that remain in need of review will also be updated and reviewed at a National Level shortly.

Regulation 26: Risk management procedures	Not Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 In Order to come into compliance: The Person in Charge in conjunction with the MDT have reviewed the buzzer system and can confirm that this risk is now managed as staff are instructed to respond to the buzzer 24 hour a day. For night-time the Resident concerned has also been made aware of how to contact staff at night if assistance is required.

In an effort to address the goal of enhancing independence further we will also explore what other assistive technology or other aids could be used by this Resident to gain other supports when necessary.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 In order to come into compliance with Regulation 27: protection against infection The Person in charge can confirm that additional storage units are now in place for the correct storage of mops within the Designated Centre.

The Team Leader has developed a daily and weekly cleaning schedule to ensure the house is maintained and kept clean and tidy. The scheduling of cleaning and reordering of this activity will be an item for discussion at next Team Meeting on March 15th.

To enhance and improve Infection Prevention and Control practices a series of trainings is been arranged for staff working in the Designated Centre.

Regulation 7: Positive behavioural support	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 To come into Compliance with Regulation 7 Positive Behavioral Support The Person In Charge can confirm that the Resident Positive Behaviour Plan has been updated since the inspection and the guidance on how to support the Resident by night has been updated to reflect that staff respond to the buzzer system or emergency call alarm when it is used by the Resident. The Resident and Staff Team have been informed of this change.

A review of the Restriction that are in place will be conducted by the Organisation's

Human Rights Committee on March 10th March 2022.

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 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	15/03/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	10/03/2022
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	01/08/2022

	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.			
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	01/07/2022
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	10/03/2022