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:	Riverside - Sonas Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0005452
Fieldwork ID:	MON-0028892

About the designated centre

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

Riverside Sonas is a community-based residential home for up to six adult residents with an intellectual disability and high support needs. The centre is located in West Co. Dublin close to a variety of local amenities and public transport links. It is a detached two-storey building located in a quiet residential area. The ground floor comprises of a large entrance hall, three en-suite bedrooms, bathroom facilities, a kitchen, a conservatory area and a utility area. The second floor comprises of four bedrooms two of which are ensuite and two which utilise a shared bathroom. One of the bedrooms is used as a staff sleep over room/office. There is a large back garden which overlooks a local river and a large outdoor storage area beside the house. Staffing support is provided for residents 24 hours a day, seven days a week. The staff team comprises of a person in charge, social care workers and health-care assistants.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 5 October 2021	09:15hrs to 16:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

Overall the findings of this inspection were that residents appeared happy and content in their home, and that every effort was being made to keep them safe. They lived in a clean, cosy and comfortable home and for the most part they were supported by a staff team who were familiar with their care and support needs. However, improvements required in relation to the day-to-day oversight of care and support in the centre to ensure the quality of care and support for residents was monitored in the centre. Some of these improvements related to the ensuring documentation in the centre was up-to-date and reflective of residents' care and support needs and particularly related to ensuring that now that restrictions relating to the COVID-19 pandemic were lifting, that residents' goals were further development and that they had additional opportunities to access activities in their local community.

There were five residents living in the centre and the inspector had the opportunity to meet and briefly engage with each of them. As the inspection was completed during the COVID-19 pandemic, time spent with residents and staff was limited and done in line with public health advice.

The house was homely, and designed and laid out to meet the number and needs of residents living there. It was spacious and accessible as residents could access and use the available space both in their home and in their garden. The provider had recognised one resident's changing needs and supported them to move to a downstairs bedroom which better suited their care and support needs. Residents had access to appropriate equipment to promote their independence and comfort. The house was found to be clean throughout on this unannounced inspection. Residents' bedrooms were decorated in line with their wishes and preferences and they contained their personal belongings, family photos and art work.

On arrival, residents were in bed, and as the morning went on residents were supported by staff to get up and have their breakfast and others were supported to have their breakfast in bed. Residents who had breakfast in the dining room were supported by staff to choose what they would like for breakfast. Throughout the meal staff were observed to encourage residents' independence, but were also available should they require any assistance. Residents appeared to enjoy breakfast and afterwards they were encouraged by staff to bring their dishes to the sink.

Residents appeared comfortable and relaxed in their home during the inspection. They appeared comfortable in the presence of staff and some residents were observed to approach staff when they required support. However, a number of times staff were observed to be slow to respond to a residents' communication efforts. In addition, some phrases used when speaking with residents were not found to be person-centred, or age appropriate. On one occasion a staff member was observed to enter a residents' bedroom without announcing themselves or

knocking on the door.

During the inspection residents were observed to spend most of their day in the living room or in their bedrooms listening to music. Two residents were observed going out to the garden for a few minutes, and one resident went for a walk in the local area with a staff member. A staff member told the inspector some residents would go for a drive later in the day.

Now that restrictions relating to the pandemic had lifted, the provider had recognised in the latest six monthly and annual review that residents needed increased opportunities for community based activities.Staff told the inspector they were in the process of completing risk assessments to support residents to take part in indoor activities in their local community. From reviewing activity audits in the centre there was a marked absence of opportunities for residents to engage in activities outside their home in 2020 and in 2021 to date. The inspector acknowledges that at times this was in line with public health advice. However, from records reviewed, for some residents their opportunities had not increased since restrictions relating to the pandemic had lifted. In addition, some residents' goals required review as they had been in place since before the pandemic. There was limited evidence of progression of these goals, and some of these goals were no longer in line with residents' care and support needs.

For the most part meals were freshly cooked in the centre, with residents choosing to have a take-away meal on average once per week. Throughout the day staff were observed preparing meals, drinks and snack for residents. As the inspector was leaving the smell of dinner cooking met them on the way down the stairs. A resident was sitting in the dining room watching the staff member preparing a chicken curry for the evening tea. There was limited evidence of residents involvement in the preparation or cooking of their meals.

Residents' meetings were occurring regularly and there was information available for residents in relation to their rights, complaints, safeguarding and about how to access the support of advocacy services. The provider had recently introduced a resident and family survey which had been disseminated for the 2020 annual review. However, this information had not been collated at the time of the inspection.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

Overall the inspector found that the management systems in the centre were not proving fully effective. There were systems in place to monitor the quality of care and support for residents but due to the lack of regular on-site management

presence in the centre, areas for improvement were not always recognised or to progress in a timely manner. This was found to be impacting on residents' lived experience in the centre. For example, residents were not accessing their local community on a regular basis and their goals required review to ensure they had opportunities to participate in activities in accordance with their interests and preferences. The inspector acknowledges that the provider was recognising this in their annual review for 2020, but there was limited evidence of the completion of actions to bring about the required changes.

The person in charge post was vacant at the time of this inspection, and while recruiting to fill this position the provider had an interim arrangement in place. However, these arrangements were not found to be suitable as at the time of the inspection the person identified as fulfilling the role was identified as person in charge of this and two other designated centres, and as person participating in the management (PPIM) of 10 designated centres in the organisation. They were very familiar with residents' care and support needs as prior to being promoted to a Clinical Nurse Manager 3 position they had worked with the residents in this centre for a number of years, including working as person in charge of this designated centre. They had the qualifications, skills and experience to fulfill the person in charge role. However, due to competing demands they had limited time to visit the centre and were not ensuring the effective governance, operational management or administration of this designated centre. In addition to the person in charge post being vacant since December 2020, there had been a change in person in charge twice in 2020.

For the most part the provider was identifying areas for improvement in line with the findings of this inspection. For example, their latest annual review for 2020 had recognised that the need to fill the person in charge vacancy in the centre, to hold regular staff meetings, to complete staff supervision in line with the organisation's policy, to improve oversight of incidents and review risk assessments, to review residents' personal emergency evacuation plans and to support residents to explore meaningful goals. However, the majority of these actions had not been completed at the time of this inspection.

It was evident on the day of the inspection that there was a lack of day-to-day management oversight in the centre. For example, audits were occurring but the actions were not being completed in a timely fashion or leading to improvements. In addition, some audits were not picking up on areas for improvement identified during this inspection. The staff team were completing duties that would usually form part of the person in charge remit and this was sometimes limiting the time they had available to spend with residents. This was further hindered by the fact that there was one laptop in the centre for use by the staff team.

There were a number of staffing vacancies at the time of the inspection and the provider was in the process of recruiting to fill these vacancies. While they were recruiting they were ensuing continuity of care and support for residents through the use of regular agency staff completing the required shifts.

Staff had access to training and refresher training in line with the organisation's

policies and procedures, and in line with resident's assessed needs. There were policies and procedures in place in relation to formal staff supervision. However, in line with resource issues it had not been occurring in line with the organisation's policy in 2021. In addition staff meetings were not occurring regularly, with two having occurred to date in 2021. Overall, it was not evident during the inspection that there were adequate systems in place to support, develop and performance manage staff.

Residents were protected by the admissions policies, procedures and practices in the centre. Residents had contracts of care in place which contained all of the required information. Inspectors found that the provider was considering residents' needs and preferences and where applicable supporting them to obtain a waiver in relation to their fees.

Regulation 14: Persons in charge

The arrangements in place for person in charge were not found to be suitable. The provider had identified this person in charge as such for this and two other designated centres in December 2020 as an interim measure, but this arrangement was still in place at the time of this inspection. In addition to their person in charge roles they were identified as PPIM for 10 designated centres.

The inspector acknowledges that they had the qualifications, skills and experience to fulfill the role, and that they were familiar with residents' care and support needs; however, due to competing demands they were not ensuring the effective governance, operational management or administration of this designated centre.

Judgment: Not compliant

Regulation 15: Staffing

There were 2.5 whole time equivalent (WTE) vacancies at the time of the inspection. This included a person in charge post, a social care worker post, and a 0.5 WTE healthcare assistant post. In addition to these vacancies there was a staff member on extended planned leave. The social care worker post had become vacant a number of weeks before the inspection and the provider was in the process of recruiting to fill this and the other vacancies. In the interim, the provider was ensuring continuity of care for residents through staff completing additional hours and the use of regular agency staff.

There were planned and actual rosters; however, improvements were required as some rosters reviewed did not include the first and second name of staff, and the person in charge was not included on the roster.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had completed the training and refresher training identified as mandatory by the provider. In addition, a number of staff had completed additional training in line with residents' assessed needs.

The inspector was not presented with documentary evidence during the inspection that staff were in receipt of regular formal supervision. This had been recognised by the provider in their audits and reviews and the inspector was informed that there was a schedule in place for supervision moving forward.

Judgment: Substantially compliant

Regulation 23: Governance and management

While there were clear lines of accountability and responsibility for the delivery of services to residents, due to insufficient resources in terms of regular on-site management presence, the arrangements for oversight and monitoring of care and support in the centre were not found to be suitable at the time of the inspection.

Effective arrangements were not found to be in place to support, develop and manage staff to exercise their responsibilities appropriately. As previously mentioned, staff were not in receipt of regular formal supervision and staff meetings were not occurring regularly.

From reviewing the last two six monthly reviews and the latest annual review by the provider, they were picking up on the majority of areas for improvement in line with the findings of this inspection, but the actions from some audits and reviews were progressing in a timely fashion or in line with the provider's identified timeframes. The inspector acknowledges that the staff team were completing a number of audits regularly in areas such as; incidents, medication management, restrictive practices, and residents' finances.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There were admissions policies and procedures in place and they were also outlined in the designated centre's statement of purpose. There was a vacancy in the centre

at the time of the inspection and arrangements were in progress for prospective residents to visit the centre. As the five residents living in the centre had lived together for many years, the management team were ensuring that the wishes, needs and safety of any prospective residents and the safety of other residents living in the centre were carefully considered.

Residents had contracts of care in place which contained the required information, and they were available in an easy-to-read format.

Judgment: Compliant

Regulation 31: Notification of incidents

A record was maintained of all incidents occurring in the designated centre. The Chief Inspector was notified of all of the incidents required by the Regulation; however, two allegations of abuse were not notified within the required timeframe.

Judgment: Not compliant

Quality and safety

The provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. From what the inspector observed residents appeared happy and content in their home. However, as previously mentioned improvements were required in relation to residents' goals, their access to activities, risk management, fire containment, and the review and update of documentation in line with learning from incident reviews and in line with residents' changing needs.

Residents each had their own bank account and they had financial assessments in place which outlined the supports they may require to manage their financial affairs. There were systems in place to safeguard their finances including regular financial audits. A new procedure had just been put in place by the provider to provide an amount of money to cover staff meals when they were accompanying residents for a meal. Residents could launder their own clothes if they so wish and they had enough space to store and maintain their clothes. Their bedrooms contained their personal belongings and they had plenty of storage for their personal items.

The inspector found that there was not always a sensible balance between reasonable risks and the need to keep residents safe. For example, now that restrictions relating to the pandemic had lifted some residents were still going for walks and drives rather than developing their goals and taking part in activities in the community. Whilst they lived in a very comfortable and spacious home, they

were spending extended periods of time at home. There was minimal evidence of their involvement in their community.

As previously mentioned residents lived in a warm, clean and comfortable home which had been tastefully decorated. Rooms were spacious and airy and resident' bedrooms were decorated in line with their wishes and preferences. There was garden furniture and plenty of outdoor space, and plans were in place to further develop the garden area. Residents had access to plenty of private and communal space. There was a large kitchen/dining room, a conservatory and a living room downstairs. There were enough toilets, bathrooms and showers to meet residents' needs and five of the six resident bedrooms in the house had an ensuite bathroom. There were a small number of areas where repairs or painting was required but these had been reported and plans were in place to complete the required works.

There was a risk management policy which contained the required information. There was a risk register and general and individual risk assessments were developed and being regularly reviewed. However, the risk rating of parts of the risk register and in some risk assessments required review as they did not reflect the risks in line with the control measures. There were systems to document and review incidents in the centre; however, these reviews were not found to be leading to the review or update of risk assessments in the centre. In some instances it was not evident that positive risk assessments was taking take place in the centre, in conjunction with person-centred planning and the implementation of necessary safeguards. This was particularly evident in relation to residents' access to activities.

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. The provider had developed contingency plans and residents and staff had access to information in relation to COVID-19. Staff had completed a number of additional trainings in relation to infection prevention and control. The house was clean throughout and there were cleaning schedules in place to ensure that each area of the houses were regularly cleaned. There were suitable systems in place for laundry and waste management, and systems in place to ensure there were sufficient supplies of PPE available.

There were emergency plans in place and the emergency evacuation plans was on display. Fire equipment was provided and serviced as required. Records of this were maintained and available in the centre. There were adequate means of escape and emergency lighting in place. There were fire doors in place in the centre; however, there were no closing mechanisms fitted on these doors and they were open throughout the inspection. Fire drills were occurring regularly and the provider had recognised that evacuation times in a number of drills in 2020 required review to ensure residents could safely evacuate the centre in a timely manner. They had ensured that repeat drills occurred which demonstrated that residents were supported to evacuate in a more timely manner. Each resident had a risk assessment and personal emergency evacuation plan in place. The inspector reviewed these plans and found that a number of risk assessments and plans contained conflicting information. From speaking with staff and reviewing other documentation, some residents' personal emergency evacuation plans were not

accurate in relation to the supports they may require to safely evacuate the centre.

Each resident had an assessment of need which was kept up to date as required, or at least annually. This assessment clearly identified residents' care and support needs. Each resident had a personal plan and a person-centred plan which contained their goals and pictures. Improvements were required in relation to the development and review of a number of residents' goals; however, this is captured in the regulation relating to general welfare and development.

There were polices and procedures in place in relation to safeguarding in the centre. Allegations and suspicions of abuse were investigated and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required. Staff had completed training and those who spoke with the inspector were aware of their roles and responsibilities in relation to safeguarding and protection.

Regulation 12: Personal possessions

Residents were being supported to manage their financial affairs and each resident had a bank account in their own name. There were systems in place to safeguard their finances including regular audits of their withdrawals and spending.

Residents had access to plenty of storage for their personal belongings. During the inspection, the inspector observed residents who wished to, doing their laundry.

Judgment: Compliant

Regulation 13: General welfare and development

From a review of residents' goals and activity records it was evident that residents had limited opportunities to engage in activities in their local community. Prior to the COVID-19 pandemic residents had goals which included activities in their local community. During 2020 and 2021 residents were engaging in activities such as walks and drives in line with public health advice. However, now that restrictions relating to the pandemic were lifting there was limited evidence to show that residents were back engaging in activities they enjoyed in their local community. For a number of residents, their care and support needs had changed since their goals were developed and alternative goals had not yet been developed.

Judgment: Not compliant

Regulation 17: Premises

The house was found to be clean, warm and homely. Residents had access to private and a number of communal spaces. They had access to an enclosed garden which had garden furniture should they choose to spend their time outside.

Overall, the house was well maintained, there were are few areas where painting or repairs were required but these had been reported and were due to be completed.

Judgment: Compliant

Regulation 26: Risk management procedures

The organisation's risk management policy contained the required information. There was a risk register and general and individual risk assessments were developed. However, the risk rating on the risk register and on a number of residents' risk assessments were not found to correspond to the actual risks. In addition, a number of residents' risk assessments required review in line with their changing needs.

There were systems in place to record and review incidents in the centre. However, it was not evident that some of these reviews were leading to the review and update of residents' individual risk assessments. For example, there was a risk assessment in place which identified a resident at very high risk of injury but there was no evidence in the preceding 9 months of any injuries relating to the risk identified in this risk assessment.

Judgment: Not compliant

Regulation 27: Protection against infection

Residents were protected by the infection prevention and control policies, procedures and practices in the centre. The premises was found to be clean throughout and there were cleaning schedules in place to ensure that each area of the premises was regularly cleaned.

Staff had completed a number of infection prevention and control related trainings. There was a stock of PPE available in the centre and systems to ensure more was made available as required.

There was one vacant resident bedroom in the centre and there were systems in place to ensure that tap and shower in the ensuite was run regularly and that the

toilet was flushed, and records of this were maintained.

Judgment: Compliant

Regulation 28: Fire precautions

There was suitable fire equipment which was being serviced as required. There were adequate means of escape and emergency lighting in place. There were some fire containment measures in place such as fire doors, but there were no self-closing mechanisms on any of these doors and fire doors were open throughout the inspection, negating their use. The inspector was informed by staff that in the event of a fire, these doors would be closed by staff.

A number of residents' personal emergency evacuation plans were not found to be accurate in relation to the supports they may need to safely evacuate the centre. Drills were occurring regularly, but some drill records did not contain sufficient detail to demonstrate where the fire was, the evacuation route taken, or the supports residents required to safely evacuate on those occassions.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need and personal plan in place. In addition, they had an accessible version of their personal plan. Overall, residents' personal plans were found to be person-centred and to be identifying their care and support needs. There were some documents which required review, but these were captured under the relevant regulations. Plans were in place to ensure that a multidisciplinary review of each residents' personal plan was completed before the end of 2021.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. Staff had completed training and those who spoke with the inspector were aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Riverside - Sonas Residential Service OSV-0005452

Inspection ID: MON-0028892

Date of inspection: 05/10/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: A new fulltime Person In Charge has been recruited and is expected to commence in post by 01/01/2022 .This will ensure effective Governance, and day to day management of the designated center. The Person in Charge will ensure support systems are in place to provide staff supervision The PIC will ensure rosters are properly maintained to include name of Person In Charge and all staff first and last name and that the person in charge of each shift is clearly identified.	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Director of HR and Service Manager are actively progressing recruitment of staffing to fill existing vacancies in order to ensure that there are sufficient numbers of staff to meet the needs of residents and to ensure that there is a consistent skilled staff team working in the centre. The registered provider will make every effort to ensure that vacancies are filled by regular relief and agency staff where possible pending filling vacancies.	

Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC has devised a schedule for Staff Supervision and will ensure it is rolled out for all staff Education will be provided to staff around the supervision process.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The current Person in Charge will be on site eight hours per week. In addition there will be weekly visits by the Service Manager. The area will also be supported by the PPIM twice daily via telephone and nightly by the Night Manager. A Governance and oversight group will be established consisting of the ACEO, Director of Nursing, Director of Quality & Risk, Quality & Risk Officer, Director of HR, Service Manager, PPIM and the PIC, to ensure all actions are progressed effectively A 'Quality Walk About' by a member of the executive team will also be undertaken to provide support to the area. The Person in Charge will ensure support systems are in place to develop supervision and performance management of staff and will ensure staff meetings are scheduled on a monthly basis. The PIC will maintain an action monitoring log to record progress of actions identified in Audits,HIQA inspections,and Annual Reports.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will ensure all notifications of incidents are submitted in line with Regulation 31 with immediate effect.	

Regulation 13: General welfare and development	Not Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:
All residents PCP goals will be reviewed to identify opportunities for individuals to engage in activities in their local community in line with their personal will and preference.
Residents will be supported to participate in independent living skills within their home.

The Service Manager will arrange awareness and education for the staff team in relation to Person Centered Culture goal setting and review of the Person Centered Plans.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The PIC will ensure all risk assessments are reviewed and updated to ensure risk ratings reflect the level of risk and appropriate control measures in place
The PIC will support the staff team to embrace positive risk taking in line with residents will and preference.
All PEEPS will be reviewed and will reflect supports that each individual may require to safely evacuate.
The PIC will ensure the Risk Register is updated and reviewed on an on-going basis.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Self closing door mechanisms have been ordered and will be fitted to relevant Fire Doors.
All PEEPS will be reviewed and will clearly reflect supports that each individual may require to safely evacuate.
Fire drill records will include more details including the location of the fire, evacuation

route taken and individual supports residents require to evacuate efficiently and safely.

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 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	30/04/2022
Regulation 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Not Compliant	Orange	30/04/2022
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is	Not Compliant	Orange	01/01/2022

	satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.			
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/01/2022
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Substantially Compliant	Yellow	30/01/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/01/2022
Regulation 15(4)	The person in charge shall ensure that there	Substantially Compliant	Yellow	04/11/2021

	is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/03/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	28/02/2022
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.	Not Compliant	Orange	01/01/2022
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	Not Compliant	Orange	31/01/2022

	system for responding to emergencies.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/11/2021
Regulation 31(1)(f)	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: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	12/11/2021