



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

Issued by the Chief Inspector

Name of designated centre:	Teach Michel Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	09 May 2022
Centre ID:	OSV-0005700
Fieldwork ID:	MON-0032194

About the designated centre

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

Teach Michel Services is designated centre run by Ability West. The centre provides full-time residential service for up to six people with an intellectual disability, who are over the age of 18 years. The centre is located close to Galway city and comprises four fully self-contained apartments. Residents in Teach Michel Services are supported by a staff team which includes the person in charge, social care workers and care assistants. Residents have their own bedroom, living area, kitchen and bathrooms. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Monday 9 May 2022	10:00hrs to 18:00hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor on-going compliance with the regulations. The centre was located in a residential area close to a city and comprises of four apartments. There were five residents accommodated on the day of inspection, three residents had their own apartments and two residents shared another apartment. The inspector met and spoke with four residents, staff on duty and the person in charge.

On arrival at the centre, staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene and face covering.

From conversations with residents and staff, 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 inspector visited all four apartments. Two of the apartments were located on the ground floor and two were located on the first floor. The centre was purpose built, well maintained and visibly clean. The apartments were spacious, bright, suitably decorated and furnished in a comfortable and homely manner. Residents had personalised each living space to their own taste. There was a variety of residents craft work and artwork, plants, photographs and items of significance to individual residents displayed throughout. Residents had their own bedrooms. Three residents had their own apartments with assisted shower rooms, kitchen, dining and living areas while two residents shared an apartment with shower room, kitchen, dining and living room. Residents spoken with told the inspector how they liked their apartments, were comfortable and happy living in the centre. The two residents that shared an apartment mentioned how they got on well with one another and explained how they took turns at choosing, preparing and cooking meals.

The inspector met with residents at various stages during the day. Residents were observed coming and going from the centre throughout the day. During the morning, the inspector met with one of the residents and staff who were supporting him. The resident was provided with a day service from his apartment. The resident spoke with the inspector on his own terms and indicated that he enjoyed listening to music, playing games on his iPad and computer, watching television and quiz programmes. He showed the inspector the RTE guide magazine which he had received by post that morning, he enjoyed reviewing the guide to check for his favourite programmes. There were photographs displayed of the resident enjoying a variety of activities including swimming, cycling the tricycle, going for walks and eating out. During the day, the resident enjoyed a drive, a walk, had lunch out and did some grocery shopping with the support of staff.

During the day, the inspector met with three other residents. Some residents told

the inspector how they attended local day services some days of the week. Prior to the pandemic they said that they had attended five days a week but now preferred to attend three days a week. They mentioned how they had a busy morning, had been to the bottle bank to recycle glass, visited the local church to light a candle and one resident had attended a medical appointment. They had bought fresh scones from a local bakery and returned to the centre to have lunch. They spoke about enjoying recent outings including attending a music concert, championship hurling matches and a family wedding. One of the residents showed the inspector his framed photograph taken recently with a national hurling sportsman.

Residents mentioned that they liked living in the area as it was close to a variety of facilities and amenities. They described how they enjoyed using these local facilities including shops, restaurants, hotels, coffee shops, banks, pharmacy and other businesses. Some residents told the inspector how they walked independently to local shops, used public transport with the support of staff and also enjoyed going for drives, going shopping, eating out, going to the cinema, going bowling and visiting friends and family. The centre had its own vehicles which residents could use to go for drives, attend activities and visit places of interest.

During the day of inspection, residents were observed moving about their apartments as they wished and following their own routines. Some residents mentioned how they liked to be independent but that they could ask staff for support with any tasks if needed. They told the inspector how they liked to do their own laundry, tidy and clean their own bedrooms, collect their own medicines from the pharmacy, visit the bank, decide on the weekly shopping list and menus, assist with grocery shopping and the preparation and cooking of meals.

Residents were actively supported and encouraged to maintain connections with friends and families. Visiting to the centre was being facilitated in line with national guidance and there was adequate space for residents to meet visitors in private if they wished. Some residents received regular visits from family members, others were supported to visit family at home while other regularly met up with family members for lunch or drinks. Some residents regularly visited friends in their houses, and others met friends for coffee.

The inspector noted that staff knew the residents well. Many staff members had been working in the centre for a number of years. Residents told the inspector that they had good relationships with staff and got on well together. 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. There was a warm and friendly atmosphere in the centre. Recently recruited staff told the inspector that they enjoyed working in the centre, had received comprehensive induction and training prior to commencement of working in the centre.

The inspector observed that the rights of residents were respected and promoted by staff. Some residents were supported to leave the house independently while having regard to letting staff know of their plans. Safeguarding plans in place were

regularly reviewed by the human rights committee and multidisciplinary team. Residents could access religious services of their choice. Residents had access to information on their rights and information was available in an appropriate accessible format. Residents had access to televisions, the Internet, information technology and some of the residents had their own mobile telephones. There was evidence of on-going consultation with residents and residents confirmed that they could express their views or raise issues of concern.

While there were a number of areas of very good practice, there were also areas where some improvements were required such as the governance and management arrangements in place, some care planning documentation required review, further clarity was required in relation to some aspects of fire safety management and further guidance for staff with regard to cleaning systems was required. These areas for improvement are discussed further in the main body of the report.

In summary, the inspector observed that residents were treated with dignity and respect by staff throughout the day. Residents were comfortable, relaxed and happy living in the centre. It was evident that residents lived active and meaningful lives, had choices in their daily lives and that their individual rights and independence was very much 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 was an announced inspection carried out to monitor compliance with the regulations. The last inspection of this centre took place in January 2021 and the inspector noted that improvements at that time particularly in the areas of behavioural management and restrictive practices had been sustained.

The governance and management arrangements in place ensured that a good quality and safe service was provided for people who lived in this centre, however, some improvements were required to the on-call management arrangements in place. Further oversight was required in relation to some aspects of fire safety management, cleaning systems and care planning documentation.

There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The person in charge worked full-time in the centre and she had the necessary qualifications and experience to carry out the role. The person in charge was supported in her role by a senior manager, the assistant director of client services. While there were on-call management arrangements in place for out of hours at weekends, there were no formal on-call arrangements in place to ensure

that staff were adequately supported out of hours during the weekdays.

The provider had ensured that there was adequate staff in line with the statement of purpose and the assessed needs of residents. Many of the staff team had worked with the residents over a sustained period and were very knowledgeable about their needs and wishes. The staffing rosters reviewed indicated that there was a regular staff pattern. The photographs of staff on duty each week were displayed in each apartment so that residents could be reminded or check as to which staff were on duty.

The inspector was satisfied that on-going training was provided to staff. Training records reviewed and staff spoken with confirmed that all staff had completed mandatory training in areas such as safeguarding, moving and handling, fire safety, managing behaviours that challenge and various aspects of infection prevention and control. The person in charge had identified staff that were due to attend refresher training and further training was scheduled. Recently recruited staff had completed comprehensive induction and all mandatory training prior to commencement of working in the centre.

The provider had systems in place to monitor and review the quality and safety of care in the centre. The annual review for 2021 had been completed. Unannounced audits were being carried out twice each year on behalf of the provider. The most recent audit dated December 2021 had identified a number of areas for improvement which were set out in an action plan. Some areas for improvement had been completed for example, a gap in one of the bathroom doors had been addressed. Other improvements identified were in progress including more regular house meetings were scheduled and minutes were being documented, the complaints process and right to feel safe document was included at residents meetings, evidence and documentation to support progress on residents goals had improved, and more regular staff meetings were to take place. The person in charge continued to regularly review identified risks, accidents and incidents, restrictive practices, medication management and fire safety.

The management team were aware of the requirement to notify the Chief Inspector of specified events, including quarterly notifications and all of the required notifications had been submitted since the last inspection.

The person in charge outlined the systems in place to manage complaints. She advised that complaints if received were recorded on the computerised system, reviewed, investigated and managed in line with the complaints policy. However, she told the inspector that she had not used the system as there had been no complaints received since she took over the role.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She had the the necessary qualifications and experience to carry out the role. She was knowledgeable

regarding the regulations, her statutory role and the support needs of residents.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents and in line with that outlined in the statement of purpose. There were generally four staff on duty during the daytime and three sleepover staff at night time. Staffing rosters reviewed indicated that there was a regular pattern of staff who knew the residents well. Staff spoken with were very knowledgeable regarding residents wishes, preferences and interests.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to on-going training of staff. All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, moving and handling and safeguarding. Additional training was provided to staff to support them in their role including medicines management, various aspects of infection control, epilepsy management, feeding, eating, drinking and swallowing difficulties and stoma care. Recently recruited staff reported that they had received comprehensive induction training prior to commencement of working in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Management on-call systems in place required review. There were no formal on-call arrangements in place to ensure that staff were adequately supported out of hours during the weekdays. Further oversight was required in relation to some aspects of fire safety management, cleaning systems and care planning documentation.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in a prominent position and included the names, photographs and contact details of the complaints officers, however, it required updating as it included the details of a person no longer employed in the service. The person in charge advised that there were no open complaints and that no complaints had been received since she took over the role in August 2021.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents received a good quality service and that there were arrangements in place which ensured a person-centred service. Each resident's well-being was promoted, independence and community involvement was encouraged. Some improvements were required to ensuring care and support plans were up-to-date, to some aspects of fire safety management and to ensuring comprehensive guidance for staff with regard to cleaning systems.

The inspector reviewed a sample of residents files. The personal plans reviewed detailed the needs and supports required by each resident to maximise their personal development. The plans set out the services and supports provided for residents to achieve a good quality of life and realise their goals. Personal plans had been developed in consultation with residents, family members and staff. Progress in relation to goals was clearly documented on an ongoing basis. Review meetings took place annually, at which residents' personal goals and support needs for the coming year were discussed and progress reviewed.

Residents' health, personal and social care needs were assessed. While care and support plans were generally found to be person centered and informative, improvements were required to ensure that the care plan documentation was regularly reviewed, up-to-date and documented in a way to provide comprehensive information and guidance to staff. While some of the plans were found to have been recently reviewed and updated, other plans for a resident including a moving and handling care plan and a communication support plan had not been updated since 2019. The file for this resident indicated that the resident did not have a case review since February 2020. While there was guidance and protocols available to guide staff on the support needs for the resident, they were located in numerous folders and it was therefore difficult to get a comprehensive overview of this residents care and support needs. Some guidance such as a dietary protocol located in a separate folder did not include the residents name or unique identifier, it was not signed or dated and therefore, the inspector could not be assured that the information and guidance was up-to date and reflective of the residents current care and support needs.

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 residents files indicated that residents had been regularly and recently reviewed by the dietitian, occupational therapist, psychologist, dentist, audiologist, chiropodist, foot care specialist, dermatologist and speech and language therapist. Residents had also been supported to avail of vaccination and national health screening programmes. Staff supported some residents to collect their own medicines from the pharmacy.

There were measures in place to ensure that residents' general welfare was being supported. Residents were involved in activities and tasks 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 nearby city. The centre had its own dedicated vehicles which could be used by residents to attend outings and activities. One resident was provided with a day service from his apartment while other had chosen to attend days services three days a week. During the inspection residents spent time going places that they enjoyed, going for walks in the local area, recycling glass at the bottle bank, visiting a local church, going shopping and getting baked goods for lunch. Some spent time relaxing in the house, watching television, listening to music and following their own routines.

Improvements noted at the last inspection in relation to the management of behaviours of concern and restrictive practices had been maintained. Residents that required supports with behaviours of concern had comprehensive support plans in place. The plans outlined clear guidance for staff regarding the possible triggers, proactive strategies, early warning signs and management of escalation of behaviours. Staff had received training in the management of behaviours, and staff spoken with demonstrated an awareness of the strategies required to support residents. Some restrictive practices had been implemented on a small number of occasions since the last inspection. The person in charge and staff spoken with outlined how this was largely attributed to the effective implementation of residents' behavioural support plans, which resulted in staff being able to de-escalate incidents without requiring the use of chemical or environmental restrictions. There were detailed protocols in place to guide staff on the use of a various restrictive practices. They clearly outlined that all restrictive practices were used as a last resort when all other strategies had failed and were used for the shortest time possible. The restrictive practice log was completed on all occasions when restrictions were used and the person in charge as well as the multidisciplinary team were notified. A daily behaviour record was completed and submitted on a weekly basis to the behaviour support therapist. A mood and sleep pattern record was also completed on a daily basis and submitted on a weekly basis to the case management team. The case management team continued to meet on a six weekly basis to monitor and review the residents behaviour and behavioural supports in place. The person in charge outlined how some restrictive practices including some window and door locks had been removed since the last inspection.

The management team had taken measures 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. Safeguarding plans in place were kept under regular review by the human rights committee and multidisciplinary team.

The centre was two storey in design, purpose built and designed to meet the needs of residents living there. The centre was well maintained, visibly clean, spacious, furnished and decorated in a homely style. The centre comprises of four apartments. All residents had their own spacious bedrooms with adequate storage space for personal items. Each apartment had an accessible shower room, well equipped kitchen , dining room, living room and facilities for laundering clothes. Residents had access to a well maintained garden area to the rear of the apartments. The centre was accessible with suitable ramps and handrails provided to the main entrance doors.

While the provider had systems in place to control the spread of infection prevention and control, some improvements were required to cleaning systems. There was guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and on-going monitoring of staff and residents' for signs and symptoms of COVID-19. There were cleaning checklists and colour coded cleaning system in place and the building was found to be visibly clean. However, there was insufficient guidance in place to direct thorough cleaning and disinfection of the facility. There was no comprehensive cleaning schedule in place to guide staff in the type of cleaning to be undertaken, the method to be used or the products and equipment to be used. This posed a risk as staff spoken with were unclear and inconsistent in describing the cleaning procedures and cleaning chemicals in use.

The person in charge demonstrated good fire safety awareness and knowledge of the evacuation needs of residents, however, further clarity was required in relation to the fire alarm system and the protocols in place in the event of fire at night time. The fire alarm panel was located on the ground floor central hallway leading to the two first floor apartments. Staff spoken with were unable to describe what information would be displayed on the alarm panel in the event of fire. They were unable to confirm if the panel would indicate the location of the fire, the apartment number, the zone or exact room location. There was no corresponding layout plan of the building beside the fire alarm panel to assist staff in identifying the location of the fire quickly. Staff were not clear as to which sleepover staff member was responsible for checking the fire panel in the event of the alarm sounding at night time and there was no protocol in place to guide staff in this regard. Daily fire safety checks were being recorded. There were service contracts in place for the fire alarm system, fire equipment and emergency lighting system. Training records reviewed indicated that all staff had completed fire safety training. Staff and residents spoken with confirmed that they had been involved in fire safety evacuation drills. Regular fire drills had been completed simulating both day and night time scenarios.

Regulation 11: Visits

Residents were facilitated and supported to receive visitors in the centre in line with national guidance. There was adequate space for residents to meet with visitors in private if they wished. Some residents received regular visits from family members, others were supported to visit family at home while other regularly met up with family members for lunch or drinks.

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. The centre was close to a range of amenities and facilities in the local and surrounding areas. The centre also had its own dedicated vehicles, which could be used by residents to go on outings and attend activities.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs of residents living there. It was well maintained, visibly clean, spacious, furnished and decorated in a homely style. All residents had their own spacious bedrooms with adequate storage space for personal items. Residents had access to an accessible shower room, well equipped kitchen, dining room, living room and facilities for laundering clothes in each apartment. Residents had personalised their own living spaces and bedrooms with a variety of items of significance to themselves.

Judgment: Compliant

Regulation 27: Protection against infection

While the building and equipment was found to be visibly clean, some improvements were required to ensure that there was adequate guidance for staff in relation to cleaning and disinfection systems. There was no comprehensive cleaning schedule

in place to guide staff in the type of cleaning to be undertaken, the method to be used or the products and equipment to be used. This posed a risk as staff spoken with were unclear and inconsistent in describing the cleaning procedures and cleaning chemicals in use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvements were required to some aspects of fire safety management. Further clarity was required by staff in relation to the workings of fire alarm system and the protocols in place in the event of fire at night time. Staff spoken with were unable to describe what information would be displayed on the alarm panel in the event of fire. For example, they did not know if the panel would display the apartment number, the zone number or exact room location. There was no corresponding layout plan of the building beside the fire alarm panel to assist staff in identifying the location of the fire quickly. There were normally three sleepover staff at night time, however, staff were not clear as to which sleepover staff member was responsible for checking the fire panel in the event of the alarm sounding at night time and there was no protocol in place to guide staff in this regard.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Some improvements were required to the care and support plan documentation to ensure that they were regularly reviewed, up-to-date and documented in a way so as to provide comprehensive information and guidance to staff. For example, a moving and handling care plan and a communication support plan had not been updated since 2019. The file of one resident reviewed indicated that the resident did not have a case review since February 2020. Guidance and protocols to guide staff regarding the support needs of a resident were located in numerous folders and it was therefore difficult to get a comprehensive overview of this residents care and support needs. Some guidance such as a dietary protocol located in a separate folder did not include the residents name or unique identifier, it was not signed or dated and therefore, the inspector could not be assured that the information and guidance was up-to date and reflective of the residents current care and support needs.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to attend a range of medical and health care appointments. The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had access to general practitioners (GP) including out of hours service, healthcare professionals and consultants. Residents were supported to access vaccination programmes and national screening programmes.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents that required supports with behaviours of concern had comprehensive support plans in place. The plans outlined clear guidance for staff regarding the possible triggers, proactive strategies, early warning signs and management of escalation of behaviours. Staff had received training in the management of behaviours. The person in charge and multidisciplinary team continued to monitor and review residents behaviour and behavioural supports in place. The person in charge continued to ensure that where restrictive procedures were required that they were used in line with national policy as a last resort when all other strategies had failed and were used for the shortest time possible.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured that all staff had received training in relation to safeguarding of residents and the prevention, detection and response to abuse. Safeguarding of residents was also promoted through management review of incidents that occurred and the development of comprehensive intimate and personal care plans. Safeguarding plans in place were implemented and kept under regular review by the human rights committee and multidisciplinary team.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported 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. All residents had their own bedrooms. Staff were observed to knock and ask permission before entering bedrooms. Residents were consulted with regarding all aspects of their lives, residents could express their views and raise issues of concern. Residents had access to information, television, the Internet and some had their own mobile telephones. Residents could access religious services of their choice.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Teach Michel Services OSV-0005700

Inspection ID: MON-0032194

Date of inspection: 09/05/2022

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>The Person in Charge has reviewed and updated auditing tools on 19/05/2022. The Person in Charge will keep under review all areas, including, fire safety management, cleaning systems and care planning documentation.</p> <p>The Person in Charge and the Person Participating in Management will continue to meet on a regular basis and agenda items for these meetings will include oversight of governance and management.</p> <p>There are currently arrangements in place for out of hours oncall weekends. The Senior Management Team and Human Resources Directorate have reviewed and are formalizing a formal on call out of hours rota. In the interim, during weekdays, in the case of an emergency, a local arrangement is in place that if the staff are unable to contact the Person In Charge (PIC), they contact the Person Participating in Management (PPIM). This arrangement is documented with contact details, on display for staff in the service"</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaints procedure has been updated to include up to date staff names, photographs and contact details. A copy of the updated complaints procedure is displayed in all apartments within the centre. This was completed on 15/05/2022.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>A comprehensive cleaning schedule is being devised at present which will provide guidance for staff on all areas of cleaning methodology within the centre. This schedule will also include the use of cleaning materials as per the HSE infection control guidelines. This schedule will be completed by 15/06/2022.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The protocol in place in the event of a fire at nighttime has been updated and now includes specific detail on who is responsible for checking the fire panel in the event of the alarm sounding at night. This was completed on 04/06/2022.</p> <p>The fire engineer (Cube) has been contacted and training has been scheduled with the team on all operational aspects of the alarm panel. This will be completed by 20/06/2022.</p> <p>A layout plan of the building has been mounted on the wall beside the fire alarm panel to assist staff in identifying the location of the fire quickly. This was completed on 07/06/2022.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The moving and handling care plan and communication passport have been updated; this was completed on 01/06/2022.</p>	

A case review has been scheduled for one resident; this will be completed by 20/06/2022.

All personal plans have been detailed into one overall comprehensive plan, these include communication support requirements, dietary needs, behaviour support plans etc. These have been reviewed and updated to reflect current support needs of all residents

A yearly schedule has been drawn up for all residents' reviews and persons responsible for co ordinating same.

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	30/06/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	15/06/2022

	published by the Authority.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	20/06/2022
Regulation 34(2)(a)	The registered provider shall ensure that a person who is not involved in the matters the subject of complaint is nominated to deal with complaints by or on behalf of residents.	Substantially Compliant	Yellow	15/05/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	20/06/2022

