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
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Unannounced
Date of inspection:	09 March 2022
Centre ID:	OSV-0008152
Fieldwork ID:	MON-0035532

About the designated centre

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

Riverside designated centre is located within a small campus setting which contains six other designated centres operated by the provider. Riverside can provide full-time residential care and support for up to six residents, both male and female. The home has two sitting rooms, one of which has patio doors with access to the garden, a visitor's room, kitchen, Jacuzzi bathroom, three shower rooms, two en-suite bedrooms and four single bedrooms. The centre is located in a residential area of a town and is in close proximity to amenities such as shops, leisure facilities and coffee shops. There is also transport available for residents to access community outings. Residents are supported by a staff team of nurses and healthcare assistants who provide 24 hour support, with two waking night staff available to support residents with their needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 9 March 2022	13:45hrs to 19:00hrs	Angela McCormack	Lead
Thursday 10 March 2022	09:20hrs to 15:15hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

There were five residents living in Riverside at the time of inspection, and the inspector got to meet and observe all residents throughout the course of the inspection. Residents appeared relaxed and comfortable in their home, and were observed to be relaxing in the communal areas or engaging in activities such as art, listening to music and going out on the bus for drives. Staff were observed to be treating residents with dignity and respect and in line with their needs.

On arrival to Riverside on the first afternoon of the inspection, the inspector met with two residents who were preparing to go for a bus drive with two staff. Staff reported that residents may choose to go for a walk at the park when they were on the bus outing. Residents appeared relaxed and happy, and they greeted the inspector on their own terms. On arrival to the front door, the inspector was greeted by another resident who had been doing art work with staff support. They appeared proud to show the inspector what they had painted, and staff supported them to communicate about what they were creating. One other resident was observed to be sitting by the front window in the sitting-room with headphones on, and they were reported to be listening to music. They interacted with the inspector briefly, and were observed responding to a staff member's interactions in a fun and jovial manner.

The premises appeared clean, bright and comfortable. The communal areas included a dining-room, two sitting-rooms and a small visitor's room, in which one resident was reported to enjoy spending time alone. The last inspection by HIQA identified that residents' freedom to move around their home was impacted due to safeguarding risks associated with the behaviours of concern displayed by another resident. Since December the numbers of residents living at the centre had reduced from six to five, and the safeguarding risks had decreased. Staff reported that residents were enjoying having more freedom to move around the house, and using all communal areas which were now available for all to enjoy. Throughout the inspection some residents were observed freely moving around the centre and they appeared happy and relaxed.

Residents had their own bedrooms which were observed to be bright, spacious and individually decorated. There was a garden area which contained colourful containers and bird feeders. One resident was observed to be freely moving in and out of the garden area throughout the inspection. The kitchen area was small and plans were in progress to address this issue. The door frame surrounding the kitchen door leading to the hallway was visibly damaged. This was followed up by the management team which it was brought to their attention, with a maintenance request submitted.

All residents living in Riverside had communication needs and referrals for speech and language therapy (SALT) assessments had been made to seek support with communication aids and interventions that may be suitable. These assessments

were outstanding for a number of residents. Staff supporting residents helped them to communicate with the inspector in line with their preferences. The inspector was informed about how a visual schedule was being introduced to support residents with choices and to aid understanding about daily activities. This schedule was observed to be on the wall in a communal area. The inspector met and spoke with a number of staff throughout the course of the inspection. Staff spoke about residents' lived experiences at this time and about the activities that residents enjoyed, such as swimming, going for walks, listening to music and going for bus drives to local amenities.

A review of documentation; including activity charts, care plans and daily records was completed. From a review of documentation and discussions with staff members, it was found that residents were attending limited activities outside of the centre at this time due to a recent COVID-19 outbreak. The inspector was informed that prior to this outbreak, some residents enjoyed attending a location outside the centre for activities such as swimming sessions, reflexology and music sessions. The inspector was informed that some residents were missing these activities at this time. Due to the recent outbreak and staffing shortages, some day services staff had been redeployed to the service with one staff providing 1:1 support to one resident during day time hours. This resident was reported to benefit from a structured day. In addition, the inspector was informed about plans in progress by the provider to provide an external day service to some residents on a full-time basis and in line with their wishes and preferences. Access to external day services and resuming preferred community outings were reported to be very important for a number of residents.

On the morning of the second day of the inspection, residents were observed to be in the communal areas supported by staff. Two residents were receiving hand massages from staff, and one resident was completing some art work, which they appeared happy to show the inspector. A delivery of food arrived at this time, and some residents were observed to be helping with putting away the food items in the kitchen and appeared happy to be helping out. Staff reported that some residents had plans to go out on the bus during the day and for walks at the park.

Overall residents were observed to be relaxed, happy and content in their home and with each other. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

Riverside designated centre was one of seven designated centres based on Ard Greine campus in Co. Donegal. This inspection was carried out to follow up on actions since the last inspection by the Health Information and Quality Authority (HIQA) in September 2021. Since April 2021, as part of the monitoring of this centre

and other centres on the Ard Greine campus, the provider was required to submit monthly updates on a quality improvement plan to HIQA. Some actions included on this plan were also reviewed as part of this inspection. Since the last inspection, the provider had applied to remove this house from 'Edencrest, Riverside and Cloghan flat' designated centre and had registered it as a standalone centre since December 2021.

Overall, the inspector found that there were improvements in the governance and management, and quality and safety of care provided to residents living in this centre. However, further improvements were required to achieve full compliance with the regulations and to further enhance the quality of care and support provided. Improvements were required in a number of areas including: access to communication assessments, staffing, staff training, updating care plans, risk management, aspects relating to the internal premises and documentation of residents' activities in line with the centre's procedures. These will be discussed in more detail throughout the report.

Since the last inspection, an additional layer of management in the form of a clinical nurse manager 1 (CNM1) had been appointed and taken up post. The CNM1 completed delegated tasks to support the person in charge with the operational management of the designated centre. This additional layer of management was part of the provider's quality improvement plan to strengthen and improve the governance arrangements for the centre and staff spoken with talked about how they felt the benefits of this for the centre. The person in charge was absent on the day of inspection, however the CNM1 was available and they appeared knowledgeable about residents and their individual needs.

A review of staffing arrangements was completed. The centre's current and previous months' rota were reviewed. The maintenance of the rota required improvements to ensure that it clearly reflected who was working each day. For example; on the actual rota for one of the days of the inspection the person in charge was recorded to be working; however they were on leave that week. In addition, a couple of entries over the previous months only had the first name of agency staff who were working, which made it difficult to establish who was actually working on some days.

A sample of staffing arrangements for the previous three months were reviewed and found that there was the appropriate numbers of staff on duty to support the needs of residents. Agency staff were used to cover staffing gaps, and it was noted that regular agency staff were rostered to help ensure continuity of care. However the centre had four staff on long term leave at that time, and at times additional staff (in addition to the permanent and regular agency staff) were required to provide cover. For example; over a two week period in January, 17 additional staff were required to provide cover. This impacted on the continuity of care for residents, some of whom were noted to require familiar staff for supporting them with behaviours of concern. The inspector was informed that a review of staffing arrangements for the entire campus was under review at this time due to re-configurations of centres and the transitioning of some residents to homes in the

community.

Staff training records and the staff training matrix in place were reviewed. The training matrix did not include all the staff who worked at the centre, and there were gaps found in the records maintained, which meant that the inspector could not confirm that all staff had completed mandatory training. This gap had been identified in a recent provider audit; however this action remained incomplete. Training was outstanding for some staff in Supporting Sexuality in Supported settings (SASS). This was reported to have been affected by the staffing absences associated with the COVID19 outbreak. Further dates were scheduled for this training to be completed by the end of March 2022. In addition, some training programmes, including refresher training, were required for some staff in hand hygiene, fire safety and behaviour management. A risk assessment had recently been completed which identified some gaps in staff training and measures to address this.

The inspector met and spoke with a number of staff throughout the inspection. Staff spoken with said that they felt supported, and said that they felt that there was enough staff on duty to meet residents' needs. Staff who had recently started working in the centre confirmed that they had gone through an induction process.

The inspector reviewed accidents and incidents that occurred in the centre over the past four months. This review demonstrated that the person in charge ensured that all notifications were submitted to the Chief Inspector of Social Services as required under the regulations .

There were a range of local audits completed in the centre in areas such as health and safety, finances, personal plans, medication, restrictive practices and complaints. The local management team had developed a centre specific quality improvement plan (QIP) for this centre since its recent registration, which had recently been updated and noted actions for completion. The inspector reviewed a sample of audits and found that they were completed in line with the annual schedule in place.

The management of complaints was reviewed, and it was found that complaints were taken seriously. For example, where residents indicated dissatisfaction with meals, these were treated as complaints and actions taken to address these. The complaints policy and procedures were reviewed and they contained clear instructions on how complaints are managed and details about the appeals process. The easy-to-read documentation required an amendment and the CNM1 assured the inspector that they would address this after the inspection.

As noted previously the governance and management of the centre had been strengthened since the last inspection. However, further improvements were required to ensure that the centre was effectively and consistently monitored at all times. The provider completed an unannounced provider audit in January 2022 which incorporated the other locations which this centre had previously been part of. Improvements were required in the oversight and monitoring by the provider, as this audit failed to review the progress of some actions from the last HIQA

inspection. In particular, an action to improve the accessibility of the kitchen area which had been agreed with HIQA as part of the compliance plan and was due to be completed by 31 March 2022, was not reviewed and therefore failed to identify that the action would not be met.

An annual review of the quality and safety of care had been completed in January 2022, which incorporated a review of Riverside with the designated centre it had been part of. However, this annual review did not include consultation with residents' family members/advocates in line with the regulations. This consultation was important as residents in Riverside had communication needs and they required supports to indicate their will and preference. In addition, the oversight of records detailing residents' daily activities required improvements to ensure that residents were provided with a meaningful day. The provider had put in place a daily activity record for each resident where it was to be noted what choice of preferred activity residents were offered, and to rate their enjoyment of this. However a number of entries reviewed noted that personal care was the activity undertaken, which meant that the information contained on the forms were not effective in identifying what activities residents enjoyed doing in order to provide them with a meaningful day. Improvements in these areas would help to ensure regulatory compliance and to ensure sustained improvements in the quality of care provided.

In general, improvements were found in the governance and management of the service and in the provision of a safe and quality home to residents. However, further improvements were required to ensure that regulatory compliance could be achieved and sustained, which would further enhance the quality of service provided to residents.

Regulation 15: Staffing

The staff rota required improvements to ensure that it accurately reflected who was working each day and to include the full names of all staff. In addition, improvements were required in the staffing arrangements to ensure that residents were provided with supports from a consistent team of staff.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The training matrix did not contain the names of all staff who were working in the centre. In addition, there were gaps found in the training records maintained. Some staff required training in SASS and refresher training in fire safety, behaviour management and hand hygiene.

Judgment: Not compliant

Regulation 23: Governance and management

Improvements were required in the oversight and monitoring of the centre to ensure that audits effectively identified actions, and any obstacles to achieve regulatory compliance. In addition, the monitoring of the system to record residents' activities and choices for a meaningful day required improvements to ensure that the service met residents' personal and social care needs. The annual review of the quality and safety of care provided did not include consultation with residents' representatives.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications were submitted to the Chief Inspector of Social Services in line with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log and documentation demonstrated that complaints were taken seriously and followed up in line with the procedures in place.

Judgment: Compliant

Quality and safety

Overall the inspector found that residents were supported in line with their needs and were provided with a homely environment. However, improvements were required in areas relating to premises, risk management, communication assessments and addressing gaps and inconsistencies in documentation which could impact on the consistency of care and support provided.

A sample of residents' care and support plans were reviewed. The inspector found

that annual review meetings were held which included consultation with residents and their families. Assessments of needs were completed for all residents to assess their health, personal and social care needs, and care plans were then developed where required. However, there were gaps in some documentation reviewed. This could impact on appropriate supports being provided to residents, especially at times when there were temporary staff in place. For example; one resident's assessment of need contained information that was out-of-date relating to home visits and restrictions about day trips due to the public health pandemic. In addition, the behaviour support plan in place did not include all of the behaviours which were included on the assessment of need and on their personal profile. While staff spoke about how to support the resident with this behaviour, this gap in documentation on the behaviour support plan created a risk that unfamiliar staff would not know what strategies were to be used to support with this behaviour and to reduce the impact on other peers.

In general, residents had access to multidisciplinary supports, such as behaviour specialists, psychologists and occupational therapists. However, a need for speech and language assessments to aid with communication supports remained outstanding for a number of residents. The inspector was informed about how there was only one speech and language therapist available for all residents on the campus, and as this was based on a prioritisation system some residents in Riverside had not yet been assessed, despite referrals being made. The inspector was later informed that one resident had their first SALT appointment the following day. The inspector was also informed that multidisciplinary meetings were being rolled out on the campus to review each centre, and while this was not to replace individual referrals for services, it would facilitate opportunities for all disciplines to be involved in reviews of the centre.

Residents were supported to achieve the best possible health by being facilitated to attend allied healthcare professionals, such as General Practitioners, Chiropodists, and various consultants. In addition, residents were supported to acesss national vaccine programmes, as appropriate. Residents had care plans in place to provide guidance to staff on best to support with healthcare needs, and where appropriate residents had end-of-life care plans developed also, which included input from family members.

The home was spacious and comfortable for the number of residents who lived at Riverside with a number of communal rooms for residents to enjoy. However works to reconfigure the centre and to address the accessibility to the kitchen remained outstanding. The inspector was informed that plans were in progress, however the time-frame agreed for the end of March 2022 through the compliance plan from the last HIQA inspection, would not be achieved. In addition, the door frame surrounding the kitchen door leading to the hallway required review and repair and an internal wall on the hallway had a visible crack and paint peeling.

Residents' main meals continued to be delivered from a centralised kitchen on the campus. However, it was noted in residents' meeting notes and through observations, that residents were supported with choices around alternative meal options and that there were food supplies in the centre to support with alternative

options.

Safeguarding of residents was promoted through regular reviews of incidents, discussion at resident and staff meetings about safeguarding and the development of safeguarding plans where required. In addition, residents had personal and intimate care plans which detailed how best to support them during personal care. Residents had overarching safeguarding plans in place which included details about safeguarding risks and about how to respond to any concerns. However, one resident's plan was not clear about what the specific safeguarding risks were. This could impact on how they were supported with potential safeguarding risks. In addition, it was not clear if all the actions included on a safeguarding plan for one resident had been reviewed to ensure a timely completion of actions. In addition, as part of the provider's quality improvement plan HIQA had been informed that compatibility assessments had been completed for all residents. However, there was a gap in documentation as one compatibility assessment was not available for review by the inspector, and which related to a resident for whom a number of notifications had been received to the Chief Inspector about safeguarding risks to peers.

In general, the management of risk was found to be good in Riverside. Where restrictive practices were in place, these were risk assessed to ensure that they were the least restrictive option for residents. There was an escalation process in place to escalate risks and the inspector was informed that the risk assessment due to lack of SALT had been escalated. There was a centre risk register in place which detailed centre specific risks, and risks relating to residents had specific risk assessments completed. However, some of the documentation required review as some risk ratings were not in line with the provider's risk matrix ratings. In addition, one risk assessment relating to an identified risk regarding consistency of staffing required review and updating to ensure that it was specific to the centre.

Overall, the quality and safety of care provided to residents had improved since the last inspection in September 2021. Residents now had the freedom to move safely around their home, and some safeguarding risks had been reduced. However, improvements were required in the premises and the maintenance of documentation to ensure that care plans and assessments were up-to-date and available for review.

Regulation 10: Communication

Residents had communication dictionaries in place which provided guidance to staff on how to communicate with, and understand communications by residents. Residents who required supports with communication had been referred for SALT assessments; however this support remained outstanding for a number of residents.

Judgment: Substantially compliant

Regulation 17: Premises

Actions relating to the accessibility to the kitchen for all residents remained outstanding. The door frame surrounding the kitchen door was visibly damaged, and a wall outside a bedroom in the hallway required repair as there was paint peeling and visible crack that had been plastered over.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Some improvements were required in risk management to ensure that ratings were reflective of the actual impact of identified risks and were in line with the organisational's risk management process and matrix. In addition, a risk relating to staff absenteeism and continuity of care required updating to ensure that it was specific to the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

One resident's assessment of needs required review and updating to reflect changes that had occurred, and to clearly reflect their current circumstances.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health outcomes and were facilitate to attend a range of healthcare appointments as required. End-of-life plans had been developed with residents and their advocates as appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was a gap in documentation in one resident's behaviour support plan as it did not reflect all the behaviours as noted on the assessment of needs, and about which staff spoke about specific strategies to support the resident with. This created a risk that not all staff would be familiar with the strategies to support with the named behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

Some safeguarding documentation required review to ensure that there was clear information about potential safeguarding risks. One resident's safeguarding plan was not clear on what all the safeguarding risks were. In addition, it was not clear if a review of actions contained on another resident's safeguarding plan had been completed.

In addition, while the inspector was informed that compatibility assessments had been completed for all residents, there was no documentary evidence in place that an assessment was carried out for one resident who had been involved in some safeguarding incidents with their peers in recent months.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported with referrals to independent advocacy services. Residents' meetings took place and there was evidence that choices were offered to residents. While main meals were still being delivered from a centralised kitchen on the campus, there was evidence that residents were offered choices and that these choices were respected. However, residents would benefit from supports with communication to better facilitate them to indicate their choices, will and preferences. This is covered under the section on communication.

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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riverside OSV-0008152

Inspection ID: MON-0035532

Date of inspection: 10/03/2022

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. The Person in Charge will ensure that the rota is checked daily to ensure it is reflective of the staff on duty daily – Completion date: 11/03/22 2. The Person in Charge will ensure that there is consistent staff working in the centre to support the residents – Date for completion: 30/04/22	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The Person in charge/ Director of Nursing has completed a further review of the training matrix to identify outstanding training requirements and to ensure that it is reflective of all staff working in the centre – Completion date: 01/04/22 2. All staff within the centre will complete the training on supporting adults sexuality in residential settings – Date for Completion: 31/05/22 3. The Person in Charge has scheduled fire training for 2 staff that require refresher training – Date for Completion : 31/05/22 4. The Person in Charge has scheduled 3 staff for outstanding Studio III training and these will be completed by the end of May 2022 – Date for Completion : 31/05/22 5. The Person in Charge has advised staff of all outstanding training on HSELAND ie Hand Hygiene and all other mandatory training that they require to update and complete by end of May 2022 – Date for completion 31/05/22	

Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The Provider representative will ensure that there is consultation with residents and families included in the 6 monthly and annual reviews – Completion date 14/03/22 2. The person in charge with oversight from the director of Nursing will continue to monitor the the quality improvement plan and audits to ensure that they effectively identify and manage any actions and escalate any obstacles in meeting compliance – Completion date: 01/04/22 3. The Person in charge will complete a review of the training matrix and identify any training needs on a monthly basis – Date for completion: 01/04/22 4. The person in Charge has reviewed all overarching safeguarding plans and these will be reviewed with the safeguarding and protection team – Date for completion: 28/04/22 5. The Person in charge has reviewed the activity records and had discussions with staff in relation to what activities constitutes an meaningful day – Completion date 08/04/22	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: 1. The Person in Charge has liaised with the Speech and Language therapist (SALT) in relation to when the residents in Riverside will be fully assessed by SALT – Date for completion: 14/04/22	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. The HSE has engaged an architect to develop plans for the reconfiguration to the layout of 2 centres initially. Once these centres have been completed Riverside will be in the 2nd phase for the reconfiguration – Date for completion: 30/06/2023 2. The Person in charge continues to ensure that residents can participate in activities such as making snacks and baking in an alternative area within the centre – Completion date: 29/09/2021 3. The Person in charge contacted maintenance to repair the kitchen door frame and take appropriate actions - Completion date: 14/03/22	

4. The Person in Charge has contacted maintenance to review the crack in the hallway and take appropriate actions - Completion date: 14/03/22

Regulation 26: Risk management procedures	Substantially Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures: 1. The Person in Charge has completed a review of all risk assessments and amendments have been made to ensure that they are reflective of the current status and are in line with the HSE risk management policy and ratings. Completion date: 14/03/22 2. The Person in Charge has completed a review of the risk assessment relating to staff absenteeism and continuity of care to ensure it contains information specific to the centre - Completion date: 14/03/22

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: 1. The Person in charge is liaison with the named nurse has reviewed one residents care plan to ensure that the information is current in relation to family contact and guidance re visits – Completion date: 01/04/22

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in charge has ensured received an up to date behavior support plan from the psychologist/behavior therapist and this is now included in the residents care plan to provide staff with the relevant guidance to support the residents – Completion date: 11/03/22

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: 1. The person in Charge has reviewed all of the overarching safeguarding plans to ensure that they contain all the information required to fully guide staff in maintaining the safety of all residents and identifying all potential safeguarding risks – Completion date: 14/03/22 2. The Person in Charge will liaise with the safeguarding and protection team to further review the overarching safeguarding plans – Date for completion 28/04/22 3. The Person in charge will ensure that compatibility assessments are available in the residents care plan – Date for completion 15/04/22	

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 10(1)	The registered provider shall ensure that each resident is assisted and supported at all times to communicate in accordance with the residents' needs and wishes.	Substantially Compliant	Yellow	14/04/2022
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	30/04/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	30/04/2022

Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Not Compliant	Orange	31/05/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/06/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He. she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	30/06/2023
Regulation 23(1)(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	28/04/2022

	systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	28/04/2022
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.	Substantially Compliant	Yellow	14/03/2022
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	Substantially Compliant	Yellow	01/04/2022

	circumstances, but no less frequently than on an annual basis.			
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	11/03/2022
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	28/04/2022