



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Unit
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Announced
Date of inspection:	13 October 2021
Centre ID:	OSV-0002705
Fieldwork ID:	MON-0026381

About the designated centre

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

The designated centre provides full-time 24 hours nurse led residential service. The centre is a large single floor building. The building is based on a campus in a small town in Co. Kildare. The centre can accommodate up to 8 residents male and female with varying degrees of intellectual and physical disability, chronic physical conditions and dementia. The centre comprises of 8 bedrooms. There are five residents living in the unit on a full time basis. The other two beds are used as a respite bed and an emergency convalescence bed. There are four bathrooms, two toilet areas and two single toilets. There is a shower room, a storage room, a nurse's station, a manager's office, a sitting room, a kitchen, a dining area, a conservatory with seating area, a visitors room, three storage cupboards/areas, staff locker rooms and staff room and a day activation room. Outside there is a garden and plant area with seating. A bus is available to the service on a daily basis for appointments and social activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

7

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
Wednesday 13 October 2021	10:00hrs to 18:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspector and staff to ensure adherence to COVID-19 guidance for residential care facilities. This included the wearing of personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

The inspector found that this was a well managed service and that residents were supported to have best possible health and to engage in activities of their choosing. This centre is a residential unit on a campus near a town. The centre was once a large congregated setting and three residents had moved out since the last inspection. The provider informed the inspector that they were actively seeking suitable properties to enable residents to move to a more appropriate setting in the community. The centre caters for five residents who have complex healthcare needs related to ageing. These residents used the service on a full time basis. There was one respite bed, which was filled on the day of inspection. This bed was accessed by eight people on a rotational basis. The final bed was used as an emergency convalescence bed but this was vacant on the day of inspection.

The inspector met with six residents. Some of the residents communicated verbally while others required staff to know them well to ensure they recognised their nonverbal communication cues such as their facial expressions, body language and vocalisations. On arrival to the centre, three of the residents were finishing their breakfast in the dining room. One of these residents was being fed by a staff member. They were noted to be knowledgeable about the residents' requirements and supported the resident appropriately. Two of the other residents stayed in bed until later in the morning while another had a rest after their breakfast. During the day, one resident went out for coffee with a staff member, while another went out for lunch with a family member. One of the residents visited some staff members who worked in another part of the campus. They spoke with the inspector on their return. They had their bedroom decorated for Halloween and showed the inspector the costume they planned on wearing. The resident told the inspector they lived there for sixty years and that they loved it. They had a number of photographs of family members on their wall and told the inspector about them. The resident had a fridge in their bedroom to store their preferred snacks and had access to their own kettle. Another resident spoke with the inspector and told them that they had moved into the unit two years ago from a community house and preferred this centre, stating that "it suits me better". Another resident was observed doing beads in the dining room. They greeted the inspector and were noted joking and laughing with staff. There were weekly residents meetings which took place. Residents talked about meal plans for the week, planned activities, issues with the centre which needed attention and person centred support plans and goals.

The centre had experienced the loss of a significant number of residents over the previous year. Staff told the inspector how they had invited families in to the garden

to have a memorial service. Residents were supported to visit the graves regularly if they wished to do so. Residents also had access to pastoral care.

The inspector received five questionnaires which were had been circulated to the person in charge prior to the inspection. The questionnaires were completed by residents with staff support. Questionnaires seek feedback on a number of areas of the service such as the accommodation, mealtimes, visitors, staff support, activities, rights and complaints. Residents reported that were happy in the centre. Residents indicated the activities they enjoyed such as going shopping, getting their nails and hair done, listening to music, doing crafts, going out for lunch and having family to visit. One of the residents stated "I like it here it suits me", while another said " I love it here because it's my home". Residents had been supported to speak with family members using video calls and window visits were also facilitated during restrictions.

In summary, this centre while it presented some physical challenges, it was evident from observations, reviewing documentation and speaking with the residents and the staff that residents were receiving safe and good quality care in line with their assessed needs. Residents appeared to be content and comfortable in the presence of staff. They were observed to be well presented and cared for. The next two sections of this report will present the inspection findings in relation to the governance and management of the centre and how the governance and management arrangements affected the quality and safety of the service being delivered

Capacity and capability

The provider had robust management structures, systems and processes in place to ensure effective oversight of the quality and safety of the care being provided to residents in the centre. There was a clear management structure in place, with the person in charge reporting to the area director who in turn reported to the regional director. Six monthly and annual reviews were carried out in line with the regulations. These had clear, time bound actions identified to continue to improve the service. The annual review included consultation with residents and their families which were complimentary of the service being delivered. The provider had a number of committees in place to oversee different aspects of residents care such as a health and safety committee, a risk committee, a restrictive practice committee and a positive behaviour support committee. There were emergency governance arrangements in place. The provider had established a Crisis Management Team to provide governance throughout the COVID-19 pandemic.

The provider had appointed a suitably qualified and experienced person in charge of the centre. The person in charge worked full time and had oversight of one other designated centre. They were on site every day and divided their time evenly between the two centres. The person in charge knew the residents and their needs

well. The person in charge had a number of systems in place to ensure good oversight of the centre on a day to day basis. The person in charge reviewed and signed each residents notes on a daily basis using the provider's online system. They carried out a number of audits at different intervals on areas such as medication, finances, PRN and a number of health and safety checks on storing food safely, oxygen tanks, suction machines and cleanliness of nebulisers. They had suitable arrangements in place to supervise staff and a performance management conversation was held on an annual basis. The person in charge attended management meetings and facilitated staff meetings in the centre once a month. These meetings had a standing agenda with items such as incidents and accidents, policies, safeguarding and person centred support plans discussed.

The provider had ensured that there was the appropriate number of staff with the required skills and experience to support the residents in this centre. On the day of the inspection, there were two student nurses available in addition to the staff members on the roster. The person in charge told the inspector that they had needed to access some relief and agency staff over the past number of weeks due to staff shortages. On the day of the inspection, a permanent relief staff had commenced. There was one agency staff and two regular staff members. Where agency staff were used, every effort was made to get the same staff coming back to the centre to try and provide some continuity of care for the residents.

Staff training was up to date in line with the provider's policy. In addition to mandatory training, staff had completed training in specific areas of care related to the group of residents they were supporting. For example, wound management, dementia, eating, drinking and swallowing difficulties, epilepsy training and buccal midazolam. There was also training completed in a number of areas relating to infection prevention and control. Improvements had been made since the last inspection on the induction process for staff. The person in charge had developed a checklist of items which new staff members , including agency staff, were required to learn in order to work in the centre. This was checked off by a regular staff on shift with the new staff member.

The residents in the centre had contracts of care in place which had been recently updated. However, there were no contracts of care evident for those who were using the respite service. It was not clear how much these residents were required to pay for their stay in addition to clearly outlining the services they received while in respite.

In summary, this was a mostly positive inspection with some areas for improvement identified. Both the provider and the person in charge demonstrated their capacity and capability to provide a service which was safe and of good quality.

Regulation 14: Persons in charge

The provider had appointed an experienced and suitably qualified person in charge. They had responsibility for one other designated centre and split their time evenly

between the two centres. The person in charge knew the residents and their needs well.

Judgment: Compliant

Regulation 15: Staffing

The provider had acknowledged that there had been some difficulties in filling all available shifts with regular staff due to absences on the team. This had been risk assessed with a negative impact on the residents clearly identified as a possible risk. The inspector viewed the planned and actual roster. This indicated that where agency or relief were required, they were a small number of people coming into the centre. There were two staff on each night and four by day. The person in charge informed the inspector that they endeavour to have at least one regular staff on duty on each shift and this was evidenced in the rosters.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed mandatory training in addition to training in areas relevant to the care needs of the residents in the centre. Supervision sessions took place regularly and were documented with clear actions and time lines identified. An induction programme had been set up since the last inspection in order to ensure that all new staff coming into the centre would have an appropriate level of knowledge to provide safe care. This included a checklist for staff to use with new staff on their first shift. Staff were appropriately supervised and a performance management conversation occurred annually.

Judgment: Compliant

Regulation 22: Insurance

The provider furnished a copy of their insurance which met regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The provider had robust systems and processes in place to ensure residents were receiving care which was safe and enabled them to have a good quality of life. The provider had carried out six monthly unannounced visits and an annual review which included consultation with residents and family members. There was a clear management structure in place, with the person in charge reporting to the area director who in turn reported to the regional director. There were appropriate supervision and performance management arrangements in place for all staff.

The person in charge maintained oversight of the centre through being on site , reviewing each residents' notes on a daily basis and through a number of audits to ensure safe and effective care was being delivered. Team meetings occurred on a monthly basis. The person in charge attended management meetings regularly. Finally ,the provider had a number of committees to ensure oversight of different aspects of residents' care such as health and safety, restrictive practice and behaviour support.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents who were in full time residential care had contracts of care in place which had been recently reviewed. However, there were no contracts of care or written agreements in relation to those using respite services.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifiable incidents had been submitted to the Office of the Chief Inspector in line with required time lines.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were receiving good quality care and that the service was a safe place to live. However, improvements were required in the area of premises, food and nutrition and fire precautions. Each resident had an annual review of their needs carried out and there were corresponding care plans in place. The person in charge carried out regular audits on the effectiveness of these plans and they were updated to reflect any changes which occurred. Residents in this centre were in receipt of very good health care. There was a GP who was well known to residents in the centre at least once a week. The residents had access to health and social care professionals such as occupational therapy and physiotherapy on site. They accessed other services such as speech and language therapy, dentistry and medical professionals outside of the service as they required them. Clear records of appointments were kept with the outcome of each appointment documented. The GP had an online system for residents' medical notes, results of any tests or referral letters. Staff in the centre had access to this system which enabled sharing of information in real time. Residents had access to National Screening Programmes such as BreastCheck and bowel screening. There were end-of-life care plans and advance care directives in place for some of the residents which had been discussed with the GP and family members.

Residents were found to be well protected in this centre. All of the residents were well presented and appeared well cared for. One of the residents told the inspector that they felt safe in the centre. Staff had appropriate training and safeguarding was a standing item on staff meeting agendas. Any safeguarding issues had been appropriately recorded, reported and investigated. Residents had intimate care plans in place which gave guidance to staff on how to support each person and were respectful of their privacy and bodily integrity. Residents' privacy was noted to be respected throughout the inspection by staff knocking on doors and getting consent from residents to enter their rooms.

The Health Information and Quality Authority (HIQA) preparedness and contingency planning self assessment for COVID-19 outbreak had been completed and reviewed regularly. This was to ensure that there were appropriate systems, processes and referral pathways in place to support residents and staff and to manage the service in the event of an outbreak of COVID-19. The inspector found that on arrival the centre had appropriate measures in place for visitors such as a questionnaire relating to COVID-19 symptoms, a visitors book and a temperature check. Temperature checks were carried out on residents and staff twice daily and these were logged. There was adequate facilities throughout the centre for hand hygiene. Staff were observed to wear PPE. Risk assessments were in place relating to COVID-19 for residents and for staff and these were updated in line with government and public health guidance. There was up to date guidance for staff on the management of COVID-19. The provider had a number of policies in place such as the infection prevention and control policy, a cleaning and disinfection policy and procedures outlines for cleaning and disinfection during the COVID-19 pandemic. There were

water checks carried out regularly. Cleaning schedules and speaking with the household staff indicated appropriate levels of disinfection and cleaning was taking place in the centre. The respite room was cleaned and vacant for a minimum of four hours between residents to mitigate the risk of infection transmission.

The provider had adequate fire safety management systems in place. There were appropriate detection and containment systems in place. Servicing and testing was carried out regularly and documentation was in date. Fire orders were displayed in prominent locations throughout the centre. The documentation of drills had improved significantly since the last inspection, with clear actions identified if required (for example a maintenance request on doors). Residents had personal emergency evacuation plans in place. However, these did not give clear instructions to staff in relation to ensuring residents with high health care needs requiring oxygen or those who required emergency medication were suitably protected in the event of an evacuation.

Medication was well managed in the centre. Each resident had an assessment carried out in relation to the support they required with medication. There were appropriate systems in place for the ordering, receipt, storage, disposal and administration of medications. Controlled drugs were securely stored and audited twice daily. Staff were clear on how to administer medication safely to those who presented with swallowing difficulties. PRN protocols were in place and audited weekly to ensure residents medications were appropriately managed.

As previously stated, this premises was a large building which presented some physical challenges. It was evident to the inspector that staff had made efforts to create a homely atmosphere in the centre, with candles, lighting and pictures on the wall throughout. Residents bedrooms were tastefully decorated and there was ample space for residents to store their belongings. The premises for the most part was accessible and suited to the needs of the residents. However, the kitchen was not accessible to most of the residents who used wheelchairs. There was a serving hatch in place and residents ate in the dining room. Lack of access to the kitchen area had been self-identified on the provider's annual review. Residents bedrooms were tastefully decorated and there was ample space for residents to store their belongings. Each resident had a sink in their bedroom. While the temperature of the water in the bedrooms was regulated, the inspector found the water to be extremely hot in other parts of the centre (for example in the bathrooms). While the premises was mostly well maintained, there were some areas of the centre which required attention such as cracked paintwork in two of the bathrooms, filling in a hole in the wall and mending a drain in the shower room which was causing an odour. There was a lovely garden at the side of the centre and staff told the inspector they were getting lights installed for Christmas for residents to look out at. There were suitable arrangements in place for the safe disposal of general and clinical waste. Laundry was mostly done in the provider's central laundry and there was a clear protocol for staff to follow which was colour coded to ensure separation of laundry. One resident chose to have their laundry done in the unit which was facilitated.

The provider had good systems in place to identify, assess and manage risks in the centre. The risk register contained risks for the centre and individual risk

assessments for a range of areas. These were regularly reviewed and in date on the day of inspection. Learning from adverse events was documented and shared at staff meetings.

Residents dietary and nutritional needs were found to be catered for. Breakfast was made and served in the centre. The other two meals came from the central kitchen. They were blended prior to being sent over to the unit to ensure the correct consistency of food was provided. The unit had a bain marie to ensure that the food remained hot before it was served. This meant that there was flexibility around what time that residents ate at. This was particularly important for one resident who had high health care needs. The unit got a delivery from a local supermarket twice a week in order to purchase snacks or other foods which were not available within the service. Residents had the option of choosing what they liked. For residents who had more complex communication needs, staff chose snacks they knew residents enjoyed. Snacks were appropriately stored with residents' names on them in the pantry. Dietary information was available in the kitchen to ensure all staff provided the correct foods to each resident in line with their assessed needs.

Regulation 17: Premises

As previously stated, this premises was a very large building which had historically housed a high numbers of residents. Each resident had a sink in their bedroom. While the temperature of water in the bedrooms was regulated, the inspector found the water to be extremely hot in other parts of the centre (for example in the bathrooms). The premises for the most part was accessible and suited to the needs of the residents. However, the kitchen was not accessible to most of the residents who used wheelchairs. The centre was found to be mostly in a good state of repair. However, there was some areas of the centre which required maintenance repair such as cracked paintwork in two of the bathrooms, filling in a hole in the wall and mending a drain in the shower room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents in this centre presented with a range of dietary needs. Some residents required modified diets while others required a gluten free diet. Breakfast was prepared in the centre. Lunch and dinner came from the central kitchen on the campus. It was blended in the central kitchen and kept hot in a bain marie in the kitchen. This meant that food could be served when it suited the residents which was particularly important in this centre. There were adequate numbers of staff available to ensure residents were given levels of assistance in line with their assessed needs. Residents were supported to buy snacks of their choice from a local

supermarket which was delivered to the centre twice a week. These items were stored appropriately. Staff were clear on the consistency of food and drink different residents required.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had good risk management systems in place. The policy contained information required in the regulations. There were systems in place for the identification, assessment and management of risk which promoted residents' rights. There was learning identified from adverse incidents and this was shared at staff meetings. The risk register had a clear risk assessments in place for centre level and for each resident. These were regularly reviewed and updated as required. Residents using respite had a separate risk register in place.

Judgment: Compliant

Regulation 27: Protection against infection

The inspector found that on arrival the centre had appropriate measures in place for visitors such as a questionnaire relating to COVID-19 symptoms, a visitors book and a temperature check. There was adequate facilities throughout for hand hygiene. Staff were observed to wear PPE. Risk assessments were in place relating to COVID-19 for residents and for staff and these were updated in line with government and public health guidance. The provider had a number of policies in place such as the infection prevention and control policy, a cleaning and disinfection policy and procedures outlines for cleaning and disinfection during the COVID-19 pandemic. There were water checks carried out regularly. Cleaning schedules and speaking with the household staff indicated appropriate levels of disinfection and cleaning was taking place in the centre. The respite room was cleaned and vacant for a minimum of four hours between residents to mitigate the risk of infection transmission.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had containment and detection systems in place in addition to emergency lighting and fire fighting equipment, all of which were in working order the day of the inspection. These were tested daily and serviced regularly. Records of

fire drills had improved significantly since the last inspection. However, residents' personal emergency evacuation plans did not provide clear guidance to staff on the safe evacuation of residents who required oxygen or emergency medication such as buccal midazolam.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

This centre was a nurse-led centre and medication was administered by nurses only. The provider had a clear system in place for ordering, receipt, administration and disposal of medication. Controlled drugs were stored securely. A weekly stock take of medication took place. PRN protocols were in place for those who needed them and an audit of PRN use was done once a month. This was shared with the GP to ensure resident's needs were appropriately met. Medication errors were documented and discussed with the person in charge. These were discussed at team meetings. The nursing staff had taken appropriate measures to ensure that residents who had dysphagia were given medication which was safe for them to swallow.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had an annual assessment carried out and a corresponding care plan in place. There was a named nurse and key worker for each resident. Two of the residents in the centre refused to have a person centred plan. The inspector viewed the personal care support plans for two residents. These indicated consultation with the resident and a reflection of their life history. There was an identified circle of support and a vision statement for each resident. Goals were regularly reviewed. There was a record of what staff had tried with the resident and what worked or needed to change. This ensured that ongoing learning and exploration with residents on their preferences took place. For one resident with dementia, a 'rummage box' had been developed with items which they had previously enjoyed to support engagement with them.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to enjoy best possible health in this centre. The centre

had a GP who attended at least once a week. Nurses from the centre were able to access the GP's online system for the residents. This meant that they had access to recent blood tests or other investigations. Health care records were kept on the provider's online system. These indicated that residents had access to a wide range of health and social care professionals such as occupational therapy, physiotherapy, dietetics and speech and language therapy. There were clear records of any appointments attended and the outcome of these.

Judgment: Compliant

Regulation 8: Protection

The provider had a number of policies in place in relation to safeguarding residents from all types of abuse such as protecting vulnerable adults, trust in care and protecting personal belongings. Safeguarding was a standing agenda item for staff meetings to ensure it remained an area for staff to be aware of and knowledgeable in. Intimate and personal care plans were in place and written in a way which was respectful of the dignity and bodily integrity of each person. Throughout the day, staff were noted to knock on resident's doors and were respectful of their personal spaces. Resident's personal belongings were protected using a personal possessions inventory for each resident. Financial capacity assessments were carried out for each resident and the provider had systems in place to safeguard residents' finances. This included counting residents money twice a week, clear recording of spending and a monthly audit of each resident's finances.

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	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Joseph's Unit OSV-0002705

Inspection ID: MON-0026381

Date of inspection: 13/10/2021

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: Following the inspection, the Contracts of Care for respite users were located in the Regional Directors Office. There is a now a copy in each individual's file.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Funding for upgrade of premises including accessibility to kitchen continues to be sought from the HSE. Local maintenance works continue as required.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Personal emergency evacuation plans are now updated with added emphasis on the emergency equipment needed and its location for each individual.</p>	

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 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	31/05/2022
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	Not Compliant	Orange	31/08/2022

	accessible to all.			
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	04/11/2021
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	04/11/2021
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.	Not Compliant	Orange	04/11/2021