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:	Seirbhís na Beanna Beola
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Announced
Date of inspection:	03 October 2023
Centre ID:	OSV-0005032
Fieldwork ID:	MON-0031846

About the designated centre

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

Seirbhís na Beanna Beola provides an integrated residential, day and respite service for male and female residents over the age of 18. Residents of this service have a mild to profound intellectual disability. The service supports five individuals on a full-time basis and one respite place which is shared between three individuals. The centre comprises of a single dwelling house which is split over two levels and has ample outdoor space for residents to sit and enjoy the sea views. Each resident has their own bedroom, which is decorated to their own individual tastes. There are adequate bathroom, kitchen and recreational facilities in the centre for the residents to enjoy. The centre benefits from their own vehicle for access a range of amenities, and residents also have access to public transport links. The centre is staffed by a skill-mix of social care workers, support workers and nursing staff and has waking night staff in place each night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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
Tuesday 3 October 2023	09:40hrs to 17:00hrs	Cora McCarthy	Lead
Tuesday 3 October 2023	09:40hrs to 17:00hrs	Caroline Glynn	Support

What residents told us and what inspectors observed

This was an announced inspection to inform the renewal of registration of this centre. The person in charge and team leader facilitated this inspection and they had all required documentation available for the inspectors to review.

This centre was located in a rural area and comprised of six bedrooms, a staff office and ample living space. On the day of inspection, the inspectors met and communicated with three residents.

On arrival, the inspectors met one resident who was having their breakfast and who interacted happily with the inspectors. The resident said they were happy to show the inspectors their bedroom and was very proud of the decor they had chosen and the family photographs displayed in their bedroom. They talked about deceased family members, visiting their graves and being supported with this, as part of their personal goal achievement. The resident was delighted to show the inspectors a photograph of their favourite singer taken at a music concert they had attended. The resident informed the inspectors that they had recently made plans to travel to New York with staff members, to attend a Broadway musical and to do some shopping; the resident was really excited about the upcoming trip. This resident had plans to go out on the morning of the inspection and the inspectors took the opportunity to review documentation and have a tour of the house.

The house was a split level house and the downstairs had been partitioned off to create two separate living spaces, for two residents, who came to stay on respite. The house presented as dated and had defective areas that required improvement. For example, there was damaged and uneven flooring throughout the house, paint was peeling off some walls and window boards and, overall, the premises required upgrade and improvement. There was a doorway which had been built up but had never been finished off. The person in charge outlined that the provider had a plan in place to renovate the building, was currently engaged in the process of purchasing the house and had applied for planning permission for the upgrade. As a result of defective surfaces, the home was not conducive to the maintenance of good infection prevention and control, as it was extremely difficult to adequately clean and sanitise some areas.

In the afternoon, a second resident returned home. They had been at a knitting class and had gone for lunch and shopping on the way home. The resident had bought some lovely new clothing and was delighted with their purchases. They were excited to show the staff and inspectors what they had bought and were trying to decide which outfit they would wear the following day. The inspectors chatted to the resident and noted that they were very comfortable in the presence of staff and were treated in a very respectful manner. The resident was happy to show the inspectors around their bedroom that was personalised in line with the resident's choices. It was comfortable and cosy.

The residents had meaningful and active lives, and were supported to maintain friendships and relationships. One resident was facilitated to meet a friend regularly for lunch and a walk. The residents enjoyed holidays and trips away, meals out, classes, and family visits. The residents were very much involved in the running of the centre and were encouraged to be independent and active decision makers.

In summary, the residents in this centre received a good quality of care and support from a committed staff team who were familiar with and met their assessed needs. The residents were facilitated to choose activities and meals and were consulted with in regards to consent for example, for vaccinations. Independent advocacy support was available, if required.

The next two sections of this report present 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 service being delivered to each resident living in the centre.

Capacity and capability

Overall, this centre provided a good standard of care and support to the residents. The centre was well resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. However, as a result of the non-submission of safeguarding incidents to the Office of the Chief Inspector and defective premises, Regulation 31 and 17 were found not compliant with the requirements of the regulations.

The provider had submitted accurate documentation for the renewal of registration of this centre. There was a qualified and experienced person in charge who was committed to providing a good quality of care to the residents. The person in charge was knowledgeable in relation to all issues that occurred in the centre and staff were aware of reporting pathways in the centre and who to escalate issues of concern to.

Continuity of care was provided from a consistent staff team who knew the residents very well and had positive relationships with the residents. There was a planned and actual staff rota, showing staff on duty during the day and night, which was properly maintained. The person in charge had ensured that the provider had obtained the staff information and documents specified in Schedule 2.

Appropriate training was provided to all staff. There was a training gap. The team leader had identified this and arranged for a staff member to complete the training straight away. Refresher training was provided as part of a continuous professional development programme. Staff received supervision from the person in charge six times per year. Staff records were maintained by the human resource department. Garda vetting disclosures were up to date, and qualifications and references were available to view. Equally, residents records and centre records were in order, a

statement of purpose and function and residents' guide were available, which contained all required information. Appropriate insurance cover was in place for the centre and was in date.

The provider had completed a suite of audits that included an annual review of the care and support in the service and two six-monthly unannounced audits. These covered areas such as safeguarding, health and safety, governance and management of staff and resources, accidents and incidents. Areas for improvement included securing a vehicle for the centre and this had been addressed by the day of inspection. The other area was to agree and finalise the purchase of the house to ensure security of tenure for the residents: this was in process at the time of inspection.

The provider had a policy on volunteering to work in the centre, which addressed matters pertaining to the safeguarding of residents and volunteers, training and Garda vetting of volunteers.

As outlined in Regulation 31 below a not compliant judgement was issued in respect of notifications that had not been submitted; these were retrospectively submitted following this inspection. In addition, the internal reviews mentioned above had not identified this deficit.

Regulation 34 was not compliant on the last inspection. However, on this inspection, the complaints process had been amended and was more user friendly and accessible to the residents. There were no active complaints on the day of inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted an application to renew the registration of this centre. The documentation was submitted in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in the role and there were clear lines of accountability in the centre. The person in charge was experienced and maintained a regular presence in the centre. The person in charge had been in the role for several years and was very knowledgeable regarding the residents' needs.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, the inspectors reviewed the actual and planned rota across a number of weeks and found that there was adequate staff levels and skill-mix to meet the assessed needs of the residents. There were no vacancies on the rota and staffing numbers were as outlined in the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors reviewed the staff training record. All staff had received mandatory training in safeguarding, fire safety training, Studio 3, infection prevention and control and, manual handling. Staff also had a suite of extra training available to them for continuous professional development and to meet the specific needs of individual residents, such as training from speech and language therapists for supporting residents with swallowing difficulties. One staff member's training in hand hygiene and the use of personal protective equipment had very recently expired but the staff member was currently in the process of completing the refresher training.

Judgment: Compliant

Regulation 21: Records

The inspectors reviewed records held in respect of staff and found that all staff recruitment and vetting disclosure processes had been adhered to. Each staff member's commencement date was recorded, as well as their previous work history, qualifications and references. In respect of Schedule 3, the residents' details were maintained. For example, the date on which the resident first came to reside in the designated centre, diagnosis on admission and care history were all accounted for. All documents outlined in schedule 4 were also available for review including the residents' guide and a copy of all inspection reports.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured there was a contract of insurance against injury to residents and other risks, such as loss or damage to property. The insurance policy was dated from October 2022 to October 2023 inclusive.

Judgment: Compliant

Regulation 23: Governance and management

The provider had an audit system in place which included health and safety, finance, infection prevention and control audits, as well as two six-monthly unannounced audits and an annual review of the quality of care and support in the centre. Satisfaction questionnaires were issued to residents and some family members; positive feedback was received from one family member, other forms had not been returned. The six monthly audit reviewed safeguarding incidents and notifications as part of the review process. However, the review failed to identify that four peer-to-peer incidents had not been managed in line with the safeguarding policy. Other areas for improvement on the audit action plans had either been addressed prior to this inspection or were in progress.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a statement of purpose available for the inspectors to review. The statement of purpose was last reviewed and updated in June 2023. The statement of purpose contained all information as set out in Schedule 1, including the services and facilities provided, management and staffing details and, the admission process. A copy of the statement of purpose was given to residents and their representatives on admission.

Judgment: Compliant

Regulation 30: Volunteers

There were currently no volunteers working in this centre, although there was policy on recruiting and supporting volunteers. This was reviewed by the inspectors and was noted to cover recruitment, training, supervision and vetting of all volunteers.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had failed to notify the chief inspector in writing within 3 working days of the following adverse incidents occurring in the designated centre. Peer-to-peer incidents occurred between two residents on four separate occasions between January and July 2023. The person in charge had recorded the incidents on the providers internal accident and incident recording system; however, the designated officer had not been informed until the fourth incident occurred. None of the four incidents had been notified to the Chief Inspector. The person in charge committed to submit the four notifications retrospectively. The inspector reviewed the policy on the management & reporting of accidents, incidents and critical incidents and found that it had been reviewed in July 2023 and provided clear guidance on the reporting of adverse events and incidents.

Judgment: Not compliant

Regulation 34: Complaints procedure

The provider had a policy for the management and handling of complaints in place. The complaints procedure was outlined in the Appendix of the policy as was the appeals process. The complaints procedure was available to residents in an easy-to-read format, in DVD format, on admission to the centre and, the poster on the complaints process was visible on the notice board. There was a compliments and complaints log and, on review, it was noted that there was one compliment and no complaints recorded. One complaint had previously been received; this had been reviewed on the previous inspection and was archived on this inspection.

Judgment: Compliant

Quality and safety

The quality and safety of care in this centre was provided to a good standard. The residents were happy in the centre, had meaningful activities in their day and were consulted in regards to their care and support. There were areas for improvement and some of these were to be addressed when the providers plan to purchase and renovate the property was completed. Overall, the residents were safe in the centre, were treated with respect and their rights were upheld.

Communication supports required some improvement in terms of the use of visuals as the residents did not appear to understand what they represented. The residents

did have access to the Internet, television and radio and there was an electronic tablet available in the house for their use. There was a communication passport in place for the residents and the staff were knowledgeable regarding the residents' communication methods.

The residents in this centre led busy and active lives and enjoyed meaningful activities and relationships with family and friends. The resident's general welfare and development was supported and residents were encouraged to be independent and to be active in their local community.

The premises was judged not compliant due to the defects such as to flooring and surfaces throughout the building. The building required complete renovation and modernisation. The provider did not have a lease for the duration of the three year registration cycle. This issue was being addressed by the provider and documentation was to be submitted post inspection to assure the Chief Inspector of security of tenure for the residents.

The residents in the centre were supported to maintain a healthy diet and, for those who required it, speech and language therapy (SLT) supports were available. Where required a safe eating and drinking plan was developed by the SLT. However, more detail was required on the actual meal records as they did not explain the texture of food provided to one resident.

There were good infection prevention and control practices implemented by the person in charge in this centre. However, the current presentation of the building meant it could not be cleaned or sanitised properly.

The person in charge implemented a good fire safety management system in this centre. There were daily fire checks completed by staff, fire equipment was serviced regularly, fire drills were completed and personal egress plans were in place for all residents. The inspectors were assured that residents could be evacuated safely in the event of a fire.

On review of the medicines management systems, the inspectors found that there were good practices in place in relation to ordering, receipt, prescribing, storing, disposal and administration of medicines. The medication recording charts were clearly written and signed by staff on administration of each medicine. A signature chart of all staff members was maintained to ensure it was clear who had administered medication. There was a recording book in place for disposal of medicines to the pharmacy which was signed and stamped once the medication was returned.

There was a comprehensive assessment of need in place for each resident and a personal plan was developed which reflected those needs. The personal plan was reviewed annually to address any changes in needs. The provider used the personal outcome measures (POM's) process to support personal planning. The POM's assessment was completed annually in conjunction with the multi-disciplinary team.

Transition plans were required for residents coming into the centre, to aid their understanding of the process and support them to transition without anxiety or

stress. This included information on the services and supports available and, where appropriate, the provision of training in the life-skills required for the new living arrangement.

The residents had access to a local pharmacist and general practitioner (G.P.) and were satisfied with these arrangements. They attended appointments with medical professionals as required and there were notes of appointments with SLT, occupational therapy, psychiatry, audiology and the G.P. Recommendations from clinicians were adhered to. Overall, the residents' good health was well supported in this centre. Residents had access to exercise equipment to maintain fitness and opportunities to go for walks. There were care plans in the personal plan to support residents to manage identified medical conditions.

Staff were aware of the safeguarding strategies in place for two residents and were vigilant to the interactions between these residents. These measures had been effective as there were no safeguarding incidents since the measures were implemented. However, the requirement for safeguarding strategies was not formally written up as a safeguarding plan and the incidents had not been notified to HIQA. There was a safeguarding policy available, which gave clear guidance regarding reporting of incidents of concern.

Weekly house meetings were held in the house, where residents decided on their meals and activities for the week ahead. Residents could bring up any issues they wished at these meetings. Education was also provided at these meetings around advocacy, safeguarding and complaints. The details of the confidential recipient and the complaints officer were made available to residents and residents were encouraged to be self-advocates. One resident did remain on the ground floor level of the house with staff when on respite and indicated that they were happy with this arrangement. However, there were no meeting notes of service user consultation around this matter. Residents rights were upheld in this centre and they were active decision makers. While there was no formal human rights training for staff, there was information provided regarding assisted decision making and the capacity act. Residents were consulted about and consented to matters pertaining to their health and wellbeing.

Regulation 10: Communication

The person in charge in this centre ensured that each resident was assisted and supported to communicate in accordance with the residents' needs and wishes. There were easy-read versions of documents available and also a visual staff rota to support residents understanding of which staff member was on shift each day. However, visual supports for goals, activities and feelings were of a generic nature and did not represent for example the actual place or how the resident was feeling. It was clear in discussions with one resident that they did not understand the visuals for going to a concert or to meet with family and friends; these visuals were required to be more user friendly and person centred.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The provider ensured that the residents had access to facilities for occupation and recreation. One resident attended a knitting class, followed by clothes shopping on the morning of inspection, and a second resident went to day service. Residents enjoyed holidays, meals out and had opportunities to participate in activities, in accordance with their interests, capacities and developmental needs. One resident had planned a trip to New York as they loved musicals and wished to go to a Broadway show and do some shopping; this was being facilitated by the staff team.

Judgment: Compliant

Regulation 17: Premises

The provider had not ensured that the premises was of sound construction and kept in a good state of repair externally and internally. The house was dated and there were defective surfaces throughout such as uneven and damaged flooring and peeling paint on walls and window sills. Externally, there the surface was uneven which would pose a difficulty for residents with mobility issues. There was also a balcony which was the fire exit for one resident and which was covered in algae and was very slippery. The front wall of the house had recently been hit by a vehicle and was damaged, with loose stone posing a risk for staff or residents putting out the bins. The person in charge had put arrangements in place for this to be addressed. The house was currently leased to the provider, the lease was due to expire but the provider was in the process of purchasing the property and had plans for the upgrade and complete renovation of the building. However, this process was not complete at the time of inspection. The provider explained to inspectors that the decision on both the sale of the property and the application for planning permission was due in December 2023.

Judgment: Not compliant

Regulation 18: Food and nutrition

While there was adequate fresh food and fruit available and healthy meals cooked, the meal logs of residents on feeding, eating and swallowing (FED's) plans required more detail. For example, one resident had their food and fluid intake monitored for medical reasons and also had a FED's plan in place. However, there was limited

detail in the log regarding the texture and consistency of the meals provided.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

Respite residents had recently been admitted to the centre and, while there were signed contracts of care in place, there was no transition plan available for the residents. There was issues regarding behaviours of concern between residents which may have been proactively addressed had there been transition supports in place. The person in charge committed to addressing this matter going forward and putting plans in place to support resident transition into the centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The person in charge had good processes in place in relation to infection prevention and control (IPC). There was an infection prevention and control audit in place and cleaning schedules. There were good systems in place for the colour coded mops for cleaning the floors, for waste management and laundry management. Clothing was washed separately at the correct temperatures and water soluble bags were used when required. All staff were trained in infection prevention and control and there was a policy available to guide staff also. However, a dated building with defective flooring and surfaces was not conducive to the maintenance of good IPC and rendered many areas too difficult to effectively clean and sanitise.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Personal egress plans (PEEPs) were reviewed for two residents; both plans accounted for health issues which were highlighted on the PEEP such as the management of the prescribed rescue medicine. The maintenance records for fire fighting equipment, the fire alarm and emergency lighting indicated that they had all been serviced in the appropriate time frames. The provider had prepared an emergency fire action plan; this was last reviewed in July 2023 and signed off by all staff. Fire evacuation drills indicated that all residents could be safely evacuated in a safe time period.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspectors reviewed the processes relating to medication administration and management and found medications were kept in a well organised locked cabinet with a photograph of each resident outlined on the front. Medication recording charts were reviewed and indicated that all medication was administered as prescribed. Ordering of medication was completed weekly with the local pharmacy and there was an agreed day for collection. There was a self-administration of medication form completed for all residents and it was determined from these that the residents required full support with the administration of their medication. There was an individual medication management plan in place for all residents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured an assessment of the health, personal and social care needs of each resident was completed and that there was a personal plan developed, which reflected those needs. They had ensured that the assessed needs of the residents were met and associated care management plans were put in place. For example, there was evidence of assessment by speech and language therapists and FED's plans implemented. There was evidence of ongoing review for a resident with a specific medical diagnosis. There were care management plans in place for skin integrity, hypothyroidism and hypertension. There was a comprehensive hospital passport and communication passport in place also. Social care needs were met through outings and activities with family, friends and staff and these were accounted for in the personal plan and 'personal outcome measures' process.

Judgment: Compliant

Regulation 6: Health care

The provider has ensured that there was appropriate health care support available to the residents in the centre, in line with the residents' personal plans. Each resident had a hospital passport and an individual medication management plan. Staff facilitated appointments, and there were management plans in place for specific conditions. There was evidence that resident health and wellbeing was monitored and residents were referred for screening such as dementia screening. Staff encouraged the residents to partake in regular exercise. During the course of

this inspection, one resident took a walk supported by a staff member, and they were also observed using their exercise bicycle under the supervision of a staff member.

In respect of a resident who had recently passed away, the person in charge has ensured that appropriate end-of life care had been provided for which there was positive feedback, in the form of a written compliment from the family acknowledging this.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspectors reviewed positive behavioural support plans which gave clear guidance on how to address behaviours of concern. However, the behaviour support assessment and the original plan had been completed in 2019. However, the resident required a full re-assessment as their behaviours had changed since 2019.

Judgment: Substantially compliant

Regulation 8: Protection

Peer-to-peer incidents had occurred between two residents on four separate occasions between January and July 2023. The person in charge did not notify the designated officer of the safeguarding concerns at the time of these events, in order for them to complete a preliminary screening and input into a safeguarding plan. The person in charge had put safeguarding measures in place following the incidents to protect both residents, such as dividing the residents living space with a partition and staggering times of arrival to and from the centre. However, these were informal measures and, while they safeguarded residents, they were not in line with the providers own process for addressing safeguarding concerns. All staff members had training in the safeguarding of vulnerable adults.

Judgment: Substantially compliant

Regulation 9: Residents' rights

In general, the provider had ensured the residents' rights were respected and promoted. Residents took part in a weekly house meeting during which staff supported residents to make decisions about their meals and activities for the week

ahead. The residents also had access to advocacy services. However, it was noted that, while availing of respite, one resident had no interactions with their fellow residents due to compatibility issues, and only had the company of one staff member who was allocated to the downstairs respite area. While staff reported that the resident had indicated they are happy with this situation, there was no explicit evidence of consultation with the resident or their family representative in relation to these arrangements.
Judgment: Substantially 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Seirbhís na Beanna Beola OSV-0005032

Inspection ID: MON-0031846

Date of inspection: 03/10/2023

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: In accordance with Regulation 23 (1)(c) the Person in Charge has reviewed audits and identified areas for improvement for future audits, to include the area of notification of incidents and escalation of safeguarding concerns.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: In accordance with Regulation 31 (1)(f) the Person in Charge has retrospectively submitted the required notifications on the portal for the identified adverse incidents. The Person in Charge has also taken on board the learning identified during the inspection and will ensure any concerns or adverse incidents in the future are reported to the Chief Inspector within three working days, as per regulations.	
Regulation 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication:	

In accordance with Regulation 10 (2) the Person in Charge has identified areas for improvement in relation to the use of visual supports for the residents in the Designated Centre. This has been discussed with the team at a team meeting on 08/11/2023 and in future non-generic visuals will be utilized in conjunction with the residents, to ensure that they can understand them and that they support their communication needs.

Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: In accordance with Regulation 17 (1)(b) the provider is committed to the complete renovation of the property once the planning permission has been granted and the sale of the property has been completed. This renovation will bring the property to the standard required in line with regulations.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: In accordance with Regulation 18 (2)(d) the Person in Charge has addressed the need for more detailed information in food diaries to include information regarding texture and consistency, to ensure best possible health for the residents. This was communicated to all staff following the recent inspection and again at a team meeting held on 08/11/2023.	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: In accordance with Regulation 25 (3)(a) the Person in Charge is committed to ensuring that transition plans and documentation of same are in place for any admissions or transitions to the Designated Centre.	

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
In accordance with regulation 27 the Provider is committed to the complete renovation of the premises once the planning permission has been granted and the sale of the property has been completed. The renovation will include works to rectify and replace defective flooring and surfaces, as identified during the inspection. The overall renovation will provide an environment conducive to high standards in the area of prevention and control of infections.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
In accordance with Regulation 7 (1), the Person in Charge has arranged for a full re-assessment of one resident, to include a new behaviour support plan. This will be carried out by a Positive Behavioural Therapist, with input from the team and other important people in the person's life.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
In accordance with Regulation 8 (3) the Person in Charge has arranged for the identified safeguarding concerns to be reviewed in a formal manner and documentation in line with the organisation's own processes will be in place following the review. All informal measures currently in place will be considered and formalized if appropriate.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: In accordance with Regulation 9 (2)(a) the Person in Charge has arranged for the establishment of regular advocacy meetings for residents that attend for respite. This will ensure that their preferences and wishes regarding the service they receive will be established. Conversations regarding the person's choice regarding with who they want to spend time with and when, while on respite are included as part of these meetings. All outcomes of the conversations are now being documented.	

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(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	04/10/2023
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.	Not Compliant	Orange	02/09/2024
Regulation 18(2)(d)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are consistent with	Substantially Compliant	Yellow	04/10/2023

	each resident's individual dietary needs and preferences.			
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	04/10/2023
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.	Substantially Compliant	Yellow	04/10/2023
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	Substantially Compliant	Yellow	02/09/2024

	infections published by the Authority.			
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	05/10/2023
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	05/02/2024
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	22/12/2023
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with	Substantially Compliant	Yellow	20/11/2023

	his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.			