



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

## Issued by the Chief Inspector

|                            |  |
|----------------------------|--|
| Name of designated centre: | Comeragh High Support Residential Services |
| Name of provider:          | Brothers of Charity Services Ireland CLG   |
| Address of centre:         | Waterford                                  |
| Type of inspection:        | Unannounced                                |
| Date of inspection:        | 29 June 2023                               |
| Centre ID:                 | OSV-0005082                                |
| Fieldwork ID:              | MON-0040497                                |

## About the designated centre

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

Comeragh High Support Residential Services consists of one detached bungalow and a smaller semi-detached apartment located in an urban area. The centre provides full-time residential support for up to five male residents between the ages of 47 and 70 with intellectual disabilities. Some day services for these residents are also run from the designated centre. Each resident had their own bedroom. Other facilities in the detached bungalow include a kitchen, a sitting room, a dining room, a utility room and bathroom facilities while the apartment has a bathroom with a kitchen/living area also. The current staffing compliment is made up social care leaders, social care workers and care assistants.

**The following information outlines some additional data on this centre.**

|  |   |
|--|---|
| Number of residents on the date of inspection: | 5 |
|--|---|

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 |
|-----------------------|----------------------|-------------|------|
| Thursday 29 June 2023 | 09:00hrs to 17:00hrs | Tanya Brady | Lead |

## What residents told us and what inspectors observed

This was an unannounced inspection, completed for the purposes of monitoring ongoing compliance against the Regulations and standards. Overall findings of this inspection were that residents who lived in this centre were supported by a staff team who were familiar with their care and support needs. The residents were supported to lead busy and active lives of their choosing and were in receipt of good quality care and support. Residents told the inspector that they were happy in their homes and liked living there. Improvements were found to be required in areas such as medicines management, staff training and development, infection prevention and control and in the notification of incidents however, for the most part this was a well run centre.

This centre is registered for a maximum of five residents and there were five individuals living in the centre on the day of inspection. The centre comprises two houses, one of which is home to four individuals and the other home to a single individual. The houses are both in close proximity to shops and other amenities and are approximately a 10 minute drive apart. Each premises has access to external areas for residents to use and relax in and all residents have their own bedrooms and personal space. The inspector had the opportunity to meet and spend time with all residents living in the centre over the course of the inspection.

On arrival to the first house the inspector was welcomed to the house and directed to an area in the hall that contained a visitors book and hand sanitiser. Both houses that comprise this centre are located in quiet suburban areas adjacent to other houses and close to shops, cafés and other amenities. There were staff present in both houses that were well known to residents and provided guidance on the specific communication or behaviour supports that may be required to the inspector.

On arrival to the first house, a resident was relaxing in the sitting room with a cup of tea and the television was on. They called out to the inspector to come into the sitting room to meet them and explained what they were going to do in the morning. The resident was later supported to go out and purchase a greeting card and to take a short drive. Another resident accompanied them, they also welcomed the inspector to their home and stated they were happy for the inspector to look around the house. This resident completed personal care independently prior to leaving the house and was observed to be comfortable in their environment and to move freely throughout the house.

Another resident who greeted the inspector on arrival later took a rest in their room before coming into the staff office where the inspector was reviewing documents. They came in and out of the office over a period of time to speak to the inspector about different things that were of interest or to ask questions. The resident expressed their wish to go out later in the day and requested that one of their peers join them. This was later facilitated by staff. A resident who was in bed when the inspector arrived, later got up with staff support and spent time relaxing in their

room. They were observed to watch the television and to engage with staff over the course of the morning, moving through their home if they wished to access something. Residents in this home presented with complex assessed health needs, however, the staff team were observed to ensure that individuals needs were met and supported in an effective and caring manner. Residents were given ample time to complete tasks and to take rests as required while still being supported to go into the community and engage in activities of their choice.

Throughout the inspection, while the residents were in the centre they were observed relaxing and happy with staff. They were observed to spend their time in preferred spaces including communal areas and bedrooms. They were encouraged to be involved in activities in the house such as deciding on what to eat or drink and making a sandwich or cup of tea. The inspector observed that the residents were afforded the chance to start their day at a pace they liked and there was no sense of rushing to leave the centre.

All residents in the centre presented with complexities with communication skills although all were skilled in getting their message across using a variety of methods including verbal language, structured gestures and symbol/picture supports. In the afternoon the inspector visited the second house and the resident there was observed to be skilled in using a symbol and photograph based augmentative communication system. In addition they used personalised manual signing and the inspector observed the staff supporting all modes of communication when engaging with the resident. They told the inspector that they had just been in town having their hair cut and that there had recently been repairs to their home such as one they showed the inspector in the bathroom. The resident spoke of a visit they had planned for the following weekend to meet with family.

Over the course of the day residents went out both for planned activities and with support staff to participate in everyday activities such as shopping for items that were important to them. Individuals were given time on their own if they indicated they would like that or spent time with each other or with staff. The inspector found that the residents had strong friendships with their peers and there was also evidence of visits to families and time spent with friends. The inspector observed residents being treated with dignity and respect during the inspection. Staff were observed to knock before entering rooms and to offer residents choices in relation to how and where they spent their time. There was information available on the availability of advocacy services and information regarding their rights was discussed as part of resident meetings.

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

## Capacity and capability

The inspector found that this was for the most part a well-managed centre with good structures and levels of accountability evident. However, improvement in a number of Regulations was required as outlined later in the report, including medicines, infection prevention and control and staff training. An immediate action in the area of medicines was issued to the provider on the day of inspection regarding direction on the administration of a controlled drug and this was responded to by the provider on the day of inspection.

The post of person in charge was held by a suitably qualified and experienced individual who currently had responsibility for two centres. They managed to ensure they had a regular presence in the centre and were supported to provide operational governance by the allocation of delegated duties to senior staff.

There were good reporting systems evident between the person in charge, the staff team and the service manager. There were unannounced visits undertaken on behalf of the provider and actions were identified as a result. The inspector also found that robust auditing systems had been consistently applied by the person in charge which supported on going review of care although some of these required enhanced detail such as in the area of fire containment and cleaning schedules. The providers' annual review was also available for review by the inspector.

There was a core consistent staff team working in this centre. Staff had for the most part completed training however, refresher training was not consistently completed in line with the providers policies, and residents' assessed needs.

## Regulation 15: Staffing

The provider had ensured that there were sufficient numbers of staff on duty to meet the number and needs of residents living in the centre on the day of inspection. The staff compliment was in line with that as outlined in the centre statement of purpose. Where there were long term vacancies these positions had now been filled by a consistent staff member. In addition where cover was required for planned gaps in the roster arising from leave the person in charge had access to a small core number of relief staff.

The inspector found that there were enough core staff with the right skills and experience to meet the assessed needs of the residents. The staff team told the inspector about how the roster worked and outlined that they knew all members of the team who may be working with them. They explained that this consistency allowed them to provide high quality care and support to all individuals in the centre.

There were planned and actual rosters in place and they were maintained although

one roster required minor review in order to clearer reflect the actual skill mix of staff on duty.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider and person in charge had endeavoured to ensure that staff were in receipt of training in line with the organisation's policies and residents' assessed needs.

The provider had self identified that the staff team were in need of refresher training in a number of key areas as part of their auditing mechanisms. On the day of inspection this refresher training had not as yet been provided. The inspector found that a number of staff required refresher training in key areas such as fire safety, safeguarding, manual handling and the safe administration of medication. These gaps were apparent in the staff teams supporting residents in both houses that comprise the designated centre. Some staff had been out of date in key areas for longer than 12 months. The requirement for training support was noted in audits as a priority for the person in charge and the provider.

Judgment: Not compliant

### Regulation 23: Governance and management

There are clear lines of authority and accountability in place in the centre. The provider has appointed an experienced person in charge who is supported in this centre by a service manager who holds the position of person participating in the management of the centre.

The person in charge completes regular audits of the service provided to residents and the staff team also complete delegated tasks such as the auditing of fire safety systems. Staff had clearly defined roles and responsibilities and the lines of accountability and authority were clear. Their audits and reviews were for the most part picking up on areas for improvement and driving positive changes in relation to residents' care and support. Some areas identified on inspection that had not been identified in audits are reflected under Regulation 29 and 27 below.

The provider has systems of oversight also in place and ensures a regular presence in the centre as part of this. The provider has completed audits including an annual review and six monthly unannounced audits as required by the Regulations. These audits identify actions that form part of a quality improvement plan for the centre.



Review of these action plans found however, that not all actions had been completed such as the provision of refresher training. In addition the inspector found that review of documentation in the centre was required to ensure that the most current information was available to guide staff as some out-of-date information was present that was not always accurate.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifications had not been submitted to the Chief Inspector as required by the Regulation. The provider and the person in charge were aware of the requirements of the regulation however, not all restrictive practices that were in place in the centre had been returned. In addition returns that had been made had not consistently been made at the end of each quarter of the calendar year.

Judgment: Not compliant

### Quality and safety

Overall, the findings of this inspection were that residents reported that they were happy and felt safe living in the centre. They were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that the residents' quality of life and overall safety of care in the centre was prioritised and managed in a person centred manner although some improvements were required. There was a clear emphasis on residents' choices and preferences being considered and respected. Residents accessed numerous external activities such as shopping trips, meeting friends and family, going out for a coffee, nights away, cinema trips or restaurant visits.

Residents had built friendships with those that they lived with in the centre over time and the compatibility between peers and their requests to spend time together was considered as part of ongoing reviews of safeguarding and quality of life. Residents were observed to either have a lie-in in the morning and others who were up early were supported to engage in activities they choose.

There was an emphasis on supporting residents with life-skills including money management or looking after their own room and belongings, which the inspector saw that they took pride in. The inspector also found that residents were supported in participating in everyday tasks in their home such as, making a cup of tea, planning for leaving the house to shop or have a drive. This was part of the culture

of the centre in promoting lifelong learning with positive support from staff to ensure residents feel valued and supported.

## Regulation 12: Personal possessions

The provider and person in charge had ensured that all residents had access to their personal items. Their photographs and personal mementos were displayed throughout their home which presented as individual to those who lived there. Where residents expressed a preference for a more minimalist environment this was also respected and items on display were reduced in line with some residents' preferences within their spaces.

The provider had clear financial oversight systems in place with detailed guidance for staff on the practices to safeguard resident's finances and access to their monies. The inspector found that residents had assessments completed that determined the levels of support they may require. There were systems in place for the staff to support residents in reconciliation of bank statements and for review of spending and budgeting. Where some residents liked the sensation of coins in their pocket this was supported and staff ensured coins were available for residents and not just notes. The staff team outlined to the inspector the system for daily checks in place and in the oversight of actual monies present in wallets. The staff and the inspector on review found no discrepancies between actual amounts present and the amount recorded that should be present.

Judgment: Compliant

## Regulation 17: Premises

The designated centre comprises two single storey premises, one home to four individuals and one home to a single individual. Each home is located in a suburban setting in close proximity to Waterford city.

The larger premises is a spacious detached bungalow in a housing estate, with an area to the front of the building for parking and areas to the sides and rear used by residents to relax outside. Residents had their own bedrooms and access to a number of bathrooms in addition to communal areas. There was a clear premises maintenance system in place where the person in charge could log and monitor repairs that were required. The inspector found some areas required painting or repair such as kitchen presses and repairs required to flooring where it had been damaged. These areas impacted on the ability to effectively clean the premises and

are therefore reflected against the judgement for Regulation 27.

The smaller premises was a single storey end-of-terrace unit with a small garden area to the rear. This premises was co-located with administration buildings and other residential units owned by the provider. The house was well maintained and presented and the resident showed the inspector areas identified as needing repair that had recently been completed. The resident had their own bedroom, bathroom and an open plan kitchen-dining and sitting room. The resident showed the inspector a new armchair which they expressed they liked a lot.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector was satisfied that appropriate efforts were being made in the designated centre to promote the health and safety of residents. The inspector found that risk assessments were current and reflected the control measures necessary to keep the residents safe. The provider and person in charge had self-identified previously that this was an area that required review. Audits in the areas of health and safety were being carried out and any learning from risks or adverse incidents were shared with staff to ensure that such issues were appropriately responded to. For instance where one resident was reluctant to participate in fire drills this had been reviewed and an up-to-date risk assessment completed to guide staff. Each resident, where required, had individual risk assessments in place to promote their quality of life and protect them from harm.

Judgment: Compliant

### Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was for the most part being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. Improvements were required however, in the documentation regarding cleaning schedules, the maintenance of the premises to ensure effective cleaning and in the running of water in areas that were not frequently used.

The physical environment in both houses was found to be very clean, although in one house a room identified for storage required additional cleaning. This room contained a large amount of personal protective equipment some of which the inspector found was out-of-date. In addition the room had a sink which was not in use and no water flushing was being completed to guard against water borne disease. Some aspects of the premises required review in order that cleaning and

disinfecting practices could be effective. This included worn surfaces on presses in the kitchen, on side tables in the sitting room. Torn and worn furniture covers, rust on radiators in bathrooms and chipped or worn flooring. The majority of these areas had been identified in audits and flagged for maintenance by the provider although the furniture in one premises had not been listed for replacement.

In one house there was difficulty in locating the cleaning schedule to show the inspector which staff noted had been archived, it was found to be inconsistently completed, in the second house there were also gaps in the completion of the schedule. The inspector acknowledges that there was cleaning being completed although it was not being clearly documented. Schedules were in place for the management of personal medical equipment such as CPAP machines, however, there was a 'sharps box' in use in one house that had not been dated on opening and which was stored on the floor of a staff office.

Judgment: Not compliant

### Regulation 28: Fire precautions

The provider had systems in place for the management of fire safety in the centre. There were fire containment measures in place in the centre including fire doors and self-closing mechanisms. There were systems to ensure fire equipment was serviced and maintained. The inspector found that frequent audits and reviews of fire safety processes and equipment were being completed. One of these audits had not been updated to reflect a newly installed fire door however, and this is reflected under Regulation 23.

Residents had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills. Fire drills were occurring regularly. A drill to demonstrate that each resident could evacuate the centre when the least number of staff are on duty had also been completed in line with the provider's policy. A centre specific evacuation process was updated on the day of inspection to reflect the enhanced risk of smoking in close proximity to the rear of the building. The provider and person in charge had assessed this risk and had specific control measures in place.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Under this regulation the provider was required to address an immediate risk that

was identified on the day on the inspection. The manner in which the provider responded to the risk provided assurance that the risk was adequately addressed.

The inspector found that there were inadequate and potentially misleading directions for staff on the administration of a Schedule 2 controlled drug. Further the inspector found that the recording of administration of this controlled drug had not been completed as per the provider's and national guidance. To ensure that resident safety could be ensured the provider was requested to complete a number of immediate changes to protocols and documentation in place. The provider and person in charge submitted assurances to the Chief inspector that these actions were completed immediately following the inspection.

Residents were however, for the most part protected by appropriate policies, and procedures in relation to the receipt, storage and return of medicines. As already outlined under Regulation 16 not all staff had received refresher training in the safe administration of medication training and practical administration.

Judgment: Not compliant

## Regulation 6: Health care

The inspector found that the provider was recognising residents' complex needs and responding appropriately by completing the required assessments and supporting residents to access health and social care professionals in line with their assessed needs. Residents had their healthcare needs assessed and were supported to attend appointments and to follow up appropriately. Records were maintained of residents appointments with medical and other health and social care professionals, as were any follow ups required. An annual overview of health checks and needs was in place that supported the staff team in planning supports for residents as may be required.

Health related care plans were developed and reviewed as required. Risk assessments were in place to address any risks identified in health care plans, for example the risks associated with epilepsy management. Residents were supported to access national screening programmes in line with their health and age profile, and in line with their wishes and preferences. Where residents had specific complex needs these were supported by specialist medical services and residents were supported in their home if required.

Judgment: Compliant

## Regulation 8: Protection

the residents in this centre were protected by the policies, procedures and practices relating to safeguarding and protection. The provider and person in charge had placed an emphasis on the safeguarding of all residents in this centre and this was clear in reviews regarding decisions about compatibility, in reviewing who lived in which house and where residents rooms were located. Residents themselves reported they were happy and felt safe.

Safeguarding plans were developed and reviewed as required. Areas where residents may be vulnerable had been considered and the associated risks assessed to guide the development of personal support plans. Residents' safeguarding plans where required were current and had been reviewed in line with national guidance. The inspector found that following review plans were closed or updated in a timely manner as required. Following review of safeguarding incidents the provider also instigated prompt investigations and actions identified as required were seen to have been completed or to be underway, this included a review on the management of resident access to vehicles for example and where they sat in relation to one another.

Residents had assessments completed which guided the development of personal or intimate care plans. Residents had up-to-date intimate and personal care plans and guidance for staff was detailed and clear.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that the rights and diversity of residents was being respected and promoted in the centre. Residents' plans, keyworker meetings and their goals were reflective of their likes, dislikes, wishes and preferences. Residents were consulted to gather their thoughts on what it was like to live in the centre.

Residents were very comfortable with staff and in how staff respected their wishes and listened to what they had to say. The staff talked about choices and how they adapted them so that residents could fully make decisions. Residents were supported to make every day decisions in relation to areas such as where and how they spent their time, what they ate and drank, and how involved they were in the day-to-day running of the centre.

Some residents had accessed independent advocates, and there was information available and on display in relation to independent advocacy services and the confidential recipient.

|                     |
|---------------------|
|                     |
| 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                |
|--|-------------------------|
| <b>Capacity and capability</b>                       |                         |
| Regulation 15: Staffing                              | Compliant               |
| Regulation 16: Training and staff development        | Not compliant           |
| Regulation 23: Governance and management             | Substantially compliant |
| Regulation 31: Notification of incidents             | Not compliant           |
| <b>Quality and safety</b>                            |                         |
| Regulation 12: Personal possessions                  | Compliant               |
| Regulation 17: Premises                              | Compliant               |
| Regulation 26: Risk management procedures            | Compliant               |
| Regulation 27: Protection against infection          | Not compliant           |
| Regulation 28: Fire precautions                      | Compliant               |
| Regulation 29: Medicines and pharmaceutical services | Not compliant           |
| Regulation 6: Health care                            | Compliant               |
| Regulation 8: Protection                             | Compliant               |
| Regulation 9: Residents' rights                      | Compliant               |



# Compliance Plan for Comeragh High Support Residential Services OSV-0005082

Inspection ID: MON-0040497

Date of inspection: 29/06/2023

## 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 16: Training and staff development  | Not Compliant           |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• The service manager and PIC are liaising with the training department to schedule outstanding mandatory training for staff.</li> </ul>  |                         |
| Regulation 23: Governance and management   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• A quarterly review of files in the designated will be undertaken to ensure that the information on file is current and relevant to the individual supported in the designated Centre.</li> <li>• Actions from audits will be addressed in a timely manner. Outstanding actions in relation to the completion of training for staff is being coordinated by the PIC and Service Manager in conjunction with the training department.</li> </ul> |                         |
| Regulation 31: Notification of incidents   | Not Compliant           |

|   |                      |
|---|----------------------|
|   |                      |
| <p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>• The PIC and Service Manager will ensure that quarterly notifications are submitted accurately and within regulatory timeframes.</li> </ul>   |                      |
| <p>Regulation 27: Protection against infection</p>  | <p>Not Compliant</p> |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• New Kitchen cabinets were installed on the 18th July, 2023</li> <li>• Furniture has been purchased for the living room including a table and sofa and awaiting delivery of same.</li> <li>• System in place for the documentation of cleaning personal equipment such as CPAP machine and the regular infection control schedule</li> <li>• A Signature sheet has been implemented to document that a sink in an unused room is being flushed weekly to eliminate any water borne disease.</li> </ul>   |                      |
| <p>Regulation 29: Medicines and pharmaceutical services</p>   | <p>Not Compliant</p> |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> <li>• The person in Charge has issues clear directions to the designated Centre in regard to the administration of schedule 2 controlled drug.</li> <li>• The Person in Charge in conjunction with the prescriber has clearly outlined on the MPAR'S the requirement that this medication must not be crushed prior to administration.</li> <li>• Direction for the administration and requirement for two signatures is clearly stated in the protocol in line with the organisational policy on administration of controlled drugs. This has been forwarded to the designated Centre on the 30.06.23</li> <li>• All staff have been reminded of the importance of adhering to the organisations</li> </ul> |                      |

medication policy. This will be discussed at the next staff meeting to further reiterate the importance of same.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| Regulation          | Regulatory requirement   | Judgment                | Risk rating | Date to be complied with |
|---------------------|--|-------------------------|-------------|--------------------------|
| Regulation 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      | 30/11/2023               |
| 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      | 31/07/2023               |
| Regulation 27       | The registered provider shall ensure that residents who may be at risk of a healthcare   | Not Compliant           | Orange      | 31/07/2023               |

|                     |   |               |        |            |
|---------------------|---|---------------|--------|------------|
|                     | associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.  |               |        |            |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | Not Compliant | Red    | 03/07/2023 |
| Regulation 31(3)(a) | The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated   | Not Compliant | Orange | 31/07/2023 |

|  |   |  |  |  |
|--|---|--|--|--|
|  | centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used. |  |  |  |
|--|---|--|--|--|