

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

## Issued by the Chief Inspector

Name of designated centre:	Piercetown
Name of provider:	Three Steps Limited
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	29 March 2023
Centre ID:	OSV-0007841
Fieldwork ID:	MON-0030822

## About the designated centre

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

This service provides residential care and support for up to five adults with disabilities. The house consists of seven large bedrooms, a large sun room, a sitting room/TV room (with additional space for a relaxation area), a large fully equipped kitchen cum dining room, a separate dining room a utility facility and a large communal bathroom. Each resident has their own large en-suite bedroom. The house is situated on its own private grounds with private parking facilities to the rear and side of the property. The house is staffed on a 24/7 basis by a person in charge, a deputy centre manager, a team leader and a team of support workers. The overall aim of the service is to provide a safe, caring, supportive, thoughtfully created environment that respects the individual rights, meets the individual needs and maximises personal development, autonomy and independence of the residents.

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

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 29 March 2023	10:00hrs to 16:30hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector of social services observed, it was evident that the residents had a good quality of life in which their independence was promoted. However, there had been a significant turnover of staff in the centre in the preceding period and there were a number of staff vacancies. Although efforts were made to cover these vacancies with regular relief and agency staff, there was a potential negative impact for residents in terms of consistency of care from their care givers.

The inspector met briefly with two of the four residents living in the centre. The inspector observed warm interactions between the residents and staff caring for them. Two of the residents were engaged in their day service and other appointments on the day of inspection. A third resident was observed completing art work with staff, going out for a walk and a car trip with staff, while the fourth resident appeared to enjoy spending time in the garden, watching television and visiting a local park. One of the residents met with was reluctant to engage with the inspector but appeared in good spirits and staff were observed to respond to their non-verbal cues. The other resident present spoke briefly about staff being kind to them. This resident stated that she was happy living in the centre but that they would like to return to live in their family home. This was being considered by management in consultation with the residents' representatives. Staff members were observed to respond to this resident's verbal requests in a kind and respectful manner.

The centre was registered to accommodate up to five adult residents. However, there was one vacancy at the time of this inspection. Consequently there were four residents on the day of inspection. They had been living together since the centre first opened in September 2020. A number of the residents had previously lived together in another centre operated by this provider. It was considered that overall the residents were compatible with each other. However, as discussed later in the report, the behaviours of a small number of the residents, on occasions could be difficult for staff to manage in a group living environment. This had the potential to have a negative impact on individual residents.

The centre was found to be comfortable, homely and overall in a good state of repair. However, some surfaces on presses, the hob and sink in the kitchen appeared worn and broken in areas and the flooring in some areas appeared worn, such as the sitting room floor. This meant that these areas could be more difficult to clean from an infection control perspective. The provider had an operations and maintenance team who were responsible for the maintenance of the premises. A maintenance log was maintained of all requests and tasks undertaken. A number of areas in the interior of the centre had recently been re-painted. There were a number of good sized communal areas, including a kitchen, separate dining room, sitting room and a conservatory. Each of the residents had their own bedroom which had been personalised to their own taste. This promoted residents' independence

and dignity and, recognised their individuality and personal preferences. There were pieces of art work, which had been completed by residents, on display in areas along with pictures of residents and their respective family members and other memorabilia. The centre was located in a rural setting. There was a good sized garden surrounding the centre for residents use. This included a trampoline, basket swing, basketball hoop, potted plants, climbing frame and seating area. The centre layout was suitable to meet the needs of the residents.

There was evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of their home. Each of the residents had regular one-to-one meetings with their assigned key workers and there were weekly resident meetings. Residents were enabled and assisted to communicate their needs, preferences and choices at these meetings in relation to activities, daily routines, money and meal choices. In line with national guidance regarding COVID-19, residents had reengaged with a range of activities in the community and there were no restrictions on visiting in the centre. Posters displaying individualised rights for each of the residents were on display in the centre. Residents had access to independent advocates if required.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources and facilitation of visits. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with residents and their representatives as part of its annual review of the quality and safety of care. These indicated that overall they were happy with the care being provided in the centre. However, it was noted that families had recognised that staff turnover had negatively impacted upon the level of service.

There was an atmosphere of friendliness in the centre and warm interactions between the residents and staff was observed. Staff were observed to interact with residents in a caring and respectful manner. For example, staff were observed to reassure and support a resident who was going out for a walk but who was hesitant on leaving. The residents met with appeared to be in good form. Residents were observed to access various areas in the centre and the garden.

There were five staff vacancies at the time of inspection. Overall, these vacancies were being covered by regular agency and relief staff. Recruitment was underway for these positions. There had been a high turnover of staff in the preceding period. This meant that it was difficult to ensure consistency of care for residents and to enable relationships between residents and staff to be maintained. The inspector noted that residents' needs and preferences were well known to staff met with on the day of inspection and the person in charge.

Residents were supported to engage in meaningful activities in the centre. Three of the four residents had a formal day service programme which they attended. The fourth resident had an individualised service provided for them from the centre which it was felt best met this resident's individual needs. Examples of other

activities that residents engaged in included, zumba dance class, social club, arts and crafts, swimming, listening to music, cinema, bowling, walks to local scenic areas and beaches, board games, water play, concerts, sensory toys and meals out. One of the residents had completed volunteer work with a recognised animal welfare organisation. There was a good supply of arts and crafts materials and various board games available in the centre. In addition, there was a keyboard and drum set in the centre, which it was reported that some of the residents enjoyed using. A weekly activity schedule was in place. There were two cars available in the centre for residents' use.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were appropriate management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs. There were staff vacancies and there had been a high turnover of staff and a number of changes to the management structure in the preceding 18 month period. However, a new experienced person in charge had been appointed and recruitment was underway for vacant positions.

The centre was managed by a suitably qualified and experienced person. He had taken up the position in September 2022. The person in charge was on planned leave on the day of inspection and the inspection was facilitated by the service manager. The person in charge held a degree in social science and a certificate in managing people. He had more than nine years management experience. He was in a full-time position and was responsible for one other centre located within the same geographical area. The person in charge was supported by a deputy manager in this centre and in the other centre for which he held responsibility. Staff members spoken with, told the inspector that the person in charge supported them in their role and was a good leader. The person in charge had regular formal and informal contact with his manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge was supported by a deputy manager and a team leader. The person in charge reported to the service manager who facilitated this inspection. The service manager in turn reported to the director of care. There was evidence that the service manager visited the centre at regular intervals and completed audits on these visits.

An annual review of the quality and safety of care and six-monthly unannounced visits as required by the regulations had been undertaken. There was evidence that the person in charge had undertaken a number of other audits and checks in the

centre on a regular basis. Examples of these included, medication practices, integrated care folders, key working audit, fire safety, health and safety, weekly and monthly management checks, infection prevention and control and staff files. There was evidence that actions were taken to address issues identified in these audits and checks. The person in charge completed a monthly managers report covering wide range of areas which was submitted to the service manager. There were monthly staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

There was five staff vacancies at the time of inspection and two others expected. Recruitment was underway for these positions. The vacancies, for the most part, were being covered by regular agency staff and relief staff. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. Staff had attended mandatory training and dates were scheduled for upcoming training. There was a staff training and development policy. A training programme was in place and coordinated by the provider's training department. There were no volunteers working in the centre at the time of inspection.

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations. There was evidence that post incident reviews were completed with learnings identified and actioned.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

#### Regulation 15: Staffing

There were five staff vacancies and two others expected. Although these positions, for the most part, were being covered by regular agency and relief staff, it was considered difficult to enable relationships between residents and staff to be maintained and to ensure consistency of care for residents. There had been a high turnover of staff in the preceding period.



Judgment: Not compliant

### Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff had attended mandatory training. There were staff supervision arrangements in place.

Judgment: Compliant

### Regulation 19: Directory of residents

A directory of residents was maintained and found to contain all of the information required by the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service. An annual review to review the assess the quality and safety of care had been completed. The provider had completed unannounced visits on a six-monthly basis to review the quality and safety of care. There were clear management structures and lines of accountability.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

A written contract of care was in place for each of the residents which detailed the services to be provided for the resident. However, the contracts of care did not include details of the fees payable, as required by the regulations. A number of the contracts had not been signed, as an acknowledgement of agreement by the resident or their representative.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A record of all incidents occurring in the centre was maintained and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

Judgment: Compliant

## Quality and safety

The residents living in the centre received care and support which was of a good quality, person centred and promoted their rights. However, the behaviours of a small number of residents were on occasions difficult for staff to manage in a group living environment and had the potential to have a negative impact on other residents. Overall, incidents of challenging behaviour were considered to be well managed.

The residents' well being and welfare was maintained by a good standard of evidence-based care and support. Three of the four residents attended a formal day service programme. The fourth resident had a personalised programme provided for them in the centre which it was felt better met that residents needs. Personalised care and support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their personal development in accordance with their individual health, personal and social needs and choices. Personal plans in place had been reviewed with the involvement of the individual resident's multidisciplinary team, the resident and their representatives. The effectiveness of the plans were assessed as part of a review as required by the regulations. Health action plans were place for residents identified to require same. Specific goals were identified for residents. Records were maintained of session planning to achieve goals with goal setting work sheets, goal implementation plans and one to one meetings to record progress in achieving identified goals.

The health and safety of the residents, visitors and staff were promoted and protected. There was a risk management policy and environmental and individual risk assessments for residents which had recently been reviewed. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Post incident reviews were completed for all incidents. This promoted opportunities for learning to improve services and prevent incidences.

Overall, suitable precautions were in place against the risk of fire. However, fire drills involving residents were not being undertaken in line with the frequency

proposed in the provider's policy. Three of the four residents had not attended a fire drill in the preceding 10 month period. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Staff who spoke with the inspector were familiar with the fire evacuation procedures and had received appropriate training.

There were procedures in place for the prevention and control of infection. However, the surface of some surfaces on presses, the hob and sink in the kitchen appeared worn and broken in areas and the flooring in some areas appeared worn, such as the sitting room floor. This meant that these areas could be more difficult to clean from an infection control perspective. The inspector observed that areas appeared clean. It was noted that an external contractor was commissioned to complete a 'deep clean' in the centre on a quarterly basis and this had recently been completed. A cleaning schedule was in place which was overseen by the person in charge and deputy manager. Cleaning was completed by staff on duty. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to infection control, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Individual work had been completed with a number of the residents regarding infection control.

There were measures in place to protect residents from being harmed or suffering from abuse. However, the behaviours of a number of the residents were on occasions difficult for staff to manage in a group living environment. This had the potential to be a safeguarding concern and to have a negative impact on the other residents in the centre. Overall, it was noted that allegations or suspicions of abuse had been appropriately reported and responded to. The provider had a safeguarding policy in place. Individual work had been completed with some of the residents regarding how to keep themselves safe. Staff members spoken with, were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended appropriate training. Intimate care plans were on file for each of the residents and these provided sufficient detail to guide staff in meeting the intimate care needs of the individual residents.

Residents were provided with appropriate emotional and behavioural support and their assessed needs were appropriately responded to. A register was maintained of all restrictive practices used in the centre and these were subject to regular review. Records were maintained of an impact assessment, authorisation and notification form for all restrictive practices used. Overall, there was evidence that alternative measures were considered before using a restrictive practice and that the least restrictive practice was used for the shortest duration. Behaviour support and

routine management plans were in place for residents identified to require same. These had been reviewed by the provider's behaviour therapist. The plans put in place provided a good level of detail to guide staff in meeting the needs of the individual resident. There was a policy on the provision of behaviour support and staff had received appropriate training.

### Regulation 17: Premises

The centre was found to be homely, suitably decorated and overall in a good state of repair. However, there were some worn and broken surfaces which had implications from an infection control perspective as referred to under Regulation 27.

Judgment: Compliant

### Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments and safety assessments were on file which had been recently reviewed. There was a risk register in place. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

There were procedures in place for the prevention and control of infection. However, the surface of some surfaces on presses, the hob and sink in the kitchen appeared worn and broken in areas and the flooring in some areas appeared worn, such as the sitting room floor. This meant that these areas could be more difficult to clean from an infection control perspective.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Overall, suitable precautions were in place against the risk of fire. However, fire

drills involving residents were not being undertaken in line with the frequency proposed in the provider's policy. Records indicated that three of the four residents had not attended a fire drill in the preceding 10 month period.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident's well being and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of the individual residents and outlined the support required to maximise their quality of life in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

### Regulation 6: Health care

Each resident's healthcare needs appeared to be met by the care provided in the centre. Each of the residents had their own general practitioner (GP) who they visited as required. A healthy diet and lifestyle was being promoted for the residents. An emergency transfer sheet was in place with pertinent information should a resident require unexpected transfer to hospital.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Behaviour support and routine management plans were in place for residents identified to require same. It was noted that a number of residents presented on occasions with behaviours that challenge. However, it was considered that incidents were overall being managed well by the staff team. There was a restrictive practices register in place which was subject to regular review.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. However, as referred to above, the behaviours of a number of residents were sometimes difficult for staff to manage in a group living environment and this had the potential to be a safeguarding concern and to have a negative impact on the other residents in the centre.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

The residents' rights were promoted by the care and support provided in the centre. There was evidence of active consultations with each resident and their families regarding their care and the running of the centre. It was noted in comments from a survey completed by the provider with relatives, that parents felt their resident's rights were being promoted by the care provided in the centre. Individual work had been completed with individual residents regarding their rights. Posters displaying residents rights were on display. It was noted that the person in charge and deputy manager had completed training on residents' rights.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Piercetown OSV-0007841

Inspection ID: MON-0030822

Date of inspection: 29/03/2023

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            At the time of inspection, the centre had a number of staff vacancies. The centre utilised a consistent relief panel and consistent agency staff to ensure consistency of care and familiarity to the residents. The Centre Manager will continue to liaise with service manager and human resources department in relation to recruitment. Since the inspection, two team leaders and one social care worker from other Three Steps centres have transitioned to Piercetown. Currently there are three care team members coming through the compliance process. The Centre Manager expects there to be a full staffing composition by 01/07/2023. This time frame allows for the compliance process and mandatory training to be completed.</p>	
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:            Contracts of care did not include details of the fees payable, as required by the regulations. A number of the contracts had not been signed, as an acknowledgement of agreement by the resident or their representative. This will be completed as part of the new Care Agreement process. A new Care Agreement Form is being drafted to include this. This will be completed by 01/07/2023.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>There are a number of procedures in place for preventing the spread of infection within the centre. However, some surfaces in the kitchen were worn and the sitting room floor appeared worn also. This has been added to the centre's maintenance list and is due to be scheduled for repair. This will be coordinated with Operations and will be completed by Three Steps maintenance team. This is expected to be completed by 01/09/2023. In the interim, there is a robust cleaning schedule, completed daily and overseen by Centre Management. A sanitization schedule is also completed daily and overseen by Centre Management. Deep cleans of the centre occur quarterly and are completed by external contractors. Centre Management complete daily walkthrough's of the centre as part of Governance and Oversight checks and any further maintenance or cleaning duties are actioned. All care team members are trained in infection prevention control and hand hygiene training. A six weekly IPC self assessment is completed by Centre Management.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>This has since been completed. At the time of inspection, fire drills had been completed with all care team members and one resident. Since the inspection, drills have been completed with the three outstanding residents. Personal Emergency Evacuation Plans are reviewed regularly, and additional fire drills will be completed as required. Fire drills and evacuation training will continue to be completed with all new care team members as part of fortnightly care team meetings. All care team members have received fire training.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>All care team members are trained in Crisis Protection Institute Safety Interventions and complete regular refreshers. The care team complete online Safeguarding Vulnerable Adults training.</p> <p>All care team members receive training in all Three Steps Policies and Procedures</p>	

including Complaints, Restrictive Practice, Incident Management and Safeguarding Vulnerable Adults Policy. Centre Manager and Deputy Centre Manager have also completed Designated Liaison Person training. A Code of Conduct is in place within the service and is visible in the centre office.

Monthly residents (CYPA) meetings take place where complaints/feedback are discussed as well as any ongoing issues within the centre. This is then carried to the team meeting to ensure all issues are discussed and actioned where necessary. A resident friendly version of the complaints policy is also displayed in the centre.

Complaints and Safeguarding concerns within the centre are reviewed in a monthly meeting, chaired by the Director of Care and attended by Service Management. Any outstanding issues are addressed and actioned.

Each resident has a Programme of Care which includes situation management, behavioural management, risk management and routine management plans. All care team members are inducted into these documents, and they are followed daily. If required, situation management plans will detail the levels of interaction appropriate between residents within the centre.

Shift Transfer and Planning Meetings are completed daily by Shift/Team Leader and is overseen by Centre Management. During this meeting, each young person's day is planned and, where necessary, programme of care documentation is reviewed and considered in the planning. Centre Management review each young person's daily journal as part of daily checks in place in the centre.

Any incidents of suspected abuse are reported to each placement supervisor through Significant Event Notification as well as to HIQA through NF06. They are also notified to HSE through preliminary screening reports. Centre Logs are maintained of any adult safeguarding concerns as well as Significant Event Notifications. Post incident reviews are completed where required and learnings are discussed in team member supervisions and care team meetings.

A Significant Event Governance process is in place where all Significant Events are reviewed in real time and responded to where necessary by Service Manager, Director of Care Services and Quality Assurance Service Manage

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	01/07/2023
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	01/07/2023
Regulation 27	The registered provider shall	Substantially Compliant	Yellow	01/07/2023

	ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	10/05/2023
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	10/05/2023