



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

Issued by the Chief Inspector

Name of designated centre:	Muinin
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	24 November 2022
Centre ID:	OSV-0007846
Fieldwork ID:	MON-0036767

About the designated centre

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

Muinin consists of three bungalow type residences located on a campus setting on the outskirts of a city. One of the bungalows can provide a home for five residents while the other two bungalows are both divided into two apartments each with one resident living in each apartment. Overall the centre can provide full-time residential care for a maximum of nine residents over the age of 18 of both genders with intellectual disabilities. Each resident in the centre has their own bedroom and other facilities throughout the centre include bathrooms, dining/living areas and kitchens amongst others. Residents are supported by the person in charge, nursing staff and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
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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
Thursday 24 November 2022	09:30hrs to 19:10hrs	Conor Dennehy	Lead
Thursday 24 November 2022	09:30hrs to 19:10hrs	Kerrie O'Halloran	Support

What residents told us and what inspectors observed

Two residents spoken with gave positive views on living in this centre. Staff members on duty were seen to interact with residents in a warm, positive and respectfully manner. While efforts had been made to make the bungalows where residents lived homelike, there was notable variance between the standards of some bungalows.

The designated centre was based on a campus setting and was made up of three bungalow type houses, two of which were subdivided into two individualised apartments. All three bungalows were located in close proximity. In total the three bungalows could support nine residents, all of whom were present on the day of inspection. Inspectors called to all bungalows during the inspection and met eight residents in total. When inspectors called to one side of one of the subdivided bungalows, no-one was present at time so inspectors did not enter that area nor meet the one resident who was living there.

Shortly after the inspection commenced inspectors visited one bungalow where five residents in total were living. Upon entering inspectors were met by one resident who showed the inspectors their bedrooms and pointed to photos of their family on the wall before taking a rest in their bedroom. This resident was later met again by an inspector who told the inspector that they had lived on the campus for over 30 years and like where they lived. When asked by the inspector what they liked about living in the centre the resident responded by saying "the boys" and also talked about going to another house on the campus to meet a friend and seeing management each day.

While inspectors were in this bungalow some residents spent time in the day room or in their bedrooms. Most residents did not engage with inspectors with some residents seen laying down or engaged in table top activities while some residents left the centre do go for walks, to visit a day service area on the campus, to get coffee or go have their hair cut in the community. One resident was also seen to have some meals outside of the bungalow in a sheltered enclosed area with a speaker for the resident to listen to music. An inspector was informed by a staff member that it was the choice of the resident to eat outside. Staff members on duty in this bungalow were observed to interact very warmly and respectfully with residents while inspectors were present.

While efforts had been made to make this bungalow homelike particularly regarding the day room and resident bedrooms, parts of the bungalow required maintenance. For example, there were marks on skirting boards and doorframes while some kitchen presses and handles were worn. While the bungalow was reasonably clean overall, an inspector did note that the inside of one kitchen press and the oven required further cleaning. The general appearance of the first bungalow visited stood in marked contrast to the second bungalow visited by inspectors.

This second bungalow consisted of two individualised apartments, one of which was visited by the inspectors. One resident was living in this area who had recently moved into their new home from another centre located on the campus. This resident's new home had been recently refurbished and was very clean, modern and spacious in its overall presentation and décor. The main living area was personalised to the resident with a large map of the world on display on the walls there. Inspectors were greeted by this resident upon entering who initially seemed calm and happy. The staff member present supported the resident to have a cup of tea but the resident became upset after spilling some of this. This was responded to immediately by the staff member who sought to reassure the resident.

Inspectors visited the remaining bungalow which was also subdivided into two apartments for one resident each. The first of these residents met was seen sitting in their living room while making a jigsaw. This resident had various jigsaws and art works in this room which they showed to inspectors. After showing one inspector their bedroom, which was noted to be brightly decorated, the resident returned to their living room and chatted to the inspectors. During this they indicated they had new neighbours and talked about going shopping at the weekends. An upcoming birthday and Christmas was also mentioned by the resident

The resident appeared very happy at this time and said that they liked their apartment but they also said that the apartment would be done up after Christmas. As with the first bungalow visited it was seen that efforts were made to make this apartment homelike but areas in need of maintenance were seen such as some exposed concrete near skirting boards. In addition, it was observed that the apartment was small overall even for one resident. For example the kitchen area was noted to be quite confined while the bathroom area was observed to also be used to dry clothes with two clothes horses present there.

Towards the end of the inspection, inspectors visited the adjoining apartment. The one resident living there was initially not present when inspectors arrived. It was noted that the apartment had been personalised, with a poster of Spider-man in the large day room while there was a noticeboard with photos of the resident, staff and the resident's friends on display in the hall area. Some areas were observed were chipped and worn such as doorframes with a noticeable crack in paintwork around the kitchen doorframe. The inside of a microwave in the kitchen was also seen to be unclean and when viewing the resident's bathroom inspectors observed a toilet seat that was worn and stained while there was a noticeable line of what appeared to be mould in the shower area. It was again observed by inspectors that there was a notable contrast between the appearances of both of these apartments compared to the second bungalow visited.

The resident living in the last apartment visited by inspectors returned before the close of inspection with support from two staff members. The resident did not interact with inspectors initially but was vocalising at times. The resident had a toy and a toy catalogue with them which they went to on occasion and picked up. When a staff member suggested that the resident show inspectors their bedroom, the resident went to the hall area and pointed out some of the photos that were on display on the noticeboard. A meal was later prepared for the resident in their

apartment with support provided by staff to have this before the resident and staff sat watching television. It was seen that the staff supporting the resident at this time interacted appropriately and respectfully with them.

In summary, most residents did not meaningfully interact with inspectors but two residents who spoke with inspectors gave positive feedback. There was variance in the general standard of premises provided for residents to live in. Residents were observed and overheard to be supported appropriately by the staff members in all areas visited.

The next two sections of the 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.

Capacity and capability

A restrictive condition was attached to this designated centre and the registered provider had not provided sufficient assurance that they could fully meet this condition. Contracts for the provisions of services had not been agreed in keeping with the requirements of the regulations.

The bungalows which comprised this designated centre were located on the same campus with all three having been previously having part of another designated centre on the same campus until a reconfiguration conducted by the provider during 2020. This reconfiguration was carried out by the provider to coincide with a plan to improve the fire safety systems across the overall campus. This plan outlined specific dates when fire safety upgrades were to be carried out for two of the bungalows of this centre. Following significant regulatory activity by the Health Information and Quality Authority (HIQA), registration of this centre was only granted in January 2021 with a restrictive condition which required the provider to implement this plan. This plan indicated that fire safety works for one bungalow were to be completed in March 2021 with a second bungalow to have works completed by May 2023. The third bungalow of the centre was indicated as being fire compliant.

However, throughout 2021 it was evident that such time-frames would not be met with resourcing of the overall plan. Works on the first bungalow only commenced in November 2021 and were not completed until August 2022. While it was noted that this bungalow was now of a very good standard and that the works completed resulted in the overall capacity of the centre being reduced, there was uncertainty as to when or if works on the second bungalow would commence. Progress with this restrictive condition had been the subject of extensive engagement between the provider and the chief inspector throughout 2021 and 2022. While the provider had put forward some alternative plans, they had been unable to provide sufficient assurance as to how such plans would be fully resourced. Given that the regulations

require registered providers to ensure that designated centres are appropriately resourced, and taking into account extensive engagement between the chief inspector and provider concerning the campus, the provider was advised during a cautionary meeting with the chief inspector in May 2022 and in subsequent communication in October 2022 of the consequences of continued non-compliance with registration conditions and relevant regulations.

These regulations require the provider to have a statement of purpose in place for designated centres which is an important governance document that must contain specific information as set out by the regulations. The statement of purpose also forms the basis for a condition of registration. Such a document was provided for this centre and was found to contain all of the required information such as details of the staffing arrangements. Such staffing arrangements were found to be in place at the time of this inspection although it was noted that a high number of different staff had worked in the bungalows in recent times. While it was acknowledged that there were general difficulties regarding staff in the disability sector, such high numbers did have the potential to negatively impact a continuity of the care. Records provided though did indicate that all staff had completed relevant training in areas such as manual handling and food safety.

The previous inspection of this centre in November 2021 had highlighted some concerns around the provision of night-time staff in the centre whereby some resident did not have staff support in their homes at certain time. Since that time the provider has amended their statement of purpose of purpose to reflect the staffing provides but it remained the case at the time of this inspection that at particular times some residents did not have staff support in their homes. During these times the provider sought to mitigate any potential risks or negative impacts by having staff from another bungalow perform regular checks for residents involved. The provider was assessing this matter on an ongoing basis and it was noted that for a period additional staffing support had been put in place for one resident at night in response to a change in their presentation.

Aside from staffing issues, during an earlier inspection of this centre in April 2021 it was highlighted that contracts for the provision of services were not indicated as having been agreed to by residents or their representatives. Such contracts are required by the regulations and are important in setting out the services and facilities residents are to receive in a designated centre. The regulations also specifically require these contracts to be agreed between the provider and residents or their representatives. While this area was not reviewed during the November 2021 inspection, it was considered during this inspection. It was found that while contract documents were in place for all residents they were not signed by anyone on behalf of the provider nor the residents or their representatives. As such inspectors were not assured that the provider had complied with the requirements of the regulations in this area.

Regulation 15: Staffing

Staffing was being provided in line with the statement of purpose. While efforts were made to provide a core staff team, high numbers of different staff had worked in this centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

All staff working in this centre had completed training in relevant areas such as manual handling and infection prevention and control.

Judgment: Compliant

Regulation 23: Governance and management

Taking into account delays in progress with an overall fire safety plan, which impacted some of the bungalows of this designated centre, the chief inspector were not assured that this designated centre was appropriately resourced. This was an ongoing issue which had been the subject of extensive regulatory engagement between the chief inspector and the provider throughout 2021 and 2022.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Contracts for the provisions of services had not been agreed between the provider and residents or their representatives in keeping with the requirements of the regulations.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the required information.

Judgment: Compliant

Quality and safety

Fire containment issues remained in one bungalow while the evacuation arrangements for one resident also required review. There was variance in the standard of premises provided for residents to live in.

The residents living in this centre were provided with individualised personal plans which were subject to regular review while also having multidisciplinary input in keeping with the requirements of the regulations. While residents were supported to be involved in these their personal plans through a person-centred planning process, such plans were not available in an easy-to-read format. The person-centred planning process did allow goals for residents to be identified with residents supported to achieve these. Examples of completed goals for residents included trips and overnight stays away. There was also some evidence that residents were getting out into their local community with some resident helping with shopping and going to pubs. A sample of activity records reviewed through did suggest that the majority of activities which residents did continued to be based within the campus or were not meaningful such as drives, walks or watching television. It was acknowledged though that some residents had particular needs and preferences.

Activities was an area that was indicated as being discussed with residents during regular resident meetings that took place in the centre. An inspector reviewed a sample of notes of such meetings and noted that food was an area that was also discussed with residents at these meeting. During the inspection it was noted that lunches would be delivered to the bungalows from an external company but breakfast and supper would be made in the house. When speaking with a staff member it was indicated that residents were given choice as to what they wanted for all meals which was discussed with residents during the resident meetings. For meals coming from the external company staff would go through a menu with residents and let them choose what they wanted. It was indicated that if residents changed their mind when food was delivered then an alternative meal would be prepared for the resident in their home.

Facilities were provided in each bungalow for food to be stored. As highlighted above though it was seen that some kitchen presses and handles were worn while the inside of one press, an oven and a microwave were seen to need further cleaning. Cleaning schedules were in place for the centre with cleaning seen to be done on the day of inspection. However, it was indicated to the inspectors that there had been some issue identified regarding completing certain scheduled cleaning tasks with efforts being made to address this. Such issues had been identified in monthly infection prevention and control audits being conducted in the centre. However, it was noted that such audits did not identify all relevant issues. For example, the worn and stained toilet seat in one bungalow had not been identified despite being clearly apparent. Cleaning supplies along with stocks of personal

protective equipment were available in the centre with staff seen to wear facemasks throughout the inspection.

Staff had had completed relevant infection prevention and control training along with training in other areas such as safeguarding and fire safety. During the inspection it was highlighted to inspectors that one resident could refuse to evacuate their home in the event of a real fire. This resident had a specific personal emergency evacuation plan in place which outlined a specific intervention to support the resident to evacuate if they refused in the event of a fire. However, when querying how this resident would be supported to evacuate where they to refuse, two staff members spoken with did not reference this intervention. Instead both staff members referenced leaving the resident in their home in this scenario and either shutting or locking the doors. One of these staff also described this approach as the "official protocol". This was highlighted to management of this centre who indicated that staff would not be told to do this and that this would be reviewed.

As highlighted earlier, a restrictive condition was in place for the centre related to fire safety and while some works had been completed in one bungalow, another bungalow did not have sufficient fire containment measures although this bungalow did have other fire safety systems such as a fire alarm and emergency lighting. It was also noted though that there was considerable variance in the standard of the three bungalows particularly regarding their overall appearance. There was varying degrees of space available for residents. For example, one resident's kitchen area was quite confined. When reviewing notes of a recent multidisciplinary meeting for another resident it was indicated that the bungalow where they lived was a small environment and that reducing the number of residents in that bungalow could improve the quality of life of all residents living there. As such some consideration was being given to moving one resident to another designated centre on the campus. Where this potential move to happen it would require further consideration and consultation.

Regulation 13: General welfare and development

While it was acknowledged that some residents had particular needs and preferences with some evidence that other residents were engaging in some community based activities, a sample for records reviewed indicated the majority of activities for residents were based on the campus or were not meaningful.

Judgment: Substantially compliant

Regulation 17: Premises

Various maintenance issues in two bungalows were seen while there was noticeable

variance amongst the three bungalows regarding the general appearance and space provided. Areas of the premises were seen during this inspection that were unclean such as an oven, a microwave, a kitchen press and a toilet seat that was stained and worn. A noticeable line of what appeared to be mould was present in one shower area.

Judgment: Not compliant

Regulation 18: Food and nutrition

Facilities were provided to store food in the bungalows of this centres. Residents were offered choice around mealtimes with some residents involved in buying food. All staff had undergone training in food safety.

Judgment: Compliant

Regulation 27: Protection against infection

Some issues had been identified regarding aspects of the cleaning conducted in the centre. Monthly infection prevention and control audits were not capturing all relevant areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There continued to be inadequate fire containment in one bungalow. The evacuation arrangements for one resident needed review to ensure that the resident was supported to evacuate their home in the event of a fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

While some presses for the storage of medicines were located in the kitchen areas in some bungalows it was seen that arrangements were in place for such storage to be kept secure. An inspector viewed the contents of one medicines press which was found to be reasonably organised with all items inside in date. A sample of medicine

records were reviewed which were generally found to be of a good standard. An inspector did note though that some administration records used the same reference codes for short-term and long-term medicines which were distinguished by different ink colours. This appeared to be in keeping with the provider's local policy in this area.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place but these were not available in an easy-to-read format.

Judgment: Substantially compliant

Regulation 6: Health care

Guidance on supporting residents' health needs were available in their personal plans. Residents were supported to undergo interventions such as receiving vaccines while also being facilitated to avail of health and social care professionals such as dentists.

Judgment: Compliant

Regulation 7: Positive behavioural support

While some restrictive practices in use, systems were in operation for these to be reviewed with efforts made to reduce these or try alternatives where appropriate. Staff were provided with relevant training in de-escalation and intervention. A staff member spoken with demonstrated a good knowledge of one resident's positive behaviour support plan.

Judgment: Compliant

Regulation 8: Protection

Staff were aware of any active safeguarding plans in place and were seen to adhere to these. Guidance on supporting residents with intimate personal care was present

in residents' personal plans.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were being consulted through regular resident meetings while staff on duty were seen to support residents in a respectful way.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Muinin OSV-0007846

Inspection ID: MON-0036767

Date of inspection: 24/11/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • There is a core staff team that work in the designated centre • For staff that work on a part time basis, there is a plan for a set relief staff to cover these shifts to ensure that residents receive continuity of care and support in as far as possible in the context of HR contracts and COVID protocol. • PIC will continue to review all day rosters regularly. • PIC continues to review rosters with night manager following receipt of same for each pay-period. • The PIC has access to planned rosters at all times. • Head of Integrated Services and Assistant Director of Nursing meet with the night managers bi-weekly to review the roster • Ongoing recruitment continues 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> • Fire Safety building compliance remains a high priority for the BOCSI and BOCSILR. • 2 of the 3 bungalows in this designated centres are fire compliant. • A fire prevention strategy is adopted for the third bungalow as advised by our Fire Safety engineer. • Securing funding for the Bawnmore plan is a high priority for the Board and Management of the BOCSI. • There is ongoing engagement between the BOCSI and the HSE (Funder) in relation to advancing the plan for Bawnmore. This includes the following: Both the Chair of the Board and CEO met with Head of Operations Disability Services (HSE) in August 2022. Head of Operations Disability Services requested a revised high level plan for Bawnmore that focused more on decongregation given that this is the national policy. This was submitted both to HSE national and local on 31st August 2022. A follow up meeting with Head of Operations Disability Services took place on the 1st September. HIQA Regional 	

Manager was updated on 15th September 2022. The Director of Services submitted an updated plan on the 25/10/2022 to the HSE.

- The Board of BOCSI has written to the HSE on 13th December 2022 to outline their concerns as to the situation in Bawnmore.
- The most recent engagement with HSE took in Bawnmore on 21st December with CEO, Director of Services and ADON of BOCSILR and Head of Social Care and Head of HSE Estates in CHO 3. All follow up paperwork requested by the HSE has been forwarded for their review.
- A follow up national meeting with the HSE was scheduled on 4th January 2023 in order to agree a plan for Bawnmore and the funding for same. This meeting was cancelled by the HSE. The National Office of BOCSI has been unsuccessful in scheduling a follow up meeting.
- The Board of BOCSI are meeting in Bawnmore on Monday the 23rd January to explicitly address the issue of fire safety upgrade.
- Risk assessment in place for fire safety and all preventative measures continue to be followed with the designated centre.
- First responders training has being completed with relevant staff. Specialised PPE training has being completed with first responder staff 19.10.2021 & 21.10.2021
- Risk assessments in place for unstaffed houses by night and reviewed quarterly.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Regulation 24: Admissions and contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

- The Services will seek legal advice as to how to deal with this matter until such time as the Capacity bill and its supporting structures are implemented.
- At this time the majority of residents in the designated centre do not have capacity to sign their agreement and there is no mechanism in place for another person to sign on their behalf.

Regulation 13: General welfare and development

Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

- PIC will meet with all staff teams in Muinín to re-iterate the importance of supporting all resident to increase their access to their community and community activities, in line with the resident's wishes as some residents choose not to leave the Centre.
- PIC will continue to monitor and review activity charts on a weekly basis at staff meetings
- PIC will discuss the importance of reflecting the activities that do occur in more detail on the activity charts at all staff meetings.

Regulation 17: Premises

Not Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • PIC completed a maintenance walkabout with the Centre's facilities assistant on 05/12/22, issues highlighted in all areas of Muinín and an action plan has already commenced, new toilet seat ordered, oven, microwave and kitchen press have all been cleaned, new Lino and mats have been installed in one home on 20/12/22 and further actions will be carried out in January & February 2023. • There is a system in place for addressing maintenance issues as they arise. These are prioritized by PIC and are scheduled in consultation with facilities management. • The facilities manager meets with the HOIS and ADON bi-weekly. • PIC will continue to complete monthly IPC walkabouts to highlight all areas of concern in relation to IPC • PIC and facilities assistant met with ECO cleaning company on 23/11/2022 and 14/12/2022 to discuss any IPC concerns in relation to their roles and responsibilities within the Centre. New rosters and adequate time slots have been allocated by the company in an effort to improve the standard of cleaning provided, this will be monitored closely and a further meeting is planned for January 2023 	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • PIC completed a maintenance walkabout with the Centre's facilities assistant on 05/12/22, issues highlighted in all areas of Muinín and an action plan has already commenced, new Lino and mats have been installed in one home on 20/12/22 and further actions will be carried out in January & February 2023. • PIC completed detailed IPC walkabouts on 28/11/2022 outlining all IPC concerns in the Centre • PIC will continue to complete monthly IPC walkabouts to highlight all areas of concern in relation to IPC • PIC and facilities assistant met with ECO cleaning company on 23/11/2022 and 14/12/2022 to discuss any IPC concerns in relation to their roles and responsibilities within the Centre. New rosters and adequate time slots have been allocated by the company in an effort to improve the standard of cleaning provided, this will be monitored closely and a further meeting is planned for January 2023 • Facilities managers are completing spot checks in the designated centre to ensure standards are met by ECO. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Two out of three homes in this Centre are fully fire compliant • Each resident has a detail PEEPS available which outlines specific details to support them to evacuate safely • PEEPS were discussed with all residents 10/12/2022 at their individual meetings • PIC discussed PEEPS at staff meetings in all houses in this Centre on 20/12/2022 • All staff have completed mandatory fire safety training. • All fire evacuations are completed in full day and night 	

- Additional PPE has been purchased for First Responders.
- A detailed risk assessment in relation to fire is available and reviewed regularly
- Securing funding for the Bawnmore plan is a high priority for the Board and Management of the BOCSI.
- There is ongoing engagement between the BOCSI and the HSE (Funder) in relation to advancing the plan for Bawnmore. This includes the following: Both the Chair of the Board and CEO met with Head of Operations Disability Services (HSE) in August 2022. Head of Operations Disability Services requested a revised high level plan for Bawnmore that focused more on decongregation given that this is the national policy. This was submitted both to HSE national and local on 31st August 2022. A follow up meeting with Head of Operations Disability Services took place on the 1st September. HIQA Regional Manager was updated on 15th September 2022. The Director of Services submitted an updated plan on the 25/10/2022 to the HSE.
- The Board of BOCSI has written to the HSE on 13th December 2022 to outline their concerns as to the situation in Bawnmore.
- The most recent engagement with HSE took in Bawnmore on 21st December with CEO, Director of Services and ADON of BOCSILR and Head of Social Care and Head of HSE Estates in CHO 3. All follow up paperwork requested by the HSE has been forwarded for their review.
- A follow up national meeting with the HSE was scheduled on 4th January 2023 in order to agree a plan for Bawnmore and the funding for same. This meeting was cancelled by the HSE. The National Office of BOCSI has been unsuccessful in scheduling a follow up meeting.
- The Board of BOCSI are meeting in Bawnmore on Monday the 23rd January to explicitly address the issue of fire safety upgrade.
- As part of the fire training the Fire officer explains that there is a 30 minute period of protection on each fire door which the staff acknowledged however all residents would be evacuated with the support of the egress plans and first responders. All staff in the designated area have been met in relation to the evacuation of all residents as outlined in their respective PEEP.

The compliance plan response from the registered provider does not adequately assure the Chief Inspector that the action will result in compliance with the regulations

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The Head of Quality and Enhancement is preparing tools, which will be made available on the center's shared drive, to support staff to devise accessible personal plans for all residents living in the Centre.
- When the tools are ready, PIC will discuss these with all staff at the weekly staff meetings and over-see the roll out of accessible personal plans for all residents living in the Centre.

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 13(2)(c)	The registered provider shall provide the following for residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.	Substantially Compliant	Yellow	31/01/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	31/01/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and	Not Compliant	Orange	31/05/2023

	objectives of the service and the number and needs of residents.			
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	31/05/2023
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	28/02/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/05/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/05/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which	Not Compliant	Orange	31/03/2023

	that resident shall reside in the designated centre.			
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 infections published by the Authority.	Substantially Compliant	Yellow	31/01/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	30/11/2022
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or	Substantially Compliant	Yellow	31/03/2023

	her representative.			
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