



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

Issued by the Chief Inspector

Name of designated centre:	Tigh an Oileain
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	17 February 2023
Centre ID:	OSV-0001970
Fieldwork ID:	MON-0037548

About the designated centre

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

Tigh an Oileain is a large detached purpose built one-storey building located on the outskirts of a village that can provide full time residential care for a maximum of five male residents over the age of 18 with intellectual disabilities. The centre also has one bedroom that can be used for respite by a male or female adult so in total the centre has a maximum capacity of six. Each resident has their own en suite bedroom and other rooms in the centre include a kitchen-dining room, a sun room, a sitting room, a music room, a games room and a utility room. Residents are supported by the person in charge, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Friday 17 February 2023	09:25hrs to 18:24hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

While this inspection did find some areas for improvement in areas such as staffing, fire safety and residents' finances (as will be discussed elsewhere in this report), the residents living in this designated centre were being supported to be actively involved in the local community. Staff members on duty were found to engage with residents in a warm manner which contributed to a nice atmosphere in the centre. The centre where residents lived was found to be presented in a homelike manner.

On the inspector's arrival at the designated centre, a rural public transport bus also arrived with one individual who used this centre as a day service Monday to Friday. This individual greeted the inspector, having remembered him from a previous inspection of the centre in April 2022, before entering the centre where they alerted staff to the inspector's presence. When staff arrived to the front door to check the inspector's identification, it was indicated that all five residents of this centre along with the day attendees would shortly be leaving the centre to go to a nearby town. The inspector was then directed to enter by a side door and to sign into a visitors' log.

Once inside the inspector met some residents in the centre's kitchen-dining area. The atmosphere was sociable at this time with one resident overheard talking to the day service attendee about a Manchester United and Barcelona football match that had been on the previous night. One of the residents was dressed in their work uniform and told the inspector that they worked in the deli of a shop in the local area three days a week which they enjoyed. This resident also mentioned they attended social farming during the week and had recently started a cooking course.

More residents were met in the main hall of the centre as they were waiting to leave while one resident waited outside. When asked by the inspector where they were going, one of the residents smiled and pointed towards a name tag they had had on. This name tag was from a local supermarket and it was later indicated by staff that the resident had recommenced working in this supermarket during 2022 with their work there having been stopped for a time due to the COVID-19 pandemic. Staff members spoken with highlighted their return to work in this supermarket had been very positive for this resident.

As the residents waited to leave, one of the residents had also brought some of their personal belongings, such as some CDs, to the front door as they would be going home to their family for the weekend. The resident appeared to be looking for one CD in particular with a staff member present assisting the resident with this and reassuring them. Another resident emerged from their bedroom and greeted the inspector before praising his appearance. Shortly after all five residents and the day service attendee left the centre with one member of staff using the centre's own bus.

In the afternoon of the inspection, three residents and the day attendee returned to

the centre while one resident remained at work and the remaining resident had gone to their family. It was indicated to the inspector that this day had been residents' social skills day and while some of the residents had been working, the other residents had been supported to go shops, visit the library and have some tea out. Staff members spoken with during this inspection highlighted that in recent times there been a strong focus on community participation for these residents which had been adversely impacted by the COVID-19 pandemic.

Such social skills day were part of the strong focus on community participation and it was also indicated that residents had been supported to do classes in nearby town in areas such as arts, drama, photography and woodwork. During such woodwork classes residents had made items such as flower pots and clocks with one resident showing the inspector a clock which they had made. The resident appeared to be very proud of this clock which was noted by the inspector to be nicely presented.

Aside from classes, community participation was also promoted through the residents' person-centred planning process. This was used to identify meaningful goals for residents to achieve which was done with the input of residents and their families. The inspector viewed a sample of such goals and from speaking staff noted that goals which residents had been supported and facilitated to achieve included going to a football match, visiting a pet farm, taking up some work experience in a gym, joining the local Tidy Towns community group and taking up swimming.

A goal which had been identified for one resident involved the resident moving bedrooms. This had been recently achieved with the resident moving into a vacant bedroom in the centre. The resident involved showed the inspector their new bedroom which was nicely presented overall. It appeared that the resident was happy with the bedroom, describing it as "nice". This bedroom had an en suite bathroom, as did all bedrooms in the centre, and it was noted this en suite bathroom was reasonably presented. However, the inspector did note some obvious discolouration at the base of the toilet bowl.

The remainder of the centre was generally seen to be presented in a homelike manner with the centre found to be well-furnished while numerous photographs of residents, news features involving residents, photos of Kerry GAA and art works were on display throughout. Given the size of the centre, it was found to be reasonably clean overall on the day of inspection. However, the inspector did observe that the handle to a freezer in the centre's utility room was visibly unclean. A similar observation about the same handle was made during a previous Health Information and Quality Authority (HIQA) inspection carried out in April 2022.

Since that the inspection, the layout of the centre was unchanged but it was highlighted to the inspector that funding had been secured to create a sensory garden outside the centre and a sensory room within the centre. It was indicated that residents would be involved in such works where possible and it was noted that the residents were being informed about developments related to this during a recent residents' meeting. Such meetings happened regularly and were used as an opportunity to consult with residents, in area such as meals in the centre, and to

give them information on topics like safeguarding and Internet safety.

When reviewing notes of such meetings, it was read by the inspector that some residents had raised issues around some rooms in the centre being cold. This was also referenced in some complaint records and during discussions with staff while one resident raised a similar issue with a member of the centre's management in the presence of the inspector. It was indicated to the inspector that heating issues in the centre had been ongoing for a number of months and that efforts had and were continuing to be made to address this including purchasing additional heaters. The inspector felt that the rooms visited during this inspection were warm although it was indicated to the inspector that this could be different on some days in certain rooms as the heating could take time to "regulate itself".

As the inspection progressed it was noted that some residents spent time relaxing in the centre's communal rooms or in their bedrooms. For example, one resident was seen laying down on a couch in the centre's sitting room while using a tablet device. At one point one of the residents present received a visit from a family member with the resident briefly leaving the centre with their relative before returning. Another resident was also seen waiting to leave the centre to go home to their family for the weekend. At this time the atmosphere in the centre was calm and relaxed which was also in evidence throughout the inspection.

This was contributed to significantly by the staff members' interactions with residents, with the staff on duty observed and overheard to engage with residents in a positive, respectful and warm manner. Instances of respectful interactions included staff knocking on residents' bedrooms' doors before entering and staff asking residents what they wanted to have for meals. It was also particularly noticeable that staff made efforts to involve residents in the centre's operations. For example, a staff member encouraged a resident to help them with a fire alarm test while on another occasion a different resident was asked if they wanted to help in preparing a meal near the end of the inspection.

As the inspector was preparing to leave the centre, it was noted that the resident who had been waiting to go home had left the centre. The day service attendee had also departed after being collected by the same rural public transport bus that they had arrived in earlier in the day. One of the residents who left the centre in the morning to go to work had returned to the centre. This resident brought back a bar of chocolate from their work and indicated to the inspector that their day had been busy. The resident went to take a shower and as the inspector left the centre, two other residents were in the kitchen-dining area getting ready for a meal.

In summary, residents lived in a designated centre that was homely. Positive, respectful and warm interactions were taking place between residents and staff. Residents were consulted with and given information through person-centred planning processes and residents' meetings. There was clear evidence that residents were involved in their local community in various ways.

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

The provider was implementing a governance and management plan which was contributing to improved oversight and good supports for the residents living in this centre. However, a number of regulatory actions were found on this inspection and some staffing challenges were being encountered in this centre. Some policies were also overdue a review.

This centre was registered until October 2023 and was last inspected by HIQA in April 2022 with that inspection focused on the area of infection prevention and control (IPC). That inspection had identified areas in need of improvement related to IPC and since that time the Chief Inspector had also sought assurances from the provider in June 2022 relating to the provision of health care in the centre following some notifications of concern. In addition, at the request of the Chief Inspector, an overall governance and management plan was submitted by the provider, which applied to all of the provider's designated centres. This plan outlined measures the provider intended to take to improve the oversight and governance structures in all its designated centres including the current centre.

As such the purpose of the current inspection was to assess the centre's compliance levels with relevant regulations and to assess progress with the provider's governance and management plan. Overall, this inspection found that the provider was implementing the overall governance and management plan. Specific measures which the provider had committed to when developing this plan were being adhered to in this centre. These included ensuring staff received formal supervisions, holding staff meetings, and a member of the provider's senior management team meeting with the centre's person in charge on a monthly basis. Such measures contributed to improved oversight in the centre from the provider. In addition, regulatory requirements were being implemented such as conducting provider unannounced visits to the centre with a written report of the most visit completed in August 2022 available for the inspector to review.

The provider had also ensured that an annual review for the centre, another key regulatory requirement, was completed for 2022. The inspector reviewed a copy of this annual review and noted that it did provide for consultation with residents and their families as required. However, it was seen that, while the annual review did contain some relevant information relating to the centre, it did not assess the centre against relevant national standards as required. In addition, despite the governance and management plan, this inspection did find a number of regulatory actions which suggested that monitoring systems needed further improvement to ensure that all relevant issues were promptly identified and addressed. Despite this though, this inspection also found residents to be well supported along with some good level of

compliance with the regulations in some key areas particularly in the provision of health care and supporting the needs of residents.

Despite this, it was noted that the centre was experiencing staffing challenges. These had resulted in the centre having to be closed one weekend in December 2022 due to staff availability concerns with residents instead going to their family homes for that weekend. It was indicated to the inspector that this was the first and only time such an occurrence had happened. Staff spoken with on this inspection also highlighted the challenges in supporting residents when only one staff member was on duty which could happen at weekends. In addition, the inspector was informed that the role of person in charge would be changing the week following this inspection. While this was intended as a temporary measure, and efforts had been made to put in place a direct replacement, to ensure that the centre had a person in charge, going forward it was indicated that the provider was to appoint a person in charge from another of their centres to also oversee this centre. This would result in that person being responsible for a total of two designated centres with both centres located over 100 kilometres apart.

It was acknowledged that there was a general staffing crisis affecting the health and social sector, that the rural location of this centre raised challenges and that the provider was making ongoing recruitment efforts. It was noted though, when reviewing the most recent statement of purpose for the centre, dated October 2022, that the staffing whole-time equivalent (WTE) figure provided in that was noticeably lower than the statement of purpose which the designated centre had been used to inform the most recent registration renewal application for the centre. This was queried with a member of the centre's management during the inspection and there was some uncertainty as to why this was the case. Following this inspection it was indicated that this difference was due to waking night staff having ceased in the centre given a discharge for the centre. It was also indicated that some waking staff had been provided for respite in this centre but that such respite had been suspended since the start of the COVID-19 pandemic.

However, the information provided post inspection did not wholly explain the noted decrease in WTE staffing for the centre, particularly as the majority of this WTE difference was indicated as not working at nights. The provider though did have a staff recruitment policy in place, which is one of the policies expressly required under the regulations. Such policies are important as they help to guide practice within designated centres. It was noted though that while most of the required policies were in place and had been reviewed within the previous three years, some policies including the staff recruitment and the provision of information to residents' policies had not been reviewed within this time frame. In addition, the provider's policy on residents' personal finances required an independent audit to be carried out in this area annually. While it was indicated that measures had commenced to ensure that this audit took place, it had not happened at the time of inspection. It was also indicated that the policy on residents' personal finances was in the process of being reviewed by the provider. The management of residents' finances in this centre will be discussed further in the next section of the report.

Regulation 15: Staffing

The centre had to close one weekend in December 2022 due to staff availability issues. Information provided did not wholly explain a noted decrease in WTE staffing for the centre.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had received formal supervisions. Training records provided indicated that staff were overdue refresher training in de-escalation and intervention although it was indicated that such training was scheduled for March 2023.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was in place that contained all of the required information such as residents' dates of admission to the centre.

Judgment: Compliant

Regulation 23: Governance and management

An independent audit on residents' finances had not been carried out. While an annual review for the centre had been completed for 2022 and contained relevant information, it did not assess the centre against relevant national standards as required by the regulations. Although the provider was implementing its governance and management plan, a number regulatory actions were identified on this inspection which indicated that the monitoring systems in operation needed some improvement.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose had been recently reviewed and contained all of the required information

Judgment: Compliant

Regulation 34: Complaints procedure

Information about the complaints process was on display and a system was in use for any complaints logged to be maintained. When reviewing this log though it was noted that one complaint that had been initially made in November 2022 remained open and it was not documented what actions had been taken since then in response to this.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Some required policies, such as the provision of information to residents and staff recruitment, had not been reviewed in over three years.

Judgment: Substantially compliant

Quality and safety

Arrangements were in place to meet the health, personal and social care needs of residents. This included residents being supported to participate in the community while appropriate health care was also being provided. Some actions were identified in areas such as personal plans, medicines and fire safety.

In accordance with the requirements of the regulations, all residents had personal plans provided which are intended to set out the health, personal and social needs of residents. From reviewing a sample of personal plans it was seen that they had been recently reviewed and provided a good level of information in supporting residents in various areas such as intimate personal care and their nutritional needs. It was noted though that such personal plans did not appear to be in available in an accessible format, as required by the regulations, which was confirmed by a member's of the centre's management at the end of the inspection. Despite this there was clear evidence that, in keeping with the contents of the personal plans in place and the regulations, appropriate arrangements were in place to meet the

assessed needs of residents. For example, as referenced earlier there was a strong focus on community participation for residents of this centre which helped provide for their social needs.

In addition, the health needs of the residents were found to be adequately provided for at the time of this inspection. Where residents had a specific health need, a related care plan for this was in place that had been recently reviewed while staff members spoken with demonstrated a good understanding of how to support residents with their health needs. Residents were being supported to avail of health interventions and services such as receiving vaccines and attending national screening services. Support was also provided to residents with their medicines with a sample of medicine records reviewed indicating that residents received their medicines as prescribed. However, while the medicine records reviewed were generally of a good standard, it was seen that one resident's medicine documentation did not include a photograph of the resident while two other residents' documentation did not indicate if the residents had any allergies/sensitivities. Some assessments to determine if residents could self-administer their own medicines, which were indicated to be reviewed annually, had also not been reviewed in over two years.

Facilities were provided for medicines to be stored and it was indicated that a new medicines storage press had been installed since the previous HIQA inspection in April 2022. The inspector viewed this press and found to be well-organised with a specific area provided for medicines that were out-of-date or had to be returned. A sample of residents' medicines were reviewed by the inspector and were all found to be in-date and appropriately labelled. It was noted though that the medicines press was not locked with different reasons indicated for this. For example, one staff member said it was because the key to the press was lost while another said the lock was broken. It was also observed that a separate fridge for storing medicines that needed refrigeration was also unlocked although it was acknowledged that both the medicines press and fridge were located in a room that was seen to be locked throughout the inspection.

Facilities were also provided for residents' personal finances to be stored. However, it was seen that residents' wallets were kept in an unlocked filing cabinet which did not fully promote security. Despite this, there was evidence that there were some good measures in place to safeguard residents' personal finances. These included the maintenance of records of all transactions using residents' moneys. The inspector reviewed a sample of these records and found that transactions were double signed by staff with receipts maintained. A sample of recorded balances were cross-checked against the amount of money that were contained within residents' wallets on the day of inspection and were found to match. It was also indicated that staff did money management skills training with residents with money management assessments also completed. All residents in this centre were supported with their finances by staff but it was highlighted that residents did not have their own bank cards. The inspector was informed that this was being considered as part of the review of the provider's policy for residents' personal finances.

Aside from this area, the inspector also reviewed the fire safety arrangements in

operation in this centre and found that appropriate fire safety systems were in place including a fire alarm, emergency lighting and fire extinguishers. Such systems were subject to maintenance checks by an external contractor to ensure that they were in proper working order, while internal staff checks were completed on a daily basis. Residents were also provided with recently reviewed personal emergency evacuation plans outlining the supports they needed to evacuate the centre if required, while regular fire drills had been completed with low evacuation times recorded. It was noted though that most of these drills had happened during the daytime with one of the provider's own internal audits highlighting a need to complete a fire drill to reflect a night-time situation. While it was indicated that such a drill had been done when reviewing the corresponding record of this drill it indicated that two residents had been in the kitchen–dining area at the time the drill commenced. As such the drill did not fully reflect a night-time situation.

Most staff working in the centre were indicated as having completed fire safety training but one staff member had not. In addition, not all staff had completed training in relevant national standards on IPC. On the current inspection it was found that there was some measures in place to promote effective IPC practices. For examples, staff wore face masks throughout the inspection, supplies of face masks were present in the centre and hand sanitiser was available at various locations in the centre. Cleaning schedules were in place highlighting particular items and surfaces within the centre that were to be cleaned daily. When reviewing records of completed cleaning in the centre, the inspector did note that there were gaps in the cleaning records in 2023 which indicated that some assigned cleaning had not be completed as scheduled. It was also particularly notable that one handle of a freezer which was noticeably unclean during the April 2022 inspection of the centre remained unclean at the time of this inspection. Overall though, on the day of the inspection the centre was seen to be largely clean.

Regulation 11: Visits

Residents could receive visitors to the designated centre with sufficient private space available to receive visitors in private.

Judgment: Compliant

Regulation 12: Personal possessions

While the inspector saw evidence of good record keeping regarding residents' personal finances, the storage of residents' wallets in an unlocked filing cabinet required review to ensure security.

Judgment: Substantially compliant

Regulation 13: General welfare and development

Residents were being encouraged, facilitated and supported to be part of the community, to work, to take part in classes and to maintain contact with their families.

Judgment: Compliant

Regulation 17: Premises

Despite efforts being made some issues had been raised regarding the heating in some rooms in the centre. Issues around heating in the centre had been raised since November 2022 as referenced in complaints records needs. Notes of some recent residents' meetings also referenced residents saying that some rooms in the centre were cold while one resident raised this issue with a member of management on the day of inspection. Staff members spoken also highlighted issues with the heating systems on the day of inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were asked for their choice in meals had in the centre. Information was present for residents who required particular diets. Facilities were provided for food to be stored in.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was provided for this centre that contained all of the required information such as visiting and complaint arrangements.

Judgment: Compliant

Regulation 27: Protection against infection

Some gaps were noted in recent cleaning records. As had been seen during the April 2022 inspection of this centre, a handle to a freezer door was visibly unclean. Not all staff had undergone training in national IPC standards.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While fire drills were conducted with low evacuation times recorded, the record of one drill which, was intended to reflect a night-time situation, indicated that two residents were in the kitchen-dining area of the centre when the drill took place. Training records reviewed indicated that most staff had undergone fire safety training but one had not.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

While medicines documents reviewed were generally of a standard, some medicines documents did not indicate if residents had any allergies or sensitivities while one resident's prescription sheet did not include a photo of the resident. Some assessments to determine if residents could self-administer their own medicines had not been reviewed in over 12 months. The medicines press and fridge were unlocked on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' personal plans were not available in a format that was accessible to the resident.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were supported to avail of health services and interventions including national screening services and vaccines. Residents health needs were being assessed and monitored with information provided in their personal plans on how to support residents' assessed health needs.

Judgment: Compliant

Regulation 8: Protection

Guidance on supporting residents with intimate personal care was present in the residents' personal plans. Where necessary safeguarding plans were put in place. Records reviewed indicated that staff had completed safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were seen to engage with residents respectfully throughout the inspection. Residents were given information and consulted with through residents' meetings occurring in the centre.

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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Tigh an Oileain OSV-0001970

Inspection ID: MON-0037548

Date of inspection: 17/02/2023

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: We reviewed the staffing and the WTE, it was found that due to being unable to staff some hours because of the location, that staffing was reconfigured to ensure that the critical times were staffed. We are now going to review staff contracts and rosters with a view to bringing the WTE back to previous levels, and advertising identified posts. An emergency plan has been developed to address the staffing in Tigh an Oileain, so that all avenues are explored so that the house will remain opened. Steps have been identified if there are staff shortages so that the house can remain open and address the assessed needs of the residents. The replacement PIC is now fulltime in Valentia and will not be managing 2 Designated centres as previously indicated to the inspector.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: MAPA training is scheduled for 13/03/23</p>	
Regulation 23: Governance and management	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A number of policies have been reviewed and the HR department are currently reviewing the policy on recruitment. The personal moneys policy for the people we support is currently being reviewed and updated and this will include an independent external audit of the resident's finances, this will be completed in the final quarter of this year. The pic will review the annual review to ensure that it assesses the centre against relevant national standards as required by the regulations.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The complaint from November 2022 has been closed off to the satisfaction of the complainant and actions taken have been included.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>A number of policies have been reviewed including the provision of information to the people we support. The HR department are currently reviewing policy in relation to recruitment.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The personal monies of the residents is now locked in a press in a locked office for additional security. The policy on resident's finances is also under review.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The work in relation to the heating is ongoing. All manifolds have to be closed down except for 2 bedrooms to determine if there is a blockage, due to the time of year and cold weather this is being delayed and will be addressed when the temperatures rise.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: The staff will complete the training on IP&C national standards. The PIC will discuss cleaning schedules at the next team meeting and will ensure that areas identified will be included in the cleaning schedule.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1 staff is currently on compassionate leave and will complete Fire training on her return. A deep sleep evacuation has been repeated for the designated centre.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The prescription sheets for the residents have been reviewed and updated to ensure that they include all relevant information. Photos have also been added where required. The PIC will ensure that all self-assessment forms for administering medication are reviewed</p>	

as required. The key for the medication cabinet is now in place and the ADOS has requested that all PIC`s submit a request to identify where locks for medical fridges are needed, these will then be purchased for each area.

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:
Personal plans will be completed in an easy to read format to support the residents.

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	31/12/2023
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	31/12/2023
Regulation 16(1)(a)	The person in charge shall	Substantially Compliant	Yellow	28/04/2023

	ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
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	31/12/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	28/04/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are	Substantially Compliant	Yellow	28/04/2023

	protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(4)(a)	The registered provider shall make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.	Substantially Compliant	Yellow	28/04/2023
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	30/03/2023
Regulation	The person in	Substantially	Yellow	30/03/2023

29(4)(a)	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 any medicine that is kept in the designated centre is stored securely.	Compliant		
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	28/04/2023
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint	Substantially Compliant	Yellow	30/03/2023

	and whether or not the resident was satisfied.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	28/04/2023
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 her representative.	Substantially Compliant	Yellow	28/04/2023