Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	North Circular Road
Name of provider:	Gheel Autism Services Company Limited by Guarantee
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	14 April 2022
Centre ID:	OSV-0002022
Fieldwork ID:	MON-0028168

About the designated centre

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

North Circular Road consists of two residential homes adjoining each other which are home to eight adult residents. The homes are in close proximity to lots of local amenities and public transport links. The immediate location offers a tranquil and calm atmosphere near a city centre location. The aim of North Circular Road is to provide a residential setting wherein the service users are supported and valued within a homely environment that promotes their independence, health and wellbeing. North Circular Road uses a low arousal philosophy, which is used in supporting adults with autism, both male and female over the age of 18. The homes have bathroom facilities, kitchen/dining room, living room areas, bedrooms, laundry facilities and access to a large garden. There is a prefabricated wooden building at the end of the garden of one of the homes that contains two additional communal rooms for residents. The support provided in the designated centre includes assistance with personal care, washing and laundry, supporting development of life skills, cooking and provision of meals and support to go out in the community. All service users require a tailored level of support from staff, based on a mix of independence and abilities. Residents are supported by a team of social care workers and care workers that are directly overseen by a person in charge and two location managers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 14 April 2022	10:45hrs to 18:30hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore a face mask and maintained physical distancing as much as possible during interactions with residents and staff. The inspector had the opportunity to meet with the majority of residents on the day of inspection. Some residents chose to interact with the inspector in more detail and told her about life in the designated centre. Other residents chose to continue to engage with their daily activities, as was their preference. Some family members of residents had completed questionnaires in advance of the inspection. The inspector used observations, discussions with residents and key staff and a review of the documentation to form judgments on the quality of residents' lives in the designated centre. Overall, the inspector found that the designated centre was striving to operate a quality, person-centred service in a social model of care.

The inspector visited the two houses which comprised the designated centre and spoke to residents and staff. The inspector saw that residents appeared comfortable and relaxed in their homes. Residents were seen relaxing in their sitting rooms, assisting with food preparation in the kitchen and accessing the wooden cabin in the garden for quiet time. Many residents were supported on the day of inspection to access community activities and facilities in line with their individual preferences. Staff and residents told the inspector that residents were well integrated in their local community. Many residents accessed community facilities such as the gym or swimming pool. Some residents also volunteered with local charities. The designated centre had recently invited staff from a nearby coffee shop to attend training in Irish Sign Language and autism awareness with the centre staff when this was being arranged. The purpose of this was to increase the accessibility of the community facilities to the residents of North Circular Road.

Staff and resident interactions were observed to be friendly and familiar. The inspector saw staff asking residents' permission to enter their bedrooms and private spaces. The inspector also saw staff communicating with residents using residents' preferred mode of communication. For example, one resident used Irish Sign Language to communicate and staff were seen communicating competently with this resident through this means.

There was accessible information available to residents throughout the centre. This information included an activities planner, information on residents' rights and COVID-19 information. Residents were involved in choosing activities and many had written up their own activity plans for the week. The houses were equipped with materials to support residents' sensory preferences. Both houses had calm music and visually stimulating pictures playing on their TVs as well as sensory boxes located in the sitting rooms. One house also had fragrance diffusers in place throughout the house as chosen by a resident in line with their sensory preferences.

Residents told the inspector that they were happy living in North Circular Road. One resident told the inspector that they liked the staff and the other residents. This

resident showed the inspector their art work and photographs that they had taken. Family members commented in their questionnaires that they were happy with the care and support provided in the designated centre. Family members were particularly complimentary of the staff team in North Circular Road, describing the staff as caring, supportive and helpful.

The inspector completed a walk through of the premises with the location managers. The inspector saw that each house was furnished in line with residents' preferences. The location managers described how residents were consulted with in relation to choosing furniture and decor for communal areas. The inspector also saw that resident bedrooms were decorated in line with individual preferences and were personalised as such. There was maintenance required to some areas of the premises such as flooring. This will be discussed in the Quality and Safety section of the report. Each of the houses had access to a well maintained rear garden. The garden was inviting and welcoming.

The next two sections of the report will present the findings of the inspection in relation to the governance and management arrangements in place and how these impacted on the quality and safety of care in the designated centre.

Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's certificate of registration. Overall, the inspector found that the provider had mechanisms in place to support effective oversight of the designated centre. However, enhancements were required to the audits in use by the provider to ensure that these comprehensively reflected all of the risks in the centre and were being used as a tool to drive service improvement.

There was a clearly defined management structure in place in the designated centre with clear lines of authority and accountability. The centre was run by a suitably qualified and experienced person in charge. The person in charge had been in their role for some time and knew the residents and their individual needs well. The person in charge was employed in a full-time capacity and was supernumerary to the roster. They had oversight of an additional designated centre. Two location managers had been employed for North Circular Road, one for each house, in order to support the person in charge in having oversight of the quality and safety of care. The person in charge was in the centre several times per week and had regular meetings with the location managers. The location managers and the person in charge had separately defined roles and responsibilities. The person in charge reported to and was supervised by a director of operations.

Staff spoken with were aware of the reporting structure in the designated centre. Staff knew to report, in the first instance, to the designated shift lead, then to the location manager, person in charge and finally, the director of operations. Staff were

aware of their responsibility and the mechanisms to report any concerns regarding the quality and safety of care. Staff informed the inspector that they felt supported in their roles. Staff told the inspector that the management team were responsive and available to staff and residents as required. The inspector saw that monthly staff meetings were held. Staff supervision records were also maintained. These records showed that staff had access to two supervisions per year, the content of which were appropriate to meet the needs of staff. Action plans were developed from these supervisions if required. There was a high level of training maintained in the designated centre. A review of the centre's training matrix demonstrated that all staff were up-to-date with mandatory training in areas such as fire safety, safeguarding vulnerable adults, safe administration of medications and hand hygiene.

The centre was operating with one whole time equivalent staffing vacancy. The provider was in the process of recruiting for this role. A roster was maintained for the centre which showed that the skill mix of staff was appropriate to meet the assessed needs of residents. The number of staff on any given day was also appropriate to meet the number of residents and was as per the statement of purpose. The provider utilised a small panel of regular in-house relief staff to fill any gaps in the roster. This supported continuity of care for the residents.

The provider had in place a series of audits to monitor the quality and safety of care. These audits included six monthly unannounced visits and an annual review of the quality and safety of care. The audits were conducted in consultation with residents and residents' representatives and actions plans were developed as required. However, the inspector saw that these audits did not comprehensively reflect all risks in the designated centre. For example, the flooring in both houses was damaged and noticeable gaps were evident in the floor boards. This presented a falls risk to residents as well as being unsightly. The provider had not included this risk in their audits and there was no action plan in place to address this. Additionally, the provider was aware that there was a risk to the right to privacy of two residents due to them sharing a bedroom. The provider had captured this risk on their risk register and had rated it as a moderate risk. However, this was not reflected in their audits and there was no time-bound plan in place to address the risk to residents in sharing a bedroom.

The provider had effected a statement of purpose for the designated centre. The statement of purpose was available for residents and their representatives to review. It was reviewed by the inspector on the day of inspection and was found to contain the information as required by Schedule 1 of the regulations.

Regulation 14: Persons in charge

The person in charge was suitably qualified and experienced. They were employed in a full-time capacity and were supernumerary to the roster. The person in charge had oversight of an additional designated centre. There were adequate mechanisms

in place to support the person in charge in having oversight of North Circular Road through the designation of two location managers.

Judgment: Compliant

Regulation 15: Staffing

The centre was operating with one whole time equivalent vacancy at the time of inspection. The provider was in the process of recruiting to fill this position. An actual and planned roster was maintained for the designated centre. A review of the roster demonstrated that there were adequate staff in place, in line with the centre's statement of purpose and, that the skill mix of staff was suitable to meet the needs of the residents. Continuity of care for residents was supported by the provider utilising a small panel of regular relief staff as required.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Overall, there was a very high level of training maintained in the designated centre. All staff were up-to-date in mandatory training at the time of inspection. Staff had access to regular quality supervision through formal biannual supervisions as well as monthly staff meetings. Staff reptold the inspector that they felt supported in their roles and confident in raising any concerns or issues which arose.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the designated centre with clear lines of authority and accountability. There were systems in place including staff meetings, management meetings and audits to support oversight of the quality and safety of care in the centre. An annual review and six monthly unannounced visits had been completed and feedback from residents and family members had been considered as part of these audits. However, the inspector found that audits did not comprehensively reflect the known risks in the designated centre. Furthermore, there was no comprehensive plan in place to address these risks. It was not established therefore that these audits were being used as a tool to drive service improvement.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which contained the information as required by Schedule 1 of the regulations. The statement of purpose was available to residents and family members in the designated centre.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre. Overall, the inspector found that the provider was operating a person-centred service which was safe and respectful of residents' individual preferences and needs. While there were many examples of good practice and compliance with the regulations, there were also some areas for improvement identified. These included maintenance of the property, updating infection prevention and control policies and ensuring that care plans were informed by relevant multi-disciplinary professionals. Additionally improvements were required to ensure that each resident had access to their own bedroom and private space.

The inspector saw that both of the houses which comprised the designated centre were generally clean and well-maintained. Residents were consulted with regarding the furnishings for common areas and each house was decorated in accordance with residents' choices. The common areas were equipped with sensory features including calming music, aroma diffusers and a sensory toolkit. Residents had access to a kitchen, sitting room, utility room and garden. A wooden cabin was located in the garden. This provided an additional quiet space for residents to relax or to receive visitors. There were an adequate number of bathrooms available for the number of residents. Resident bedrooms were personalised with their preferred decor and furnishings. Residents also had access to adequate storage for their personal belongings. The inspector saw that the flooring in several parts of both premises required maintenance. The floor was very worn in the dining room of one house and looked unsightly. Additionally, the floor in another common area was observed to have large gaps between the floor boards. This looked unsightly and presented a trip hazard. One resident's bedroom floor was also raised in parts and was quite worn. Additionally the skirting board had come away in one area. There were some minor issues with mould in parts of the designated centre including one store room and one bedroom ceiling.

The inspector was informed that two residents had shared a bedroom for several years. Residents were reported to have been happy with this arrangement however,

one resident had recently expressed a wish to have their own bedroom. The designated centre did not have an additional bedroom that this resident could occupy. The provider had recognised the potential impact of this risk on residents' rights and has assessed that it posed a moderate risk. However, there was no comprehensive, time-bound plan in place to address this risk. Residents did not engage in speaking to the inspector regarding the impact of the shared bedroom on them. Staff informed the inspector that residents generally appeared happy with the arrangement although they acknowledged that residents had not had the opportunity to try a different arrangement such as having their own rooms.

Aside from the shared bedroom, the centre was found to be operating a person-centred service which was mindful and respectful of residents' rights. Residents were informed of their rights through accessible signage and discussion at residents' meetings. Residents were consulted with regarding the day-to-day running of the centre through weekly "voices and choices" meetings. Residents had been supported to set annual goals which were broken down into short term goals and a responsible person was allocated to support residents to achieve these goals. Goals were meaningful and person-centred. For example, one resident had chosen the goal of being able to independently access a local coffee shop. Staff described to the inspector how they were supporting this resident to achieve their goal. The inspector also saw staff supporting residents to maintain their autonomy in relation to their meal preparation and their money management.

The inspector saw that the provider had implemented practices to support good environmental infection prevention and control. Temperature checks were taken of visitors at the door and visitors were encourage to sanitise their hands. Staff were wearing appropriate personal protective equipment (PPE) and there was a designated bin for disposing of used PPE. There was adequate supply of hand sanitiser and there were sufficient facilities for hand washing. Staff were aware of their roles and responsibilities in relation to infection prevention and control. Staff had completed online training in hand hygiene and PPE. The location managers supported the implementation of this training by discussing hand hygiene and PPE donning and doffing procedures at staff meetings. However, on review, the inspector saw that the provider's written guidance and procedures for managing cases of COVID-19 had not been updated in line with the most recent public health guidance. Additionally, the provider had not implemented more recent measures as recommended by public health such as regular monitoring for COVID-19 symptoms among residents.

The provider had ensured that effective fire safety mechanisms were in place. There were adequate arrangements to detect, contain and extinguish fires. Fire fighting and detecting equipment were serviced regularly. The provider had installed a visual beacon to alert residents who had hearing impairments to the fire alarm. All staff were up-to-date in fire safety training. Staff were aware of fire evacuation procedures. An emergency evacuation folder contained clear procedures for responding to different emergencies. There were up-to-date personal evacuation plans on resident files which detailed the supports that residents required to evacuate. Monthly fire drills were also completed including two night-time drills per

year. A review of these drills showed that residents could be evacuated within a safe time.

The inspector reviewed a sample of residents' files on the day of inspection. It was found that residents had a comprehensive assessment of need available on file which was completed in a person-centred manner and in consultation with residents and their representatives. The assessment of need was used to inform care plans for each assessed need. Care plans had been updated on an annual basis and reflected the supports required to maximise residents' development. However, the inspector found that some care plans had not been informed by a relevant multidisciplinary professional and, therefore, it was unclear how the effectiveness of these plans was being evaluated. For example, some residents had been diagnosed as having medical conditions such as high cholesterol. The inspector saw that their GP had recommended dietary changes for the management of these conditions. While dietary care plans were on file, these had not been completed in consultation with multidisciplinary professionals such as dietitians or by staff with specific training or knowledge in the relevant areas. Dietary care plans, in some cases, supported restricting access to certain foods and promoting access to other foods. However, without specialist knowledge to inform care plans, it was not clear that this guidance was in line with best practice or was effective in managing the diagnosed conditions.

The inspector saw, on reviewing residents' files, that residents generally had access to healthcare professionals as required. Residents were seen to access general practitioners, specialist consultants, dentists, chiropodists and ophthalmologists. The inspector was informed that the provider would ensure that residents also had access to a dietitian going forward.

Positive behaviour support plans were available on residents' files for those residents who required them. Staff spoken with were knowledgeable in relation to residents' behaviour support needs and plans. Staff could describe strategies they used to deescalate and respond to behaviours of concern. There were several restrictive practices in place in the centre. These were clearly documented and were notified to the Office of the Chief Inspector as required by the regulations. It was clear that the provider had taken measures to ensure that the least restrictive practice was used for the shortest duration possible. The impact of restrictive practices on all residents was considered and measures were taken to reduce the impact of a restrictive practice on residents for whom the restriction was not intended.

All staff had completed training in safeguarding vulnerable adults. Staff were knowledgeable regarding detecting and reporting signs of abuse. While there were no active safeguarding concerns in the centre at the time of inspection, the inspector saw that when there had been safeguarding incidents in the past, that these had been notified to the local safeguarding team and interim safeguarding plans had been implemented. Intimate care plans were available on residents' files. These were written in person-centred language and included information on resident preferences in managing and supporting their intimate care needs.

Finally, the inspector saw that residents had access to good quality, nutritious food in the centre. Residents were consulted with regarding meal choices. The inspector

saw staff supporting residents' to make meals. Staff spoken with were aware of those residents who required support with their eating and drinking.

Regulation 17: Premises

The designated centre was generally clean and well maintained. The inspector saw that residents were consulted with in the choosing of furniture and that residents' bedrooms were decorated in line with their preferences. Residents had access to space for receiving visitors or to engage in their preferred individual activities. Each house also had a large inviting garden space for residents to enjoy.

However, the flooring in both premises required maintenance. Flooring was observed to be very worn, with large gaps evident between some floor boards. This was unsightly and presented a potential falls risk to residents. There was also evidence of some minor mould issues in the store room of one house and the ceiling of one resident's bedroom which required addressing.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspector saw that residents were actively consulted with regarding their meal choices. Residents were seen being supported by staff to prepare nutritious lunches. There was an availability of high quality nutritious food in the fridge of the designated centre. Staff were aware of residents' eating, drinking and swallowing needs and were available to support residents at mealtimes if required.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control was clearly considered as part of the routine delivery of care in the designated centre. The centre and it's facilities were seen to be clean and generally well maintained. There was adequate availability of hand washing and hand sanitising facilities. Staff were knowledgeable regarding best-practice cleaning methods in order to support environmental hygiene. Staff were aware of their roles and responsibilities in relation to infection prevention and control. However, the provider's procedures for monitoring and responding to

suspected and confirmed cases of COVID-19 required updating in order to reflect the most recent public health guidance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had implemented mechanisms to ensure effective fire safety management systems were in place in the designated centre. Previously identified fire risks had been addressed in a timely manner. The provider had means in place to alert all residents, including those with sensory needs in the event of a fire. Regular fire drills were carried out which showed that the centre could be evacuated in a safe time frame. Fire fighting and detection equipment was serviced regularly. All staff were up to date in fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A comprehensive assessment of need was completed for each resident. This was updated annually or as required. There was evidence that the annual review of the assessment of need was completed in a person-centred manner and in consultation with the residents and their representatives. The assessment of need informed care plans. Care plans outlined the supports required to maximise residents' personal development. However, not all plans were informed by relevant multi-disciplinary professionals where a resident had an assessed need. For example, some residents had been identified as requiring dietary changes due to medical diagnosis. Care plans for these diets were not informed by a relevant multidisciplinary professional such as dietitian.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to healthcare professionals and medical practitioners of their choice and as prescribed by their assessment of need and care plans. Residents accessed a variety of healthcare professionals including general practitioners, specialist consultants, dentists and ophthalmologists.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff were knowledgeable in relation to residents' positive behaviour support needs and plans. Staff were aware of strategies to respond to behaviours of concern and of how to deescalate potential incidents. Restrictive practices were documented and reviewed regularly. There was evidence that consideration was given to using the least restrictive practice possible for the shortest duration and that the impact of restrictive practices on all residents had been assessed and mitigated against.

Judgment: Compliant

Regulation 8: Protection

All staff had received training in safeguarding vulnerable adults. Staff spoken with were aware of how to detect abuse and of the mechanisms for reporting a safeguarding concern. There was evidence that safeguarding incidents were reported to the relevant statutory agencies and that safeguarding plans were implemented in order to protect residents. The inspector saw that intimate care plans were available on residents' files. These had been written in person-centred language and clearly detailed residents' preferences and choices in relation to support with their intimate care.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, the designated centre was found to be operating in a person-centred manner which was mindful of residents' rights. Residents were informed of their rights and were clearly consulted with in relation to the running of the designated centre. However, the provider had been aware for some time fo the potential impact of a shared bedroom arrangement on residents' rights to privacy. While these residents appeared to have been happy with the arrangement previously, the inspector saw that one resident had recently expressed a wish to have their own bedroom. There was no comprehensive, time-bound plan in place to support this resident to have their own room and to uphold their right to privacy.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	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	Substantially compliant

Compliance Plan for North Circular Road OSV-0002022

Inspection ID: MON-0028168

Date of inspection: 14/04/2022

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: The quality of life and wellbeing of residents is prioritized at all times, and the staffing ratios are fully compliant in meeting the needs of residents within our scheduled staffing rosters. There is an agreed and robust recruitment strategy in place, which addresses any staff vacancy as it may occur. A business plan is submitted for approval, and following this a collaborative team approach which includes Senior Management approval input from the PIC, Location Manager and our HR department ensures proactive and effective recruitment is completed in a timely manner. This process was in place during our Hiqa Inspection , with interviews scheduled for the 13/05/2022. A successful interview process was completed with an offer made to our successful candidate. Subject to a required notice period a commencement date will be agreed, and the vacancy highlighted by our Inspector will be successfully filled.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: • An unannounced Audit will be conducted during June/July 2022 this process will include a comprehensive report on the quality of support within the designated center. The Audit will highlight any existing risk factors and actively direct a specific plan and timeline for addressing the same. • As part of our Multidisciplinary team approach, inclusive of Autism Practice Team and Ageing in Place Team significant further consideration has been given to the wellbeing of one of our residents. This resident has demonstrated a change in presentation ,	

escalation in behaviors alongside some deterioration in this residents general health and wellbeing. To facilitate this residents very specific needs and to ensure that this resident continues to enjoy a quality of life, Gheel has met with the HSE - CHO 6 and are currently actively engaging in further negotiating to secure enhanced funding to establish an individualized service for this resident.
• Residents rights, inclusive of their privacy and dignity are an absolute priority for Gheel. The current situation whereby two female residents share a bedroom is a significant concern , and whilst these residents enjoy an engaged and positive relationship, one resident has expressed a wish to have her own bedroom. Gheel are actively engaging with the HSE , and negotiating enhanced funding to rectify this situation. In the interim both residents are currently being facilitated to experience individual sleeping arrangements as part of their preparation for enjoying having their own bedrooms. Both these residents are actively engaged in planning some overnight stays, which will be facilitated in a location of their choice throughout June, July and August 2022.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The wellbeing and health and safety of our residents is our absolute priority, and ensuring a comfortable homely environment underpins all elements of our practice in ensuring the happiness and quality of life for each individual on a daily basis.

• A full discussion with the Director of Operations was completed following the recommendations of our Hiqa Inspection 18/04/2022.

• A full request for the approval of funding to replace and upgrade the flooring throughout both houses has been submitted to Senior Management on the 21/04/2022.

• Approval of funding has been confirmed and a schedule for the work has been discussed which will commence on the 01/08/2022

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
• All Gheel staff operate under the guidance of our Health Promotion Team who regularly update, inform and direct practice in line with National Guidelines. A thorough review of our daily practice has been completed in NCR and the identified omission of recording all

residents symptoms throughout each day has been implemented alongside temperature checking. 06/05/2022. There has been a specific form developed to facilitate this practice for each team.
• The detailed information on our GRASP system is regularly reviewed by our Health Promotion Team, and specifically the staff Guidance Flow Chart is fully updated and in line with the most current National Health guidelines. 06/05/2022
• To fully guide staff practice and promote their confidence in adapting to an evolving Pandemic situation, the Health Promotion Team have devised a " Living with Covid " booklet which has been circulated across the service and implemented into practice on the 19/05/2022.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:
• A Multidisciplinary team approach is in place whereby members of the Autism Practice Team, inclusive of Senior Clinical staff, Psychiatrist, Psychology conduct regular medical reviews on the wellbeing of each resident.
• The PIC and Location Manager have revisited all residents support plans, and specifically commissioned the input of allied professionals, such as OT and dieticians in enhancing the progression of plans for individual residents – Completed - 20/05/2022.
• In any specific instance of assessed need such as medical needs, whereby dietary changes are recommended, the services of a Dietician have been commissioned to guide required actions and practice to further enhance the wellbeing of the resident.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
Residents rights underpin our practice at all times, and individuals are facilitated to express their choices and preferences daily through a variety of measures and activities, staff work alongside each resident in a manner suited to their individual support/communication needs. It is completely acknowledged that two of our residents who really enjoy their home, currently share a bedroom. A shared bedroom arrangement is not conducive to offering each resident a full degree of privacy and dignity. To facilitate both residents in making informed choices, and enjoying the experience of sleeping in a private room , a series of hotel/ guest house breaks has been organized. Commencing June, July , August A meeting has been hosted with the HSE to highlight the concern and explore additional funding to facilitate each resident in enjoying

individual bedrooms. The negotiations with the HSE are on going and we intend to update our Action Plan accordingly.

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 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.	Substantially Compliant	Yellow	16/05/2022
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.	Substantially Compliant	Yellow	01/08/2022
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an	Substantially Compliant	Yellow	31/07/2022

	unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
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	19/05/2022
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or	Substantially Compliant	Yellow	20/05/2022

	circumstances, which review shall be multidisciplinary.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	30/06/2022