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:	Coolfin
Name of provider:	St Michael's House
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	04 May 2022
Centre ID:	OSV-0002375
Fieldwork ID:	MON-0027995

About the designated centre

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

Coolfin is a designated centre operated by St Michael's House. The centre provides residential care and support for up to six adults with intellectual disabilities. The designated centre comprises a detached two-storey house located in North County Dublin located near a large community park and within a short walking distance to nearby shops and public transport routes. The designated centre consists of six individual bedrooms for residents, two living room spaces, a kitchen and separate dining area and a staff office. St. Michael's House operate a separate day service to the rear of the designated centre. The centre is managed by a full-time person in charge who is supported in their role by a CNM1. The staff team comprises of nursing and social care staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6

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
Wednesday 4 May 2022	10:15hrs to 16:15hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

The inspector met and greeted all residents in the centre on the day of inspection. The inspector met and spoke with residents and staff present in the centre while wearing a face covering in line with National public health guidance.

Some residents, rather than give specific feedback about the service they were receiving, preferred to engage with the inspector on specific topics of interest to them and spoke about recent family events they had attended and activities that they had begun to re-engage with, for example swimming.

The inspector spoke for a longer time with a resident who was waiting to go to their swimming session. They told the inspector that they liked swimming a lot, they were very happy to be back doing it again and mentioned some people they went to swimming with. They told the inspector that they wore a hat and goggles and had helped pack their swimming bag.

The resident also mentioned that they liked to spend time in a room just off the dining room and that was their chill out space where they listened to music and relaxed. The resident also mentioned some staff that worked in the centre and pointed to a poster on the wall that had photographs of the faces of staff assigned to work during the day and night time. When asked were they happy and the staff nice, the resident said, 'ah yeah' and nodded.

Another resident spoken with briefly, showed the inspector their bedroom which had been repainted since the previous inspection. The resident was an avid football fan and had decorated their room with foot ball memorabilia and signage. They walked out to the hall and spoke a bit more with the inspector with a staff member present. They asked the inspector to guess their age and then told the inspector what their age was and how they were looking forward to their birthday celebrations that would be coming up. They were very proud of their age and how healthy they were.

The centre comprises of a two-storey detached house located in North County Dublin. The centre is located within a short walking distance to a large park, a nearby shop and public transport routes. To the rear of the centre is a day service which is also ran by St Michael's House, the provider.

The centre had undergone a suite of refurbishment works over the previous year with the upgrading of the heating and insulation systems in the home. The provider had also re-decorated the home in a number of areas, for example, residents' bedrooms, the dining room and the hallway and landing upstairs. The re-decorative works were very tasteful and completed to a good standard, resulting in the centre looking bright and modern throughout. The kitchen area of the home was well maintained with modern new kitchen units, fully equipped with cooking appliances, an integrated fridge and separate freezer.

Overall, it was demonstrated there were good levels of compliance found, however, there were improvements required and these mostly related to the impact a recent emergency admission was having on compatibility arrangements in the centre.

The centre was operating at full capacity, with six residents living in the centre at the time of inspection. There had been a recent emergency admission to the centre, with this admission, at the time, expected to be for a short period of time. However, due to unforseen circumstances their stay had to be extended.

While the centre could meet some aspects of the residents' assessed needs in terms of the location of their bedroom and accessibility arrangements, overall, the centre could not meet the resident's social care needs in their entirety. For example, the resident was considerably younger than their peers and some of their communication presentation increased the noise levels in the house, which in turn was having a negative impact on the other residents who required a quieter living environment.

The provider was required to put in place arrangements to meet the needs of all residents living in the centre, source an alternative living arrangement for the resident and put in place transition plans within an appropriate time-frame.

Some enhancement to safeguarding planning was also required for residents with long standing complex needs in the area of safeguarding.

In summary, the inspector found that each resident’s well-being and welfare was maintained to a good standard, albeit impacted upon by the compatibility of some residents.

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

Capacity and capability

The inspector found that the governance and management arrangements had ensured safe, quality care and support was received by residents, with effective monitoring systems in place to oversee the consistent delivery of quality care.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. While the person in charge had responsibility for two designated centres, the inspector found that the governance arrangements facilitated the person in charge to have sufficient time and resources to ensure effective operational management and administration

of the designated centre.

The provider had carried out an annual review of the quality and safety of the service for 2021, and there were quality improvement plans in place, where necessary. There were also arrangements for unannounced visits to be carried out on the provider's behalf on a six-monthly basis as required by the regulations. The inspector reviewed the most recent six-monthly provider visit and noted they were comprehensive in scope and provided a quality improvement action plan for the person in charge to address.

In addition, the person in charge carried out quality audit checks on an ongoing basis in the centre in relation to areas such as medication management, residents' finances, restrictive practices and accidents and incidents.

Overall, there were sufficient staff available, with the required skills and experience to meet the assessed needs of residents. A planned and maintained roster, that accurately reflected the staffing arrangements in the centre, was in place. Observations made throughout the inspection noted kind and helpful interactions between residents and staff. Staff spoken with over the course of the inspection demonstrated good knowledge and understanding of residents' support needs.

There were arrangements in place to ensure that staff had access to necessary training, including training in a number of areas deemed by the provider as mandatory training; for example, safeguarding and fire safety. The person in charge maintained oversight of staff training requirements, the inspector found that staff had received training in all areas identified as mandatory.

Arrangements were in place to supervise staff, the inspector noted staff had received a supervision meeting with the person in charge and within the time-frame as set out in the provider's supervision policy.

The person in charge had suitably notified the Chief Inspector of all incidents occurring in the centre within the appropriate time-frames as set out in the regulations.

Complaints were encouraged and there was good communication with residents and families with regards to the progress of their logged formal complaints. Residents had made a number of complaints with regards to the noise levels in the centre, which were impacting on them being able to listen to music or watch TV. Some residents had also mentioned that the noise was impacting on their sleep.

These complaints had been logged in recent times and a complaints manager had visited the centre and met with each resident to hear their feedback. In addition, the person in charge had made arrangements for residents to meet with an independent advocate, as part of the complaints process. Each resident had received an easy read acknowledgement form from the complaints manager to inform them that their complaint had been heard and recorded and was going through the complaints procedures.

There were additional emails made available to the inspector which evidenced these

complaints had been escalated to the director of services.

Overall, these processes demonstrated that residents were being supported to make complaints about their home when they experienced dissatisfaction, and that the complaints procedure was being implemented. At the time of inspection, the complaints had not reached a satisfactory resolution. The inspector did acknowledge however, that the complaints procedure was being implemented and was at the start of the process.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to renew registration.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had a good knowledge of the assessed needs of residents and had made positive changes to the staffing rosters and working schedules to better meet the support needs of residents.

The person in charge appointed to manage the centre, was found to meet the matters of Regulation 14 in relation to management experience and qualifications.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training as part of continuous professional development.

There was good oversight of the training needs of staff, and arrangements were made to plan for training as required.

Staff had been afforded additional training that would better support residents, for example, in alternative communication, management of dysphagia.

Staff were appropriately supervised, both formally and informally by the person in charge in the designated centre.

Information on the Health Act 2007 (as amended), regulations and standards, along

with guidance documents on best practice were available in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The provider had undertaken to carry out a significant suite of refurbishment works in this centre. This addressed a regulatory finding from the previous inspection.

The provider had created an annual report for 2021.

The provider had ensured six-monthly reviews of the service had been carried out. These reviews were comprehensive in scope, focused on compliance with the regulations and provided the person in charge an action plan for addressing findings from the review.

The person in charge also engaged in quality assurance audits on a monthly basis with the senior manager. These governance audits reviewed key quality and compliance indicators and provided an action plan for the person in charge to complete.

The provider had appointed a person in charge of the centre that met the regulatory requirements of Regulation 14.

Appropriate arrangements had been put in place to support the person in charge to manage more than one designated centre, by appointing a CNM1 as part of the local management team for this designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had created a statement of purpose that met the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had submitted all notifications as required by the regulations

within the time-frames set.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a formal written procedure for the management of complaints in the designated centre, along with an easy-to-read guide for residents to use, if required.

Residents were encouraged to raise complaints or issues and these were logged and recorded and a record maintained in the centre.

Residents had been afforded the opportunity to meet with the complaints manager for the organisation and had received an easy read acknowledgement response from the manager. There were also emails which demonstrated their complaints had been raised to the director of services for the area by way of escalation of the complaints made.

Residents were also afforded the opportunity to meet with an independent advocate and arrangements had been put in place where by an advocate had attended the centre and met with residents.

While complaints had been logged and recorded on behalf of residents, until the issues, regarding the suitability of the designated centre for one resident, had been addressed, it was not clear how residents' complaints would reach a resolution to their satisfaction.

The inspector however, did acknowledge that the complaints procedures were in the early stages and had not fully undergone all due process stages at the time of inspection. Therefore, this regulation was met with compliance.

Judgment: Compliant

Quality and safety

Overall, it was demonstrated the provider had the capacity and capability to provide a good quality, safe service to the majority of residents living in this designated centre. For the most part, good levels of compliance were found on this inspection.

A review of safeguarding arrangements noted residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre. The provider had ensured staff were trained in adult

safeguarding policies and procedures.

Where required, safeguarding plans were in place and had been created as part of the person in charge implementing National safeguarding policies and procedures. Some residents required additional safeguarding support plans to guide staff in the appropriate safeguarding response in supporting the resident. While these were in place and effectively implemented, some recent changes and incidents that had occurred, demonstrated such planning required expanding to incorporate a more comprehensive scope of guidance for staff. For example, arrangements for visitors and external stakeholders visiting the centre.

There were instances where peer-to-peer safeguarding incidents could occur in the centre. Overall, these were low in frequency and were suitably managed and mitigated through the implementation of safeguarding and behaviour support planning in place.

As referenced earlier in this report, the emergency placement of a resident had resulted in a new incompatibility issue in the centre which was having a negative impact on residents in terms of noise levels in the centre. While there were no serious peer-to-peer incompatibility issues arising from the recent emergency admission, there was an overall negative impact on residents which was resulting in them experiencing poor sleep quality and at times impacting on them being able to relax and listen to music or watch TV.

The person in charge, had, as discussed, supported residents to use the provider's complaints procedure and was implementing the National safeguarding policy and procedures in a consistent and comprehensive manner to all such instances. However, ultimately, the incompatibility issue was as a result of the centre not being able to meet the needs of one resident.

Each resident had an up-to-date personal plan in place. An assessment of need had been completed for each resident which also included an allied professional framework and recommendations which informed the development of support planning for residents. Daily recording notes were maintained and personal plans were updated following review by allied professionals.

In addition, the inspector noted good quality social goals had been developed for each resident which were updated and reviewed between the resident and their key worker on a regular basis.

While residents personal planning was of a good standard and the majority of residents could have their needs suitably and comprehensively met in the centre. This was not possible for all residents.

A recent assessment of need completed for a resident that had recently been admitted, outlined the centre was unable to meet their social care needs and had made a number of recommendations as to the resident group that would suit the resident, the premises arrangements for accessibility purposes and additional measures to ensure their communication presentation could not negatively impact on peers. Overall, the assessment had determined that this centre could not support

the resident's needs and a transition to a more suitable living arrangement was required.

While the provider had assessed the needs of the resident, they had not put in place arrangements to meet their needs. There were no definitive transition plan arrangements in place at the time of inspection and no alternative living accommodation identified. As a result, the provider was not effectively meeting the assessed needs of the resident, which in turn was having a negative impact on their peers and impacting on their assessed aging needs being met. This required improvement.

The provider had undertaken a significant suite of premises upgrade works to the centre over the previous year. These works had focused on improving the overall energy efficiency measures in the house and insulation throughout. For example, a large number of windows had been replaced, a number of walls in the property had been dry-lined and insulated and a new boiler system had been installed. The entire property had been re-painted and a new new modern, fully equipped kitchen installed.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. Staff were observed wearing personal protective equipment (PPE) correctly during the course of the inspection. PPE was in good supply and hand-washing facilities were available in the centre. Alcohol hand gel was present at key locations in the centre for staff and residents to use.

Individualised COVID-19 isolation support plans were also in place for each resident with associated risk assessments completed and control measures identified. Centre-specific and organisational COVID-19 risk assessments were in place. The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in relation to this. There was a folder with information on COVID-19 infection control guidance and protocols for staff to implement while working in the centre, with the most recent versions of public health guidance maintained in this folder.

Some additional infection control risks, outside of the context of COVID-19, were managed in the centre, for example, administration of nebulisers, incontinence waste disposal and laundry management standard precautions. While there were suitable measures in place to ensure standard precautions were being implemented, there were no associated infection control risk assessments in place which identified these areas as potential infection control risks in the centre, an analysis of the risk presenting, the control measures to mitigate the risk and ongoing review.

Some residents required modified consistency meal provisions. Staff spoken with demonstrated a good understanding of residents' nutritional needs and their modified consistency meal requirements. Staff training had been provided and the kitchen was observed to be clean, well maintained and adequately stocked with fresh, frozen and dry goods with additional condiments for preparing meals.

As required, residents had an associated modified consistency meal plan in place

and a meal planner recorded and displayed in the kitchen. The dining area was large and spacious to ensure residents had a pleasant space and surroundings to enjoy their meals while ensuring there was enough space for staff to support residents if required.

Regulation 17: Premises

The premises was maintained to a good standard with a high standard of cleanliness noted throughout. The provider had undertaken a large refurbishment suite of works in the centre which included:

- Fitting new windows throughout to improve insulation measures.
- Dry-lining and insulation measures on a number of walls in the centre.
- Installation of a new boiler.
- Repainting and decorating throughout.

The provider had also refurbished the kitchen area and had installed new kitchen units, cupboards, tiling, electrical goods, a fridge and a separate freezer.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' assessed food and nutritional needs were well managed in the centre.

Fresh and dry food was stored in hygienic conditions with open dates documented and labelled on foods stored in the fridge.

Staff were trained in how to modify meals and were knowledgeable of the modified consistency meal and fluid provision for residents.

The provider had made arrangements for equipment, for modifying meals, were available in the centre.

Residents meals were planned ahead of time, with a documented meal planner in place in each kitchen area and a copy of each residents' nutritional and dysphagia plan readily available in the kitchen, for staff to refer to, if required.

The dining area was bright, spacious and well ventilated. It provided a pleasant area for residents to enjoy their meals and located near the kitchen where they could smell food being prepared, which in turn added to the appetising nature of meal provision in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19.

There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required.

The provider and person in charge had ensured that all staff were made aware of public health guidance and any changes in procedure relating to this.

Some additional improvements were required in the area of infection control to ensure the most optimum arrangements were in place.

- The bathroom/shower floor was very worn and stained in parts and had been identified as requiring replacement. This meant, it could not be maintained in the most hygienic condition possible due to it's worn state.
- While there was information available to demonstrate standard precautions relating to nebuliser administration, incontinence waste and laundry management, were being implemented, there were no corresponding infection control risk assessments in place which identified the potential infection control risk posed, an analysis of the risk presenting, documented control measures and arrangements for their review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents' needs had been assessed in a comprehensive manner.

The specific type of supports and environment that would best meet some residents' needs had been assessed and identified.

Residents' personal plans were comprehensively documented to outline how each individual need was to be met.

The provider had identified that this designated centre and model of care was not fully suitable to meet all residents' assessed needs. One resident in the centre had been admitted as an emergency admission, originally for a short period of time. However, due to unforeseen circumstances, their emergency admission stay had to be extended for the foreseeable future.

The resident was considerably younger than their peers and required a different service provision which was in line with their age and needs.

A recently completed assessment, by an allied professional, had determined the centre was not a suitable environment for the resident and outlined the most optimum living environment for them to be admitted to. The overall outcome of the assessment had recommended that the resident's needs could not be met in the centre and a transition was required.

However, at the time of inspection, it was not clear what transition arrangements were in place to support the resident to move to a more suitable full-time living arrangement. For example, no alternative, suitable placement had been identified and no transition planning had been started.

In addition, it was not clear what measures the provider were putting in place, in the short term, to meet the needs of the resident's peers, in terms of noise levels in the house with due regard to their age, sleep needs and need for a low arousal environment.

However, even with additional interim measures, a long term resolution was required to ensure all residents living in the designated centre had their individual needs met, and all residents were afforded a suitable home that met their assessed needs.

Judgment: Not compliant

Regulation 8: Protection

Where required, safeguarding plans were in place and had been created as part of the person in charge implementing National safeguarding policies and procedures.

Some residents required additional safeguarding support plans to guide staff in the appropriate safeguarding response in supporting the resident.

While these were in place and effectively implemented, some recent changes and incidents that had occurred, demonstrated such planning required expanding to incorporate a more comprehensive scope of guidance for staff. For example, arrangements for visitors and external stakeholders visiting the centre.

The emergency placement of a resident had resulted in a new incompatibility issue in the centre which was having a negative impact on residents in terms of noise levels in the centre.

While there were no serious peer-to-peer incompatibility issues arising from the recent emergency admission, there was an overall negative impact on residents which was resulting in them experiencing poor sleep quality and at times impacting

on them being able to relax and listen to music or watch TV.
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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Coolfin OSV-0002375

Inspection ID: MON-0027995

Date of inspection: 04/05/2022

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 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: • The Registered Provider recieved quotes to replace the worn and stained altro flooring. A Budget Submission is currently being prepared by the Director of Estates for submission to the HSE. Currently awaiting dates for replacement floors to be installed within the centre. • The PIC has updated the IPC risk assessment to demonstrate the standard precautions with incontinence waste and laundry management. All staff have read and signed the risk assessment. • The Person in Charge has updated a new risk assessment relating to nebuliser administration, C-Pap mask and on how to clean the nebulaiser and CPap masks is now in place. All staff have read and signed the new Risk Assessment.	
Regulation 5: Individual assessment and personal plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: • The Registered Provider is in the process of exploring alternative residential placements within SMH. A Consultation meeting is scheduled for 08.06.22 in order to assess the suitably of the placement for an identified resident. • In the interim the Registered Provider will continue to provide additional supports, in an attempt to meet the assessed needs of all the residents within the designated centre	

until a suitable residential is sought.
• Additional funding was sought and approved by the HSE in order to support the emergency placement and the residents identified needs.
• The resident will be continued to be supported to attend their day service. The resident is in recipt of a 5 day service.
• The resident spends time with his family on Saturdays outside the designated centre.
• In addition, staff support the resident outside the centre at least twice a day.
• Staff offer other residents activities outside the centre if required.
• Residents are offered to close their bedroom doors to muffle the noise a second sitting room can be used by residents. Staff offer one resident noise cancelling ear phones.
• A compatablity assessment is currently being trailed within the centre
• The Director of Adult Services is also liasing with SMH technical Services Department to assess the current and future living enviornment for one of the residents.
• SMH staff continue to afford all residents the complaint procedure within SMH as required.

Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
• A Safeguarding meeting was held on 22.05.2022 to review the guidelines with PIC, Service Manager and Head of Social Work and further consultation took place with the Psychologist. The resident's clinical guidelines have now been updated.

In relation to the incompatibility issue in terms of noise levels in the centre the following actions have been taken to date:

• The Registered Provider is in the process of exploring alternative placement within SMH. A Consultation meeting is scheduled for 08.06.2022 in order to assess the suitably of the placement for an identified resident.
• In the interim the Registered Provider will continue to provide additional supports, in an attempt to meet the assessed needs of all the residents within the designated centre until a suitable residential is sought.

• Additional funding was sought and approved by the HSE in order to support the emergency placement and the residents identified need.
• The resident will be continued to be supported to attend their day service.
• In addition, staff support the resident outside the centre at least twice a day.
• Staff offer other residents activities outside the centre if required.
• Residents are offered to close their bedroom doors to muffle the noise, a second sitting room can be used by residents. Staff offer one resident noise cancelling ear phones.
• A compatablity assessment is currently being trailed within the designated centre
• The Director of Adult Services is also liasing with SMH technical Services Department to assess the current and future living enviornment for one of the residents.
• The PIC will contiue to notify HIQA and the HSE in line with Regulatory requirments,

National and SMH Safeguarding Policy. Safeguarding Plans are reviewed and updated regularly.

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 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2022
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).	Not Compliant	Orange	31/12/2022

Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	31/12/2022