



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

## Issued by the Chief Inspector

|                            |                          |
|----------------------------|--------------------------|
| Name of designated centre: | Community Living Area 19 |
| Name of provider:          | Muiríosa Foundation      |
| Address of centre:         | Laois                    |
| Type of inspection:        | Announced                |
| Date of inspection:        | 08 November 2023         |
| Centre ID:                 | OSV-0002723              |
| Fieldwork ID:              | MON-0032395              |

## About the designated centre

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

This centre is a spacious bungalow set within its own grounds. There is a self-contained apartment that can be accessed from inside the bungalow. The centre is in a rural town with easy access to all amenities that the town has to offer. A vehicle is available to all residents and access to larger nearby towns is easily achievable. The centre is home to five residents one of whom lives in the apartment. In the main house there is a spacious communal sitting room and an additional smaller living room and, each resident has their own ensuite bedroom decorated to their personal style and preference. A kitchen and dining room are also provided. The apartment has a living and dining room, a separate kitchen, a bathroom and bedroom. The entry to the apartment is from the hallway in the bungalow. This centre provides supports to five residents with varying needs relating to their intellectual disability and who require a multidisciplinary approach to care. The centre is staffed 24 hours a day throughout the entire year without closure by a staff team comprising, social care workers, care assistants and a recreational facilitator.

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

|  |   |
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| 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 |
|------------------------------|-------------------------|------------|------|
| Wednesday 8<br>November 2023 | 09:30hrs to<br>17:00hrs | Mary Moore | Lead |

## What residents told us and what inspectors observed

This was an announced inspection. The provider had applied to the Chief Inspector to renew the registration of this centre. The overall inspection findings were positive and the provider demonstrated a high level of compliance with the regulations reviewed. Some improvement was needed in relation to infection prevention and control and positive behavioural support.

All five residents were at home when the inspector arrived and over the course of the day the inspector had the opportunity to engage with all of the residents, observe the routines of the house and the care and support provided. The inspector also had the opportunity to meet with a family who were visiting.

The residents living in this centre have lived together for many years and the bonds and relationships that had developed between them were evident to the inspector. For example, residents sat comfortably together in the main sitting room while enjoying activities such as knitting, sat together for their meals and enjoyed a trip out supported by staff. The residents had been made aware of the upcoming inspection, gave the inspector a warm welcome and were very comfortable with the presence of the inspector in their home. One resident showed the inspector around their self-contained apartment and discussed family and their place of origin. The resident was looking forward to spending Christmas with family. The resident said that they loved their apartment but also enjoyed accessing the main house and being in the company of their peers and the staff team.

Another resident liked to check the post box each day and was anxious for the inspector to accompany them to the post box situated at the main gate. The inspector was happy to do this in the company of a staff member and saw the joy the resident got from two cards they received in the post.

The apartment and the main house presented very well and provided all five residents with a safe and comfortable home. Residents were clearly very comfortable in their home and could access all areas of the house without restriction. Residents could freely access their own bedrooms and the staff office as they sought contact with and, at times, reassurance from the person in charge and the staff team. Residents were happy to sit and chat with the inspector as the inspector went about their work.

The house was busy as the staff team attended to the needs and requests of the residents and other tasks such as preparing meals, updating records and maintaining oversight of matters such as residents' personal finances. The provider had increased the day-time staffing levels since the last inspection. The provider was monitoring the adequacy of the night-time staffing arrangements as there were resident needs that were changing and increasing. The provider was responding to these changing needs and ensured residents had access to the care and services that they needed. The person in charge ensured that residents had good support

from local services such as their general practitioner (GP), pharmacy and community-based nursing services.

Residents did have different needs and abilities and this was reflected in the support provided. For example, two residents were not verbal communicators. One of these residents liked their own space and quiet time and had been provided with their own living space but they were also encouraged to join their peers for meals and community outings. This resident greeted the inspector with a great warm hug.

Another resident had sensory needs and these needs were met. For example, the resident had access to two rocking chairs, one in the main kitchen and one in their bedroom. The resident spent much of the day in the rocking chair in the kitchen. The resident enjoyed and had the freedom to enjoy floor-time. The resident sought regular contact with staff, such as hand-holding and hugs, and this was facilitated. However, the resident was not their usual content self on the morning of this inspection. Staff explained that this was possibly due to a medical intervention the previous day. This will be discussed again in the main body of this report.

Their personal appearance was obviously very important to residents and they were delighted when the inspector admired, for example, items of jewellery. Residents had ample storage for their personal items and attended and enjoyed local hairdressers and beauty salons. Residents were also supported to access and enjoy a range of local activities and amenities. For example, residents enjoyed chair yoga, reflexology, swimming and short breaks away with support from staff. Three residents left with staff members to attend a local choir on the morning of this inspection. On their return residents confirmed that they had enjoyed themselves.

While busy, there was a true sense that this centre was home for the residents. They had the freedom to do what they enjoyed in a comfortable home and were supported by a team of staff who were mindful and attentive to their needs. The resident dog contributed to the sense of home as it ambled happily and unobtrusively around the house, sat quietly in the sitting room with residents or sat and waited for a possible treat.

The provider had quality assurance systems that included the annual service review and, the quality and safety reviews required by the regulations which were conducted every six-months. Reviewers sought feedback from residents and their representatives. The feedback on file was sufficient to be meaningful and was universally positive from residents and their representatives. Residents reported that they felt safe and had good choice and control in their daily lives. Representatives described the service as excellent and said they were consistently engaged with and listened to. This was echoed by the family the inspector met with.

In summary, this was a good person-centred service where residents enjoyed a good quality of life and where the stated aim of the provider was, to ensure even with changing and increasing needs, that resident's had a home for life.

The next two sections of this report will describe the governance and management arrangements in place and how these ensured and assured the quality and safety of

the service provided to residents.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced. The provider demonstrated a good level of compliance with the regulations. The provider effectively collected data and used that data to monitor and improve as needed the support and services provided.

The person in charge was responsible for the day-to-day management and oversight of the service. The person in charge had responsibility for another service but was happy they had the capacity and the support that they needed from the provider to effectively manage both services. These inspection findings would support this. While staff had delegated responsibilities the person in charge maintained overall oversight of areas such as the identification and management of risk and personal planning with and for residents.

The provider had increased the day-time staffing levels. There were three staff members on duty each day from 08:00hrs to 20:00hrs and two staff up to 21:00hrs. The night-time staffing arrangement was a staff member on sleeping duty. There were occasions when staff were required to attend to residents during the night and changing needs indicated that soon different night-time staffing arrangements would be needed. This was reflected in records seen such as in the most recent unannounced internal review, which are conducted every six-months. The person in charge assured the inspector that the resources needed, such as waking staff and possibly nursing care, had been discussed and would be put in place by the provider.

Good oversight was maintained of staff attendance at mandatory training such as, in safeguarding and fire safety. However, training in responding to behaviour of concern, including intervention techniques, was not included in the programme of staff training. This will be addressed in the next section of this report.

The internal reviews referred to above and in the opening section of this report were completed on schedule. The inspector reviewed the report of the most recent internal review, completed in September 2023. The reviewer actively engaged with and sought feedback from staff and residents. The lines of enquiry were detailed and comprehensive. A quality improvement plan did issue from the review. This inspector followed one line of enquiry as it related to a safeguarding finding and found that the corrective actions needed had been completed by the person in charge.

## Regulation 14: Persons in charge

The person in charge worked full time and had the skills, qualifications and experience needed for the role. The inspector saw that the person in charge was known and accessible to residents and their families. Based on these inspection findings, the person in charge was actively and consistently engaged in the governance, management and administration of the centre.

Judgment: Compliant

## Regulation 15: Staffing

The registered provider had increased the daytime staffing levels and was actively monitoring the adequacy of the night-time staffing arrangements in the context of changing resident needs. Nursing care was needed and was being provided from within the providers own resources and from community-based nursing services. There was a planned and actual staff duty rota that reflected the staffing levels described and observed. The staff duty rota reflected continuity of staffing and this was confirmed by staff members spoken with. There was some reliance on relief and agency staff. The person in charge who planned and prepared the staff rota ensured regular relief staff and the same agency staff were utilised as needed.

Judgment: Compliant

## Regulation 16: Training and staff development

A record was maintained of the training completed by staff such as in safeguarding, fire safety, manual handling, medicines management and infection prevention and control. All of this training was in date and the date refresher training was due was noted on the staff training matrix. The provider operated a formal system of supervision for all grades of staff. The person in charge completed these supervisions with the front-line staff team and attended regular supervision meetings with their line manger. The inspector noted that the record of training available to and completed by staff did not include training in positive behavioural support including de-escalation and intervention techniques. The person in charge confirmed this was correct. This will be discussed in the next section of this report.

Judgment: Compliant

## Regulation 22: Insurance

With its application seeking renewal of the registration of this centre, the provider submitted documentary evidence that it had in place a contract of insurance against injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

This was a well-managed service. There was clarity on roles and responsibilities and the governance structure operated as intended. For example, the person in charge could clearly describe and demonstrate to the inspector how they planned and monitored the appropriateness, quality and safety of the service. There were records on file of monthly meetings with senior management where learning such as, learning from other HIQA inspections, was shared. The centre presented as adequately resourced to ensure the effective delivery of care and support. For example, the additional staffing needed was in place. The provider had quality assurance systems such the unannounced reviews, conducted at least every six-months, that maintained oversight of the effectiveness of local systems of management and oversight. Staff, residents and their representatives were encouraged and supported to contribute to these reviews.

Judgment: Compliant

## Regulation 3: Statement of purpose

The inspector saw that the statement of purpose was prominently available in the main hall of the house. The provider kept the statement of purpose updated. The statement of purpose accurately described the service.

Judgment: Compliant

## Regulation 30: Volunteers

Two residents accessed the provider's "buddy" system. The person in charge described how this system was operated with support from volunteers from the local community. The arrangements in place were two longstanding arrangements that were reported to work well for both residents. There was a designated person with

responsibility to ensure that volunteers were appropriately selected and vetted.

Judgment: Compliant

## Quality and safety

The inspector found that the provider had the arrangements in place to meet the needs of each resident. Residents were consulted with and had input into the care and support they received. The care and support provided was individualised. Residents enjoyed a good quality of life and were supported to enjoy the best possible health in a safe and comfortable home. There was scope for improvement in the areas of infection prevention and control and positive behavioural support.

The inspector saw that a comprehensive assessment of each resident's needs was completed. The assessment, the personal plan and the support and care provided was reviewed by the person in charge and the staff team as residents' needs changed. The personal plan included each resident's personal goals and objectives, how these were progressed and any obstacles that arose to their progression such as a period of poor health.

Based on what the inspector observed throughout the day and records seen, the person in charge and the staff team maintained good oversight of residents' healthcare needs and the effectiveness of their care plan. The care provided was informed by input from the multi-disciplinary team (MDT). Staff spoken with were confident in their practice and attentive to the needs of the residents.

There were procedures and arrangements in place that supported safe medicines management practice.

On the morning of this inspection it was evident from their general demeanour and behaviours exhibited towards staff and the inspector that one resident was not their usual self. Staff confirmed that the resident also had a restless night and this was attributed to a medical intervention on the day prior to this inspection. The response to the resident was therapeutic, pain relief was administered, assurance was provided and the resident settled as the day progressed. The resident's personal plan confirmed that the behaviours observed could happen, possible triggers were also identified and staff were advised to refer to the proactive and reactive strategies outlined in the personal plan. However, the reactive strategies, such as, the possible need for disengagement techniques were not evident in the plan.

The house was welcoming and presented well. Each resident had adequate personal space and space to spend time alone if they wished. The house presented as visibly clean with evident measures and arrangements to promote and support infection prevention and control. For example, each resident had their own en-suite bathroom, there was a stand-alone sluice room, hand-sanitising products were prominently available and, there was a colour-coded system of cleaning. However,

there was scope to improve the facilities for hand washing and some evidence of practice that was not guided by policy and procedure.

The day-to-day management and oversight of fire safety was good. For example, equipment such as the fire detection and alarm system, emergency lighting and fire-fighting equipment was inspected and maintained. Staff also completed checks of fire safety measures and there was a schedule for the completion of simulated evacuation drills by staff. A staff member spoken with confirmed their participation in these drills and their ability to evacuate all five residents.

### Regulation 10: Communication

The assessed needs of the residents included communication differences. Particular communication supports were outlined in the personal plan. For example, the role of behaviour in communicating needs such as pain and illness was acknowledged and recognised. Residents had access to and enjoyed a range of media.

Judgment: Compliant

### Regulation 11: Visits

There were no restrictions on visits. Staff supported residents to maintain and develop their relationships with family and home as appropriate to each resident's individual circumstances.

Judgment: Compliant

### Regulation 13: General welfare and development

The care and support provided had regard for each resident's assessed needs, abilities and choices. Residents had opportunities to be meaningfully engaged in activities of their choosing and that they enjoyed in their home and in the local and wider community. For example, residents accessed a local leisure centre, joined local groups and enjoyed their trips to the hairdresser and local beautician. Residents were supported to maintain their personal relationships and links with family and home.

Judgment: Compliant

## Regulation 17: Premises

Since the last HIQA inspection the provider had evidently completed a programme of maintenance and redecoration. The house was welcoming and all areas visited by the inspector presented well. For example, residents' bedrooms were comfortable, pleasant rooms and reflected residents' individual tastes, preferences and needs, such as sensory items. The design and layout of the house was suited to the assessed needs of the residents. Circulation areas were spacious and a hand-rail was provided. Residents had access to a spacious and pleasant main living room and two residents also had access to their own living areas. The person in charge was awaiting the delivery and installation of a new whirlpool-type bath in the main bathroom. The location of the house meant that residents had ready access supported by staff to the amenities and services of the town. There was adequate car parking to the front of the house and a pleasant, secure garden space with seating and raised beds where residents could participate in some light gardening.

Judgment: Compliant

## Regulation 18: Food and nutrition

Staff freshly prepared residents' meals. Residents choose the menu for the week but also enjoyed eating out and getting occasional take-out meals. The inspector saw and one resident reported that residents liked to sit and eat together in the dining room. Residents were noted to be offered a range of snacks and refreshments. There were specific dietary requirements and the support needed was guided by input from clinicians such as speech and language therapy (SLT). The increased staffing levels meant there were sufficient staff to provide the assistance and supervision needed in response to identified risks to residents while eating and drinking.

Judgment: Compliant

## Regulation 20: Information for residents

The provider had a guide for residents that contained all of the required information such as the terms and conditions relating to residency, how to make a complaint, and the arrangements for visits.

Judgment: Compliant

## Regulation 26: Risk management procedures

The person in charge maintained an active register of the risks arising in the centre and details of how this risk was managed and controlled. These risk assessments referred to general risks such as the risk for the unexpected absence of a resident and risks as they referred to the needs of each resident. The overall level of risk was low and supported residents to take positive risks such as enjoying a limited period of time in the house without staff supervision. Risk control measures were proportionate and did not impact on resident choice and quality of life.

Judgment: Compliant

## Regulation 27: Protection against infection

There was scope to improve the facilities for hand washing. For example, proprietary disposable hand-towel dispensers were not in place at shared communal wash-hand basins. Rolls of disposable towels were used meaning that these were frequently touched items and created a risk for cross-contamination. In one bathroom the roll of hand towel was on the same shelf as the roll of toilet paper. Staff had access to water-soluble bags for laundering items as and when needed. However, based on the evidence available to the inspector, staff might also manually sluice items. There was no policy in place to guide staff as to how and if sluicing should occur.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider had the required fire safety arrangements in place such as a fire detection and alarm system, emergency lighting and doors with self-closing devices designed to contain fire and its products such as smoke. Good provision was made for escape routes and these were clearly indicated. Pathways external to the escape routes were suited to the needs of the residents. Staff and residents participated in regular evacuation drills that simulated different scenarios including night-time staffing levels. All five residents had a personal emergency evacuation plan (PEEP) and all five residents required some support from staff from verbal direction to wheelchair evacuation. The drills meaningfully simulated these conditions. Based on records seen and a staff member spoke with the evacuation times achieved did tend to fluctuate slightly. The provider was aware of and monitored this. The provider was also aware that there were resident needs that were changing and the provider included the residents' fire evacuation needs when assessing the adequacy of its

staffing levels and arrangements.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

All staff had completed medicines management training. There were comprehensive procedures in place for the prescribing, supply, receipt, storage and administration of all medicines. Staff were aware of the different requirements attached to the management of different medicines and maintained the required records. Staff confirmed that support such as access to on-call staff was available to them as needed for example at night. Staff monitored the effectiveness of medicines such as for the relief of pain and provided feedback to the relevant prescriber. Medicines were supplied by a local pharmacist who visited the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Based on what the inspector observed, residents' needs were consistently assessed. The person in charge monitored the appropriateness and effectiveness of the care and support provided and plans of care were updated as needed. The provider had in place the arrangements needed to meet the assessed needs of the residents. The inspector saw how staff sought to ensure that residents were consulted with, understood and participated in their personal plan. There was a good system in place to evidence how residents' personal goals and objectives were progressed. Representatives confirmed that they were consulted with and informed about any changes in residents' needs and in their care.

Judgment: Compliant

### Regulation 6: Health care

The assessment of needs included an assessment of residents' healthcare needs. Plans of care were put in place in response to the findings of the assessment. The provider put in place the arrangements needed by each resident. For example, the person in charge ensured that residents had access to their general practitioner (GP), optician, dentist, hospital and community-based nursing and specialist services. Staff were seen to monitor resident wellbeing and to respond accordingly for example, administering prescribed pain relief and monitoring its effectiveness.

Residents were supported to avail of interventions such as seasonal influenza and COVID-19 vaccination. The person in charge had arrangements in place to ensure that residents received the support that they needed and wished for in times of illness.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The personal plan set out the risk for behaviour of concern and possible triggers for this behaviour. The support observed was therapeutic and focused on the relief of these possible triggers such as pain. However, while the plan referred to reactive strategies and there was an observed need for low-level interventions such as, in response to a grab or hair pull, these strategies were not set out in the personal plan. Training in the management of behaviour of concern including, de-escalation and intervention techniques appropriate to the needs of the service, was not included in the programme of staff training.

Judgment: Substantially compliant

### Regulation 8: Protection

All staff had completed safeguarding training. Throughout the day the inspector saw that residents were comfortable in their home, with the person in charge and the staff members on duty. Residents actively sought out staff and were not restricted, for example, from entering the staff office. The most recent internal review had raised a request for safeguarding review and assurance in relation to a comment made by a resident. The inspector discussed this with the person in charge and was satisfied that corrective actions such as the implementation of a risk assessment and consultation with the designated safeguarding officer were completed. There was scope to more comprehensively demonstrate how residents themselves were supported to develop their understanding of safeguarding perhaps by adding it to the agenda of the regular house meetings.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector was satisfied that this service was planned and operated with due regard for the individuality and rights of each resident. Residents were consulted

with in relation to the general operation of the service and their preferred choices and routines. For example, activities they wished to participate in and their choice of meals. Residents were supported to have reasonable independence and privacy. The practice observed was respectful, kind and person centred.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title                                      | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 14: Persons in charge                      | Compliant               |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Compliant               |
| Regulation 22: Insurance                              | Compliant               |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 3: Statement of purpose                    | Compliant               |
| Regulation 30: Volunteers                             | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 10: Communication                          | Compliant               |
| Regulation 11: Visits                                 | Compliant               |
| Regulation 13: General welfare and development        | Compliant               |
| Regulation 17: Premises                               | Compliant               |
| Regulation 18: Food and nutrition                     | Compliant               |
| Regulation 20: Information for residents              | Compliant               |
| Regulation 26: Risk management procedures             | Compliant               |
| Regulation 27: Protection against infection           | Substantially compliant |
| Regulation 28: Fire precautions                       | Compliant               |
| Regulation 29: Medicines and pharmaceutical services  | Compliant               |
| Regulation 5: Individual assessment and personal plan | Compliant               |
| Regulation 6: Health care                             | Compliant               |
| Regulation 7: Positive behavioural support            | Substantially compliant |
| Regulation 8: Protection                              | Compliant               |
| Regulation 9: Residents' rights                       | Compliant               |

# Compliance Plan for Community Living Area 19 OSV-0002723

Inspection ID: MON-0032395

Date of inspection: 08/11/2023

## 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 27: Protection against infection   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The register provider will ensure there is an improvement in hand hygiene products by sourcing proprietary disposable hand-towel dispensers which will be displayed in prominent areas where required e.g. Bathroom &amp; kitchen areas. The person in charge will review the risk assessment in relation to cross contamination.</p> <p>The register provider gives assurances the practice of sluicing is not advised under the infection prevention policy of the Muiriosa Foundation. Staff in centre will be re-trained in relation to the correct procedures of laundering soiled linen. Staff have access to water-soluble bags for laundering items as and when needed and are guided with by the Cleaning and Disinfection Policy.</p> |                         |
| Regulation 7: Positive behavioural support  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The person in charge will arrange a review meeting with the Positive Behaviour Support team to examine the current reactive strategies in place for one resident. Following this review, it is envisaged the reactive strategies will support both resident and staff whilst responding to the behaviours in a consistent approach which is person centred.</p>  |                         |

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

| <b>Regulation</b> | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|-------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 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             | 28/02/2024                      |
| Regulation 07(1)  | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their  | Substantially Compliant | Yellow             | 05/01/2024                      |

|  |            |  |  |  |
|--|------------|--|--|--|
|  | behaviour. |  |  |  |
|--|------------|--|--|--|