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:	DC4
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	02 June 2021
Centre ID:	OSV-0002936
Fieldwork ID:	MON-0032164

About the designated centre

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

St John of Kildare services - DC 4 is located on a campus based setting within walking distance of a large town in Co. Kildare with a number of local amenities. In April of 2020 the provider applied to register an additional residential unit on to the centre for the purposes of supporting residents with COVID-19 to self-isolate if unable to in their own homes. The COVID-19 self-isolation unit is also located on the campus in a separate building. DC- 4 is a congregated setting with all buildings and housing located on campus. The designated centre is a large, purpose-built residential building divided into four units. The current capacity of the centre is 21 in line with the centre's de-congregation plan. DC 4 provides services to adults whose primary disability is intellectual disability. Residents may also have additional needs due to physical disability, sensory impairment, medical conditions and behaviours that challenge. Residents are supported on a full-time basis by a team of clinical nurse managers, nurses, social care workers and care assistants. Housekeeping staff also support the team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17

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 - 2015 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 2 June 2021	9:40 am to 3:45 pm	Erin Clarke	Lead

What residents told us and what inspectors observed

This inspection of DC 4 St John of God Kildare Services took place during the COVID-19 pandemic. The inspector took all required precautions in accordance with national guidance. This included limiting interactions with staff and residents to fifteen minutes through the use of social distancing. Personal protective equipment was worn through the day of the inspection. Review of documentation took place in a room removed from resident accommodation, and the inspector took time over the course of the day to meet with residents, staff and the person in charge. While none of the residents were able to inform the inspector of their views on the service's quality and safety, the inspector used observations in addition to a review of documentation and conversations with key staff to form judgments on the residents' quality of life. The inspector also took residents' views from minutes of residents' meetings and various other records that voiced the resident's views and preferences.

This centre is located on a St. John of God campus, where a variety of other services are operated from. The centre originally accommodated 26 residents, which had to date reduced to a capacity of 18 residents due to the registered provider's successful de-congregation and transition of residents to community homes. The inspector found this reduction in the number of residents in the centre continued to positively impact residents' lived experience and the personal space available to residents.

The centre is a large building split into four household units over one floor. All four household units had excess to external enclosed garden space. These were well kept and easily accessible to residents. There were seating and tables available for resident use. The person in charge informed the inspector that additional funding had been received to improve the use of the courtyards for residents. This included the laying of artificial grass in one garden as a falls preventative measure for one resident so they could continue to enjoy their garden at a reduced risk to their safety.

When the inspector visited the residents in their home, they each appeared comfortable and were observed to be keeping busy doing activities of their choice in their home. For example, one resident was listening to music in a music room. The person in charge explained to the inspector that this was an important activity for the resident, who liked to sit on the floor whilst listening to music. Staff further explained that assistive technology had been purchased to enable the resident to change the music when they wanted independently.

Another resident was having breakfast in their personal sitting room located next door to their bedroom. As a result of residents transitioning to other homes, there were a number of empty bedrooms that the registered provider and person in charge had changed the function of to benefit the residents. This resident was listening to their radio at a very loud volume, as per their preferred choice. Prior to

the resident having their own dedicated sitting room, this volume could not be facilitated in other areas of the centre. The resident was reported as very happy with this change. The inspector viewed two additional vacant bedrooms that had been changed into exercise areas. A golf skills game was set up in one room, and the other room was in the process of being developed with a treadmill and stationary bicycle.

From occupied bedrooms that that inspector saw, each resident's bedroom was personalised to their wishes, and residents who wished to have a television in their bedroom did so. Records reflected the involvement of residents, families and staff, ensuring residents had both possessions and financial resources available to them.

Residents were observed to have one to one staff supports at times, and nursing staff were employed across the 24 hour day to ensure that residents with complex medical presentations were supported based on their assessed needs. The staffing structure allowed residents to access the local community and attend parks, country drives and facilitate home visits when restrictions allowed in a safe and supported manner. The inspector found that there were sufficient staff numbers and skill mix in place to support the residents' needs and preferences.

Residents used mostly non-verbal methods to communicate their needs. The inspector observed staff and resident interactions and noted that staff were responsive to residents' needs and familiar with their communication methods. One resident was happy to show the inspector their bedroom when the person in charge had asked the resident, which was personalised, homely and in good decorative order. The resident sought out the company of staff and appeared content and happy with their interactions with various staff members.

The inspector reviewed the provision of food and nutrition in the centre. Residents received their meals from an on-site catering that were delivered to the centre. Each household unit had its own kitchen and dining room. Residents did not have access to the kitchen due to recorded risks; however, the arrangements for accessing food outside of mealtimes were adequate with individual storage for residents in the dining room where items from the supermarket could be stored. From reviewing resident's personal plans, it was evident that the person in charge and staff advocated on their behalf regarding their dietary needs, likes and dislikes to the canteen. The inspector observed one resident having a lunchtime meal with support from one staff member. The resident was not rushed, and the staff member demonstrated good knowledge of the resident's specific dietary needs. The inspector found that suitable foods were provided to suit special dietary needs of residents, and specialised dining utensils were provided to increase independence and enhance the dining experience.

There was evidence that residents and their families were consulted through residents meetings, family forums, and questionnaires. The views of service users were captured in the registered provider's annual review of the quality and safety of the service. The inspector also received 14 questionnaires completed by family members on behalf of their loved ones. The feedback was overwhelmingly positive, with praise for the staff team as a whole for their outstanding support and ongoing

communication during lockdown restrictions. Family members felt that staff knew the residents very well. One family commented that their relative was always very happy to return to the centre after a visit home which they felt was a reflection of how content they were with their living environment. Another family stated that there relative had great freedom and space in the centre.

The findings from this inspection showed high levels of compliance in the designated centre. Inspection outcomes suggested that residents were enjoying living in the centre. Residents appeared safe and happy and well supported by staff in their daily lives. While there were a number of documented restrictive practices for the centre, the inspector noted that due to the delay in the providers' Human Rights Review Committee recommencing due to COVID-19, there was a significant delay in the review of existing and the approval of new restrictions and or infringements. This is discussed further in the report.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to residents living in the centre.

Capacity and capability

The purpose of this short notice announced risk-based inspection was to monitor the centre's ongoing levels of compliance with the regulations. The registered provider had been informed of the inspection 48 hours in advance to allow for the preparation of a clean space and to inform residents of the inspection. The inspector found that the centre was operating with high levels of compliance, and it was evident that the person in charge was striving for continuous improvement.

The registered provider had notified the Chief Inspector on 31 March 2021, that due to financial concerns that they would be no longer able to continue to provide residential services from 30 September 2021. At the time of writing the report, discussions were underway between St John of God Community Services Company and the Health Service Executive (HSE) to a solution and next steps to the operation of all 94 designated centres under this provider. Notwithstanding this, the inspector found that the provider had ensured that the designated centre was appropriately resourced in line with residents' assessed needs.

The person in charge, who was in the post a number of years, was a competent person responsible for leading quality and safety improvements in the centre. They were further supported by two clinical nurse managers and three social care leaders. The inspector found that staff were adequately supervised in their roles, and there was effective oversight of care and support being provided to residents. Residents were supported by a staff team who were familiar with their care and support needs. Throughout the inspection, residents were observed to receive support in a

kind, caring and respectful manner.

The person in charge had, on behalf of the registered provider, conducted a comprehensive annual review of the quality and safety of service for 2020. This report was of high quality and outlined a clear analysis of all the data that the centre generated to identify any trends. The person in charge had a clear vision for the centre and set out a number of goals each year for the centre to achieve. The inspector found that a number of these for 2020 were achieved, despite the difficulties of the COVID-19 restrictions. These included a reduction in restrictions and development of a 'Rights Awareness Culture', utilising rooms within the centre to offer additional activities and communal space and enhancing staff competencies. Other evidence of good governance and management was demonstrated by the systems in place to review incidences and the documented learning from them. Handovers between staff each day, attended by the person in charge, included a 'safety pause', reviewing any safety issues. The person in charge also introduced 'theme weeks' to delve further into key topics relating to service provision, such as falls prevention.

To ensure a competent workforce, there was a system of professional development in place for staff. Having reviewed the training records, the inspector was satisfied that a culture of learning was promoted through training and professional development programs. The staff team were found to be well-trained and knowledgeable about residents' needs and preferences. There was evidence of good oversight of training needs in the centre, with all staff up-to-date in mandatory training. Other appropriate training had been identified and was being rolled out to all staff based on residents' needs. Having reviewed information relating to service users' specific needs, speaking to staff members and reviewing staff rosters, the inspector was satisfied that there were appropriate numbers of staff provided to meets residents' needs. Rosters also indicated a continuity of staff was provided for in the centre.

There was system in place for staff to raise concerns, both in staff meetings and by addressing concerns directly with the person in charge should the need arise. The centre also had a complaints process and any concerns raised had been dealt with in line with the centre's policy.

The inspector reviewed the incident log for the centre; the person in charge had maintained records of incidents occurring in the centre and notifications of any adverse incidents. All notifications had been appropriately made within the required time frames as viewed by the inspector.

The inspector reviewed the provider's admissions policy and procedures that outlined the arrangements in place for admitting and transferring residents within the centre. No new admissions had happened since the previous inspection. Each resident had a contract of care that contained information about care and support in the centre, the services to be provided for, and where applicable, the fees to be charged.

Registration Regulation 5: Application for registration or renewal of registration

In compliance with Section 48 of the Health Act 2007, the registered provider had made application to renew the registration of the designated centre six months in advance of its registration end date.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications and experience and was found to be actively involved in the governance and operational management of the centre. The person in charge had responded to actions plans generated from internal reviews, which ensured that the quality and safety of the service was maintained to a good standard. The centre had undergone a number of improvements during the tenure of the person in charge.

The person in charge was very familiar with the assessed needs of the residents and knowledgeable of their role and responsibilities. Residents were very familiar with the person in charge and appeared to have a very positive relationship with them.

Judgment: Compliant

Regulation 15: Staffing

There were clear lines of accountability at individual, team and organisational level so that staff working in the centre were aware of their responsibilities and who they were accountable to. The roster reviewed identified who was in charge of the centre when the person in charge was not in the centre. There were sufficient staff on duty during the inspection to ensure residents needs were met on a consistent basis.

The person in charge also informed the inspector that no agency staff were employed as a control measure during the COVID-19 pandemic and relief staff that were working in the centre were only employed within this designated centre. Additionally, the provider had a clear contingency plan in place in the event of staff absences due to COVID-19.

Staff members present during the inspection was observed engaging with residents in an appropriate and positive manner while also demonstrating a good knowledge of residents and their needs.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that the training needs of staff were regularly monitored and addressed to ensure the delivery of good quality, safe and effective services for the residents. There were effective systems to support staff to carry out their duties to the best of their abilities. The person in charge had carried out a training needs analysis for the centre, reviewing the residents' needs and profile to match against training. Staff were also supported to maintain their competencies through practice developments courses on a number of topics, including:

- Multi-Element Behavioral Support
- Nursing
- Enabling people with dementia
- Venipuncture
- Preceptorship
- Train the trainer

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre had ensured residents received a safe, appropriate and consistent service. The centre was appropriately resourced with sufficient staff, transport, and suitable facilities, and staff had been provided with the appropriate supervision and training to ensure a good quality of service provision.

The centre, part of the St John of God community services group, had its own internal governance structure. The person in charge was deputised by a clinical nurse manager 2. A clinical nurse manager 1, and three social care leaders also had managerial responsibility whilst working front line.

The provider carried out an unannounced visit to the centre at least every six months with plans put in place to address any concerns that had identified actions with timelines for completion. These unannounced audits were amended in light of the visiting restrictions to the centre at the time. Specific areas that required regulatory compliance were identified, actioned and completed on foot of these audits. There was ongoing monitoring of the centre through auditing of practices and the outcome from all audits and reviews of the service were collated into a centre quality improvement plan. The inspector reviewed mealtime / dysphagia, medicine management, personal planning and COVID-19 audits, and all actions arising from a sample of audits reviewed were found to be complete on the day of

inspection.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had a contract of care which contained information in relation to care and support in the centre, the services to be provided for, and where applicable the fees to be charged.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a statement of purpose that was an accurate description of the service provided. The conditions of registration were clearly outlined. The statement of purpose had recently been revised to support the application to renew registration process. The floor plans provided were a current updated version which accurately described the designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

All notifications had been made to the Chief Inspector within the required three day period. All reported incidents to the Chief Inspector were consistent with the registered provider's records on their incident management system.

Judgment: Compliant

Regulation 34: Complaints procedure

It was evident that residents had been supported by staff members to make complaints, and that improvements to service provision were made from the complaints. For example, there was evidence that staff had raised issues relating to outstanding gardening works, availability of some food items from catering and delay of specialised footware for one resident. These all had been resolved to the satisfaction of residents and also demonstrated that staff were capable advocates

for residents who were unable to voice their concerns.

Judgment: Compliant

Quality and safety

The inspector found that the governance and management arrangements in this centre ensured that the quality and safety of care delivered to residents was maintained to a consistently high standard, as evident in the high level of compliance with regulations. The person in charge and the staff team worked effectively and were committed to improvements in the delivery of care, support and services to all residents. One area for improvement identified by the inspector related to area of residents rights and access to the providers human rights committee, discussed further below.

This inspection took place during the COVID-19 pandemic. All staff were observed to adhere to the current national guidance, including the use of PPE equipment and social distancing. To ensure adherence to these guidelines, staff members were facilitated to complete the required training, such as infection control and hand hygiene. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere to in a suspected or confirmed case of COVID-19 for staff and residents. Visits to the centre had yet not commenced until the full roll out of the vaccination programme had taken place. Visits were being facilitated elsewhere on the campus at the time of the inspection for residents' family and friends as an interim measure.

On the day of inspection, the premises were found to be clean, in good repair, suitably decorated and was designed and laid out to meet the numbers and needs of residents. All residents had their own bedrooms, and there was adequate communal space in each house for social activities, recreation and dining. There were separate large, accessible bath and shower rooms that were appropriate to residents' mobility needs. The registered provider had responded to a previous inspection finding whereby the heating could not be controlled by staff, resulting in the premises being overly warm and stuffy at times. Staff now had access to the boiler and temperature controls through a smartphone application. It was reported to the inspector that this change had a significant improvement in the comfort level for residents and staff alike.

The person in charge had ensured effective systems were in place to ensure the centre was operated in a safe manner. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. There was also evidence of ongoing communication with the appointed designated officer for guidance and support. The inspector saw evidence of innovative and creative measures taken that respected the rights of residents in one safeguarding plan

reviewed.

There were a number of restrictive practices in place in the centre that the inspector viewed or were notified to the Chief Inspector. These included locked sectional doors, food presses, door alarm, falls mat and physical holds for medical procedures. The person in charge could demonstrate areas where restrictions had been reduced and the ongoing efforts to reduce restrictions further with rights restoration plans in place. The inspector observed a number of locked wardrobes in one of the household units that did not appear on the centre's restrictive practice log, and the rationale for this practice was requested during the inspection. It was clarified to the inspector and records produced of the request made to maintenance for thumb locks for these wardrobes. This was based on an identified need for residents in this part of the centre for their items to be kept secure while also being able to access the locking device. The inspector was satisfied that considerations were given to using the least restrictive practices for the shortest duration. For the most part, the registered provider and people participating in management were endeavouring to ensure the designated centre was operated in a manner that respected the age, gender and disability of each resident. However, improvement was required by the organisation's human rights committee to ensure it was fulfilling its oversight objective. This is discussed under regulation 9 Residents rights.

Due to the complex nature of some of the residents support needs, a consistent and professional approach to behavioural support was required and this was found be provided and continuously reviewed in this service. All residents had access to a range of multi-disciplinary professionals to support them to manage their behaviours. Residents' support plans were detailed in relation to any supports that may required to manage their behaviour and staff had access to training to support residents in line with their assessed needs.

Residents' healthcare plans demonstrated that each resident had access to allied health professionals, including access to their general practitioner (GP). During the COVID-19 health pandemic, systems were in place to ensure all GP visits or appointments were in line with public health guidelines ensuring the residents' safety and well-being. Residents with increased healthcare needs were provided for in terms of regular reviews and care planning updates. For example, residents who required access to psychiatry, neurology, psychology and speech and language input were provided with same.

Risks were found to be well managed and monitored. Risk management policies and protocols were in place, and a risk register was continually updated in line with requirements. Risks in this centre included the risk of falls, an array of different behavioural risks, epilepsy and dysphagia. All risk assessments were found to be up to date, reviewed, control measures were implemented, and staff were aware of same. There were appropriate arrangements in place regarding fire safety and equipment with servicing and reviews undertaken at required intervals. Staff were all trained in fire safety, and evacuation drills were completed to ensure the centre could be safely evacuated.

The inspector noted there was evidence of good practice regarding the management

of medicines in the centre. There was appropriate and suitable practices relating to the ordering, receipt, prescribing, storage, disposal and administration of medicines and staff spoken with demonstrated good understanding of these systems. Medicine audits were occurring regularly, and where errors were identified, a system was put in place to address the issue.

Regulation 12: Personal possessions

The person in charge had ensured that residents retained control of their personal property; residents had their own items in their home and these were recorded in a log of personal possessions. The providers own recording and auditing systems effectively recorded and monitored the support provided to residents in relation to their banking transactions. The person in charge was conducting regular audits of money which was spent on behalf of residents to ensure safe practices were employed at all times.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents and were in line with the centre's statement of purpose. Residents that required a low arousal environment, had their needs met. The various areas within the centre were well maintained and supported good infection prevention and control processes. A number of improvements had been made since previous inspections including gardening works, re-functioning of empty bedrooms and heating regulation.

The inspector did not visit the isolation unit as part of this inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

Adequate provision was available for residents to store food. Adequate quantities of food and drink were provided to residents which allowed for choice. Appropriate support was given to residents during mealtimes if required and staff members spoken to were aware of any dietary needs of residents.

There was a system in place to ensure that the mealtime experience remained under review through observational audits and adherence to dysphaghia plans. For example, audits ensured that food was presented to residents before modification

and food choice was available.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector found appropriate systems in place in the designated centre for risk management. Residents all had individualised risk assessments in place and there was a centre risk register which identified general risks in the designated centre and measures and protocols in place to reduce risks. Emergency plans were in place for in the event of adverse incidents in the designated centre.

The person in charge had informed the Chief Inspector of an increase in the occurrence of falls. On review of the incidents, preventative measures, and evaluation of care plans in relation to falls management, it was evident that adequate arrangements were in place to identify, investigate, and learn from serious incidents or adverse events involving residents. For example, all residents deemed at risk of falls had a risk assessment and care plan in place. There was evidence of a post-fall risk assessment for residents, and preventative measures identified to prevent reoccurrence.

Judgment: Compliant

Regulation 27: Protection against infection

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.

All staff were supported to complete relevant infection, prevention and control courses. These topics were re-enforced at handover, mini session's and one to one role play. Staff had access to up to date information and relevant guidelines to guide their practice. Staff took part in numerous webinars during this period on topics that varied from visitations to vaccinations. The clinical nurse manager 1 was identified as the lead personnel in reviewing the guidelines and along with the person in charge and clinical nurse manager 2 ensured that all relevant guidelines and directives were communicated to staff and that folders were kept up to date.

Judgment: Compliant

Regulation 28: Fire precautions

A tour of the premises demonstrated that fire compartments were maintained by fire doors which closed when the fire alarm sounded. The inspector observed containment systems, detection systems, emergency lighting and fire fighting equipment which was all subject to regular servicing and review with a fire specialist. The inspector found that residents took part in planned evacuations and that learning from fire drills was incorporated into personal evacuation plans.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines. A clinical nurse manager demonstrated a clear overview and knowledge of the systems to the inspector. The centre contained a locked drug room to store all medicines and locked trolleys when not in use. Controlled drugs were stored securely within a locked cabinet, and balances of all controlled drugs were recorded in the controlled drugs register. The inspector confirmed that nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift.

A secure fridge was available to store all medicines, and prescribed nutritional supplements that required refrigeration. Fridge temperatures were checked and recorded on a daily basis. Opened medication was labelled with date of opening.

Medicine audits were ongoing and supported by pharmacy input. Prescription charts were reviewed, and where medicines were required to be crushed for a resident, this was signed by the GP.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Some residents presented with behaviours that challenge and the inspector observed that some parts of the centre were busy with activity, while other household units were quieter. The person in charge had reviewed some residents living environments in line with their positive behavioural support plans, which identified the need for a low stimulus environment. Due to the size of the centre and

the number of unused bedrooms, this could be facilitated.

The person in charge had ensured that all residents had an assessment of need and personal plan in place that was subject to regular review. Assessments of need, clearly identified levels of support required.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were set out in their personal plans, and adequate support was provided to residents to experience the best possible health. Appointments with allied health professional were facilitated with records maintained of these. The health of residents was regularly monitored in line with their assessed needs. For example, Dexa scans were organised as required for the treatment plan for osteoporosis. Residents on special diets were under the regular review of their GP and speech and language therapist.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. Staff training was provided in behaviour management and residents had access to multi-disciplinary specialist support when required. Personalised positive behavioural support plans were in place. Restrictive practices were in place due to identified risks and were subject to regular review with the multi-disciplinary team.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. The inspector observed that there were some safeguarding issues currently open in the centre and these were mainly related to adverse peer-to-peer interactions. However, all adverse incidents were being recorded, reported and responded to by the person in charge.

Judgment: Compliant

Regulation 9: Residents' rights

Where appropriate, informed consent and decisions relating to the residents were made in consultation with the residents' family members. The inspector saw that satisfactory consent forms and decision making assessments were included in resident's personal plans. Residents were encouraged and supported around active decision making and social inclusion.

One area for improvement identified by the inspector related to access to the service's human rights committee and the timeliness of the review of restrictive practices. The rights committee had not convened during the pandemic. A referral made by the person in charge in December 2019 relating to hourly night checks on residents remained outstanding at the time of the inspection. The oversight, approval and review of potential rights infringements required review to ensure residents rights, including the right to privacy, were upheld.

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 - 2015 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for DC4 OSV-0002936

Inspection ID: MON-0032164

Date of inspection: 02/06/2021

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 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: A new Chairperson has being appointed to the Organizational Humane Rights Review Committee following a delay finding a suitably qualified individual during the Pandemic . The committee are currently going through the backlog of referrals and it is envisaged that the referral as noted during the inspection will be reviewed by the 31/07/2021 and feedback given to the Designated Centre, ensuring oversight and review of potential rights infringements.	

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 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	31/07/2021