



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

Issued by the Chief Inspector

Name of designated centre:	Carriglea Residential Service
Name of provider:	Carriglea Cáirde Services
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	19 February 2021
Centre ID:	OSV-0003509
Fieldwork ID:	MON-0030747

About the designated centre

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

The statement of purpose currently details that the service provides care for 29 adult residents, both male and female with a primary diagnosis of intellectual disability. The service supports residents with high support needs, based on age related and physical dependency, mental health, autism and behaviours that challenge. The staff team is composed of nurses and care assistants. There is a good staff ratio with a minimum of one or two waking night staff in all houses. Admissions to this centre are accepted from those persons already living in the registered providers community houses, who may require additional clinical and staff supports. The accommodation comprises of five individual houses located close together on a large site in a coastal town. There are nine residents in one house that has seven single bedrooms and two twin bedrooms. Each of the other four houses have five residents residing in them and all residents have a single bedroom. There is sufficient communal space, kitchens and bathrooms available for the residents. There are a number of day services attached to the organisation in the local community and an activities centre and swimming pool on the grounds of the centre. Access to these services had been impacted by the current pandemic. The number of beds have been decreasing in this centre. At the time of the inspection there were 26 residents living in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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 - 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
Friday 19 February 2021	09:30hrs to 16:30hrs	Michael O'Sullivan	Lead
Friday 19 February 2021	09:30hrs to 16:30hrs	Lucia Power	Support

What residents told us and what inspectors observed

The inspectors visited two individual houses, separately. Social distancing was observed and inspectors wore surgical masks and attended to hand hygiene in line with public health guidelines. Direct interaction with staff and residents was confined to periods of time under 15 minutes.

An inspector met with four of the residents in one of the houses. The majority of residents did not use words to communicate. One resident accompanied the inspector and a member of staff as they walked around the house. This resident spent time with the inspector speaking about their plans for the creation of an apartment within the house, exclusively for their use. This resident spoke about their home and what they liked about their bedroom. This resident also had a television room for their own use. This room contained a selection of toys that were of particular interest to the resident. The resident had many medals reflecting both their participation in and their success at events that staff supported them with. The resident was very proud of their sporting achievements.

Some residents were scheduled to go on an outing that afternoon. A resident indicated that they had changed their mind and did not wish to go. This decision was respected by staff. Some residents were sitting in the company of staff and interactions were seen to be respectful, gentle and unhurried. There was a very calm atmosphere in the house and there were no obvious signs that residents did not get on well with each other. All residents appeared at ease in each others company and with the staff on duty. Some residents were observed smiling during interactions with staff and the inspector.

Another inspector met five residents in one of the other houses. The residents welcomed the inspector as they were all waiting in the sitting room area of the centre. The inspector sat with the residents for a period of time and chatted while observing the activities they were engaged in. Two residents were colouring, one resident was knitting, one resident was listening to music and another residents was engaged in hand exercises. One of the residents verbally communicated with the inspector and they also invited the inspector to look at their bedroom. The resident required the support of two staff due to mobility issues and the inspector observed the staff to be very patient. The interaction was unhurried and the pace of support was respectful to the resident. The resident spoke about their interest in farming, horses and the importance of their family in their life. The also told the inspector that they are in regular contact with their family and was proud of the family photos displayed in their room. The resident did tell the inspector that they miss their family and miss going on holidays but that the staff are very kind and supportive. The resident also told the inspector they like having their own room and that they would not share with others. The inspector also observed an exercise session that the staff carried out with residents. The residents appeared to enjoy this activity and engaged well in the session.

One resident had previously indicated that they would wish to speak to the inspectors. This resident was an inpatient in a general hospital on the day of inspection. This resident agreed to speak to the inspectors by phone. This resident stated that they were happy with the service they received but would rather live in a house with other men. This resident indicated that they now resided in a campus based house and had transferred from a community based house. This resident now required the use of an electric wheelchair. They stated they missed accessing the community very much. They missed attending sporting events and they very much missed their male friends. The resident acknowledged work and plans that were still under consideration between the resident, the registered provider and the residents advocate. The residents notes indicated that the registered provider had initiated an appropriate assessment of the residents physical needs as well as an application for resources to support the residents will and preference. It was also indicated that a male staff member was linking in with the resident to support and converse with them on sporting events while public health guidelines prevented actual attendance.

The inspectors reviewed feedback that had been submitted by families as part of the annual review consultation process. Families indicated a high degree of satisfaction regarding how their family members were supported in general and also how they were supported during the pandemic. While families and residents missed community activities and visits home, the use of media platforms and information technology to maintain family contact was acknowledged. Residents also indicated that they missed family and friends due to the current public health guidelines.

The inspectors noted that some remedial and repair works were required in one house regarding the integrity of fire seals and the efficiency of door closures. It was also noted that one house was recently redecorated and some painted murals applied to the dining room walls. The overall presentation of this house remained stark and clinical in nature as well as dated. Some residents furnishings were functional but not homely.

The inspectors found that each resident's wellbeing and welfare were maintained to a good standard. There were systems in place to ensure that residents were in receipt of good quality care and support. Information provided by residents, staff and management indicated that residents were being supported to make choices regarding their day-to-day lives.

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

Capacity and capability

Due to the COVID-19 pandemic and in adherence with infection control guidelines, this inspection was confined to timed and reduced contacts with staff and residents in the designated centre. The leadership, governance and management of the

designated centre was observed and areas of previous non compliance also reviewed through documentary evidence and information from staff.

It was evident that management systems in the centre ensured a safe and effective service to residents. The registered provider demonstrated good management oversight of their services. Support and supervision was evident at all levels throughout the organisation. There were clear lines of authority. All paperwork and evidence demonstrated that residents had direct access to all grades of management. The registered provider had in place a strategic plan to advance the service of care and support to residents.

The inspector viewed the annual review of the centre completed by a representative of the registered provider. The annual review was completed in November 2020. There was evidence of consultation with residents and their representatives in the annual review, as is required by the regulations. The most recent audit reports were comprehensive and identified a number of issues. These demonstrated the actions taken by staff to address the identified issues and what work remained outstanding. Residents increased changing needs were highlighted. Where records reflected an increasing number of resident falls, the registered provider had engaged an occupational therapy service to conduct an assessment and improvement plan of the physical environment. Residents were also being afforded additional spaces to personalise as house occupancy decreased. Residents wishing to pursue apartment style living with the continued support of staff had plans in place to achieve the desired outcome. Residents wishing to transition back to a community setting were also being supported to achieve this goal. All of the management team were based on the campus and regularly visited the houses in the centre.

The person in charge was employed in a full-time capacity and had the necessary qualifications and experience to carry out this role. The person in charge demonstrated a good knowledge of both residents and their assessed needs and planned care. An inspector spoke with one member of staff who was positive about their experiences working in the centre and the support they received from colleagues. This staff member had worked in the designated centre as a care assistant before undertaking a course of study to qualify as a nurse. Actual rosters included two to three staff on duty each day. One additional staff member was also on duty to focus on residents activities. The additional staff member was redeployed from the therapy pool which was closed due to the pandemic. Each house had a clinical nurse manager to provide support and supervision to staff.

The provider had a training schedule in place for the year. In addition to the training prescribed by the regulations, there was evidence of access to other appropriate training to support residents assessed needs as well as promoting staff's professional development. The registered provider had in place a training matrix that recorded the mandatory required training undertaken by 72 staff members. 80% of staff had completed fire and safety training within the previous two years up to the date of inspection. The registered provider indicated that all fire training was over a two yearly cycle. 59% of staff had undertaken training in managing behaviour that is challenging. 95% of staff had completed and had in date training in safeguarding vulnerable adults. While the impact of the COVID-19 pandemic had

curtailed and impacted on face to face training, the registered provider was scheduling staff to complete training in these mandatory areas required by regulation.

From speaking with staff, inspectors were satisfied that staff were aware of the complaints management policy and process. Staff were familiar with the need to log all complaints and record the resolution. Overall, there was a low incident of complaints. It was evident that staff supported residents to make written complaints. All complainants had been responded to by managers and the chief executive officer. Progress on the complaint was also conveyed in writing. Some complaints evidenced significant investigation and work undertaken to address the matter to a satisfactory conclusion.

Inspectors reviewed the recorded incidents in the centre. In all cases, the person in charge had informed the chief inspector in writing of the occurrence of adverse incidents in the centre. The inspectors had identified four notifications for specific scrutiny and follow up on inspection. Appropriate investigations had been undertaken by the registered provider and any incident that required specific safeguarding measures to be put in place to enhance residents safety, had been completed. Since the previous inspection, the registered provider had also undertaken a review of the services volunteer policy and practices. All volunteers, even if friends of a resident, were subject to risk assessment and national vetting bureau requirements. If aspects of the vetting procedure were incomplete, residents were directly supported by the registered providers staff during such a visit.

The inspectors reviewed the current directory of residents maintained by the registered provider. All Schedule 3 information was in place, as prescribed by the Health Act 2007.

The registered provider had a current and updated statement of purpose to support the current application to renew registration. All required information was in place. The registered provider had made application to renew registration within the required time frame outlined in the Health Act 2007.

Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had employed a suitably qualified and experienced person in a full-time role.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications, skill mix and experience of staff was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to appropriate mandatory training, however some staff required refresher training in managing behaviour that challenges and in fire and safety training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The registered provider had in place a current directory of residents that reflected all statutory required information.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose which was subject to review.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge ensured that volunteers had provided a vetting disclosure from the National Vetting Bureau.

Judgment: Compliant

Regulation 31: Notification of incidents

The registered provider had informed the Chief Inspector of all adverse incidents that had occurred in the designated centre within three days of occurrence and all incidents had been investigated and appropriately addressed.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents.

Judgment: Compliant

Quality and safety

Over the course of inspection, it was evident that the provider had taken actions to improve the quality of life for residents. It was clear that there was a strong focus on residents' participation in activities in houses that made up the designated centre. There were also photographs showing the various activities, outings and

social engagements that residents had been involved in months prior to the pandemic. From the documentation reviewed the inspectors noted that staff were very respectful in how they wrote about residents and the language used was sensitive and person centred.

The provider had in place good health plans for residents. There was evidence of up-to-date plans in line with the residents changing healthcare needs. Each plan was reviewed on a regular basis and the inspector noted an annual review had taken place of health care related plans. Health related conditions were clearly documented with good guidance for staff. There was also evidence of follow up with health care professionals and where a resident had been in hospital, there was evidence of a daily record documenting the residents stay in hospital.

Each residents personal file reviewed had good social story descriptors which gave an insight into the life of the resident. A rights assessment was completed for each resident and there was a care plan in place if the resident required the support of an external advocate. The provider had also carried out a money competency assessment with residents and this was clearly documented. There was also evidence of an external and internal audit report pertaining to residents finances. The inspector noted a goal delivery flow chart in the residents file and the premise of this was to support residents with the identification of goals. However some of the goals in the residents files required review and were not updated in line with changing circumstances. Some of the goals appeared to be task focused, for example: get mattress for bed, have a hearing assessment, attend GAA matches. Also there were gaps noted in the three month follow up committed to in the providers statement of purpose. These were due to be reviewed by key workers to support the resident with their goals. One resident had clearly articulated that they did not like living in their current house and wanted to move to a house in the community. This was noted in the residents' goals in their person centred plan and the resident had also accessed the support of an external advocate. There was evidence that the resident was been supported to express their views and the provider had carried out assessments in an identified house in the community to support the residents mobility and health care needs. However due to funding constraints this goal has not been realised and continued to have a negative impact on the quality of life for this resident. The resident continued to express their dissatisfaction with their current living arrangement.

Residents appeared very well cared for and supported in their homes. Residents received direct support from staff and from redeployed day services staff, to attend to daily activities. The activities that a resident choose to take part in were clearly documented. The residents level of participation and enjoyment were also recorded. In line with COVID-19 restrictions, activities were for the most part confined to the campus. Residents went for walks, watched movies, took part in baking and art. Some activities were individually facilitated as well as in groups. The range of activities offered to residents was more extensive and community based prior to the restrictions of the pandemic. One resident who could not pursue their interest in sports and matches was contacted each week by a staff member to discuss sporting events that had been watched on television.

Service and maintenance records for the fire safety systems and equipment were provided and these confirmed regular maintenance was completed. An inspector reviewed the fire documentation that was kept on-site for two of the houses. Each resident in the centre had a personal emergency evacuation plan. It was identified in these documents where residents required direct staff support to safely evacuate the building. When being shown around one of the houses it was identified that at least three doors, marked as fire doors, did not appear to have adequate seals. These doors required review by a competent person to provide assurance that they would be capable of restricting the spread of fire and smoke throughout the building.

The houses were spacious and clean throughout. Residents' bedrooms were decorated with personal photographs and other items of their choosing. Some bedrooms were more sparsely decorated than others and furniture was functional and clinical in nature. The registered provider had plans in place to make external garden areas safer, more readily accessible to residents and appropriate to the assessed needs of residents. The registered provider had not yet delivered on an undertaking to make houses more homely after an inspection in 2019, however some decoration and remodelling of rooms had been undertaken. In so far as practicable, most residents were facilitated to retain control over their own clothing and facilitated with adequate laundry arrangements. There was adequate space to store personal possessions. Systems were in place to ensure residents' finances were securely managed and accounted for. The system facilitated residents to access their funds when and as required. As previously noted staffing were respectful in the manner in which they documented information pertaining to residents. An inspector observed in one of the houses that the residents personal evacuation plans and swallow plans were visible in communal areas, without the consent of the residents. The provider addressed this immediately and all personal identifiable information was taken down from communal areas.

The registered provider had a contingency plan specific to COVID-19. This plan was available and was up-to-date. The registered provider had prioritised the training of staff in infection prevention controls and had infection protocols in place. Isolation plans were also in place if required. Staff demonstrated good knowledge in relation to preventing the spread of healthcare associated infections. There were personal protective supplies within the designated centre and staff were observed to have good hand hygiene practices. There was a recorded cleaning schedule maintained for frequently touched areas. Staff were split into separate rota's to ensure continuity of care and day services staff were also supporting residents in their houses. Staff recorded and maintained a record of residents, staff and visitors temperatures. The registered provider had completed a self-assessment questionnaire to determine the readiness of the service to deal with an outbreak of COVID-19.

The designed centres risk register had also been recently updated. Each resident also had an individual risk assessment in place. Each risk assessment was subject to regular audit. The risk register included current risk assessments pertaining to COVID-19.

All food was noted to be well prepared. There were sufficient food and drinks stored in the houses on the day of inspection. There were stocks of fresh and frozen foods as well as dry goods. The kitchen areas were observed to be clean.

Regulation 12: Personal possessions

The person in charge ensured that residents had access and control of personal property and possessions where reasonably practical.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of most residents. Some internal repairs and decoration were required to make the houses more homely and less vacuous. Some garden areas required works to make them more easily accessible to residents while improving the ground surfaces to prevent injury.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents had access to adequate food and drink that was properly cooked, was wholesome and nutritious and choice was afforded.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system, however, some aspects of building fabric in relation to fire door seals needed to be addressed by the registered providers fire competent person.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that the designated centre had suitable practices in relation to ordering, prescribing, storing and administering medicines.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had a comprehensive individual care plan in place. This care plan was subject to review but gaps in information and non adherence to time frames committed to by the registered provider needed to be addressed.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare plan in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care, however, not all residents had the freedom to exercise choice and control over their daily life and expressed wishes regarding where they wanted to live.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carriglea Residential Service OSV-0003509

Inspection ID: MON-0030747

Date of inspection: 19/02/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The inspection identified 56% of staff had completed Fire Safety & (Detection & Prevention) and 59% had completed refresher training in behavior that challenges in the past 12 months.</p> <p>Response</p> <p>COVID 19 and the global pandemic has had a significant impact on the Services training delivery schedule. The Services were unable to schedule training in Behaviors that Challenge post March 2020 and training for those members of staff who missed out on their training in 2020 along with those due in due 2021 has now been scheduled in the recently issued training schedule 2021.</p> <p>The Services mandatory timelines for renewal of Fire Safety Training and for Behavior that Challenge is every two years. When the compliance to renewal timelines is benchmarked for the 72 members of staff (excluding those on maternity leave and long term sick leave)) against the Services mandatory timelines, 95% of staff had undertaken Fire Safety Training and 61% had undertaken training in Behaviours that Challenge in the past two years.</p> <p>As set out above the training schedules for 2021 are now issued and the group of staff who missed out on Behavior That Challenge 2021 due to restrictions on account of the COVID 19 pandemic are now scheduled for Behavior that Challenge training in 2021.</p> <p>In regard to Fire Safety Training the student nurses who commenced in December 2020 primarily account for the 5% of staff who had not completed the Fire Safety Training completed and these student nurses have now been scheduled in 2021 training schedule.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Internal decorations and repairs will continue in Shalom Residential Setting with the objective of making the environment homely. In this regard further fabric and colour will be introduced to both the bedroom's and communal areas based on risk assessments and residents preference.</p> <p>In the redecoration the size of the house will be considered in the context of making the home less-vacuous. The residential setting is now home to 4 residents and this has reduced from the original occupancy of 9 residents. The reduction in occupancy relates a number of completed de-congregation, safeguarding and behavior support initiatives.</p> <p>The Shalom residential garden will be developed including level access to reduce risk of falls and also to promote accessibility for residents.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Carriglea Residential Services will engage an engineer (fire assessment competent person) to assess and make recommendations on the fire door seals and other fabric in St Anne's residential. An assessment of fire doors across the residential setting will be undertaken The resulting recommendations will be implemented by May 2021.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: Individual Care Plans are to be reviewed across the designated centre, with goals to be more person centered and SMART , three monthly reviews will be completed in line with the Statement of Purpose.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents will be supported to have freedom to express their choice and control over their daily lives including where they want to live.</p> <p>Response</p> <p>In March 2021 the provider has agreed with the resident and representative / independent advocate that a further assessment will be undertaken by the provider representative with input from relevant multi-disciplinary supports to determine the most optimal residential setting with appropriate supports to meet the residents assessed daily living and supports requirement. The assessment will include the residents preferences.</p> <p>Subject to the assessed needs including multi-disciplinary input and residents wishes a renewed application for funding will be made to the HSE to support transition to the community based setting.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/11/2021
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Substantially Compliant	Yellow	30/06/2021
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and	Substantially Compliant	Yellow	31/05/2021

	building services.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/06/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.	Substantially Compliant	Yellow	30/04/2021