

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

Issued by the Chief Inspector

Name of designated centre:	Waxwing 2
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	18 October 2022
Centre ID:	OSV-0004842
Fieldwork ID:	MON-0038226

About the designated centre

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

Waxwing 2 consists of two detached bungalows, one of which is situated in a small town with the other located a short driving distance outside the same town. This designated centre can provide a residential service for a maximum of 11 residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms throughout the two houses of the centre include kitchens, dining rooms, living rooms and bathrooms. Residents are supported by the person in charge, social care workers and care assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
--	---

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
Tuesday 18 October 2022	10:00hrs to 16:00hrs	Cora McCarthy	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to assess the provider's overall compliance with the regulations and was facilitated by the team leader and the area manager. Conversations with residents took place wearing the appropriate personal protective equipment (PPE).

During the inspection the inspector met with the four residents, staff members, team leader and with the person in charge for the service. There were adults residing in this centre, who presented with high support needs and required specific support with regards to their mobility, healthcare and social care needs.

On arrival at the centre the inspector was greeted by the team leader who ensured the inspector completed hand hygiene, temperature check and they ensured the inspector was wearing a face covering. There were two buildings within the designated centre and in this particular one four residents were currently residing. The residents in the second house in the centre were out for the day so the inspector did not have the opportunity to meet them. Some of the residents were being supported with personal care and some were having breakfast. The inspector was introduced to the residents however some residents had limited verbal capacity so the inspector was observant for cues to indicate satisfaction with their home. The residents seemed comfortable in the presence of staff and were interacting with them in a pleasant friendly manner. The staff with whom the inspector spoke were very familiar with the needs of the residents and could articulate what each one liked in terms of meals and outings and their healthcare needs. They were able to outline the medical needs of the residents in terms of who required support with eating and drinking and who had a specialised textured diet. Although, pleasant interactions between staff and residents were observed during this inspection and the residents seemed content in their home, significant improvements were required to the premises. The inspector visited the second house in the centre and found the premises also required significant improvement.. This will be discussed in the subsequent sections of this report.

Each resident had their own bedroom and some residents showed the inspector their bedroom and they were decorated in the design of the resident's choice and colour. It was evident from the personal items on display, photos and the resident bedrooms that the residents were involved in the decoration of their home. Both houses overall required updating and decoration and the bedrooms were quite small. In the first house in the designated centre there was a residents bedroom which had a patio door but had no window for ventilation.

There was a kitchen and separate dining room and separate sitting room for the residents to relax in. The kitchen was locked if residents were not supervised. The houses within the centre were warm, clean and comfortable and personalised with pictures and photographs.

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 each resident living in the centre.

Capacity and capability

Governance and management systems in place at this centre ensured that care and support provided to the resident was to a good standard. There was a clearly defined management structure, which identified the lines of authority and accountability for all areas of service provision. The person in charge held the necessary skills and qualifications to carry out the role. The person in charge ensured all the requested documentation was available for the inspector to review during the inspection.

The provider had ensured that staff numbers and skill mix at the centre were in line with the assessed needs of the residents and with the statement of purpose. The inspector reviewed the actual and planned rota which indicated continuity of care from a core team of staff known to the residents. The person in charge demonstrated the relevant experience in management and was effective in the role. A team leader supported the person in charge in the management of the service. The staff members with whom the inspector spoke with were very knowledgeable around the residents assessed needs. For example they were very aware of the strategies to support one resident to manage their inability to regulate intake of fluids.

The person in charge had a training matrix for review and the inspector noted that mandatory training had been completed. The training programme was responsive to the risk of COVID-19 and all staff were recorded as having completed hand hygiene, infection prevention and control and the correct use of personal protective equipment (PPE). Discussions with staff indicated that staff were also supported to access mandatory training in line with the provider's policies and procedures in areas such as safeguarding, manual handling, positive behaviour management and fire safety.

Clear management structures and lines of accountability were in place. The provider had also undertaken unannounced reviews of the service in 2022 and a review of the quality and safety of service was also carried out in March 2022. This audit included a family survey to ascertain the views and opinions of the residents family on the quality of care and support received by their family member. One family member gave a positive overview of the care and support the resident received in the centre and another family member gave feedback in relation to greater involvement in the person centred planning process. The annual report reviewed staffing, quality and safety, medication errors, safeguarding and a review of adverse events or incidents. The issue of premises and fire upgrade was highlighted in the

audit process however this has not progressed. The provider is committed to addressing this area and is in ongoing discussions regarding same.

There was an effective complaints procedure in place in an accessible format. It was noted that there were limited complaints which were mostly minor issues and resolved locally to the satisfaction of the complainant and their family.

The registered provider had a written statement of purpose in place for the centre, which contained all information required under Schedule 1 of the regulations.

During the inspection incidents were reviewed and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre. Records such as incident forms were detailed and transparent, this detail supported review and learning from such incidents. The inspector reviewed the minutes of staff meetings and saw that discussion of changing needs, changed support, incidents and learning from their review were all discussed with the staff team.

The records of staff meetings indicated that these meetings were held regularly and were well attended. There was good discussion at these meetings of resident needs and support and, monitoring of the progress of the actions agreed at the previous meeting.

In summary, there was evidence of effective management and oversight. However, there were areas that would benefit from better oversight and a definitive time bound plan regarding premises. The evidence to support this finding and the actions necessary will be presented in each relevant regulation in the next section of this report.

Regulation 14: Persons in charge

The person in charge had the required skills, experience and qualifications for the role. The person in charge was aware of resident needs, and plans of care and support. The person in charge had effective oversight of the centre. Staff spoken with confirmed they had access to the person in charge when needed.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that the staff skill mix at the centre was in line with the assessed needs of the residents, statement of purpose and the size of the designated centre. On the day of inspection there was adequate staff on duty for

the care and support of the residents.
Judgment: Compliant
Regulation 16: Training and staff development
The inspector reviewed the staff training records and found that overall, staff had completed the required mandatory training. The training completed included safeguarding and protection of vulnerable adults training, fire safety, positive behaviour management and safe administration of medication training.
Judgment: Compliant
Regulation 23: Governance and management
The provider had ensured clear management structures and lines of accountability were in place. Annual and bi-monthly audits had been completed. The centre required improvement in terms of premises upgrade and fire improvement works. The providers plan as submitted to HIQA would not be met in the time frame outlined by the provider. Overall the centre provides residents with a good quality of care and support which meets their needs and residents appeared happy in their home.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The registered provider had a statement of purpose in place which was in line with schedule 1 and was reviewed regularly and amended as necessary.
Judgment: Compliant
Regulation 31: Notification of incidents
The inspector reviewed notifications and incidents during the inspection and it was noted that the person in charge had notified the Chief Inspector of incidents that occurred in the designated centre. There was evidence that clear and detailed accounts of incidents were being kept and there was appropriate learning from

adverse events and further training completed by staff as necessary. The team regularly discussed incident management, notifications and safeguarding of residents at team meetings as evidenced in team meeting minutes.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an effective and accessible complaints process in place which was underpinned by a complaints policy.

Judgment: Compliant

Quality and safety

Overall the residents were supported to enjoy a good quality of life and received good care and support in the centre. They had good relationships and were engaged in meaningful activities in their community. However the issues previously identified in relation to premises and fire upgrade work were still evident and the provider was unable to meet the time bound plan originally submitted to HIQA.

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for the residents. This included support plans to supplement the assessment of need. The inspector viewed support plans in areas of behaviours that challenge and also observed residents receiving textured meals for lunch as set out in the speech and language therapy (SLT) recommendations.

Good communication was supported in the centre and every effort was made to aid the residents understanding. Residents were encouraged to have visitors and there is a policy in relation to same however the premises is limited in terms of private space to receive a visitor. The provider had ensured that the residents had opportunities to participate in activities in accordance with their interests and capacities. The residents were known in their community and engaged in meaningful activities. They utilised local shops, went for walks and drives and went to the local hairdressers and to day services with the provider.

The houses within the centre required significant upgrade work in order for it to meet the assessed needs of the residents. There were uneven surfaces throughout and some residents had mobility issues. In one house in the designated centre there was a residents bedroom which had a patio door but had no window for ventilation. This was not in line with infection prevention and control guidance around good ventilation. The resident would have to leave the door fully open to ventilate the

bedroom and this was not an option in late evening or at night. There were defective and worn surfaces on furniture and overall the premises was dated and unsuitable. The fire management system within the centre was to be upgraded as there were no fire doors or compartmentalisation. The provider had control measures in place to mitigate against the risk of fire.

A review of the the meals provided to the residents was to be reviewed to give the residents more engagement with cooking and choice in the process.

There were restrictive practices in use in the centre for example the process of locking the kitchen when not in use. This practice was in place for some time without review through the providers own review process and there was no evidence to suggest that alternatives had been tried prior to or since the practice had been implemented.

The inspector reviewed risk management systems within the centre and noted all identified risks were risk assessed appropriately and added to the centres risk register.

In relation to regulation 6 Health care the registered provider demonstrated that appropriate health care reviews were taking place and the required health care support was received by the residents. There was good medicines management practices within the centre in line with the providers policy.

The house was clean and staff were seen to attend to tasks such as the cleaning of frequently touched items. Staff members on duty wore well-fitting face masks and used PPE (Personal Protective Equipment) appropriate to the task. Staff had completed a range of infection prevention and control training that included hand-hygiene, the use of PPE, how to break the chain the infection and, training in cleaning and disinfecting practices. However, practice would have benefited further from progression of premises upgrade work as the building was dated with worn and defective surfaces which could not be cleaned properly to ensure good infection prevention and control.

There were safeguarding plans in place in the centre and the inspector noted that protocols were being adhered to in relation to protection of residents. Additionally all staff were trained in the safeguarding of vulnerable adults and were aware of the measures in place to safeguard the residents.

Residents rights were upheld in the centre and they were consulted in the running of the centre. They were supported to choose activities of personal interest and they saw friends and family regularly and had house meetings where they could bring up any issues they wished.

Regulation 10: Communication

The person in charge had ensured that the residents were supported to

communicate using an individualised approach. The staff interacted with the residents through some words, gestures, vocalisations and facial expressions. The residents had access to electronic tablets, tv and radio.

Judgment: Compliant

Regulation 11: Visits

One of the houses within the centre is challenged with the layout of the environment and space. Privacy for visits can be difficult as there is no space identified for this purpose. Staff in the centre are aware of the challenge in respect of visits and privacy. The provider has committed to addressing this as part of an overall plan to improve the premises.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The provider had ensured that the residents had access to facilities for recreation and opportunities to participate in activities in accordance with their interests and capacities. The residents were engaged in a variety of meaningful activities in their local community; They went to day service, they utilised local shops, local amenities such as parks, went for walks and drives and went on holidays.

Judgment: Compliant

Regulation 17: Premises

The centre was still unsuited to the assessed needs of the residents residing there. The provider had submitted a time bound plan for improvement works to HIQA however the provider communicated to the inspector on the day of inspection that they will not be able to meet the time frame for the upgrade works. Overall the centre was clean and warm. The centre was decorated to the residents personal taste, colours and the residents had personal photographs in their rooms.

Judgment: Not compliant

Regulation 18: Food and nutrition

While there was adequate and nutritious food for the residents it was brought in by a frozen meal supplier. The meals were prepared to the texture recommendation for each resident in line with FEDs plans and contained meat and vegetables however there were limited meals prepared fresh in house. The provider committed to reviewing this practice with a view to providing the residents with more opportunity to see meals being prepared, gain sensory input from smells and also help with meal preparation.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place and all identified risks had a risk management plan in place including the risks attached to COVID-19. The inspector reviewed a sample of risk assessments which had all been risk rated appropriately and control measures put in place, they had been reviewed recently and updated as necessary. The provider ensured that there was a system in place in the centre for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

Infection and prevention control measures noted during this inspection included the provision of relevant training to staff members, the use of personal protective equipment, the display of COVID-19 related information and the presence of hand gels. However areas that were were worn were difficult to clean and not in line with infection prevention control guidance. Also the bedroom without a window for ventilation was not conducive to good infection prevention and control.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Both houses in the centre were without fire resisting doors and compartmentalisation throughout. Staff undertook simulated evacuations with the residents and were able to safely evacuate the residents in an average of two minutes across three evacuation drills.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the management of medicines in one house and found that there were good systems of recording, administration and storage of medicines that supported safe practice. Medicines management practice was in line with the providers own medicines management policy.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that an assessment of need of health, personal and social care needs had been completed for all residents and support plans completed. Support plans were noted by the inspector to clearly identify the issues experienced by the resident and how a resident may present when anxious or unwell and gave clear guidance to staff on how to respond in such situations. Staff spoken with acknowledged that the support plans were effective and demonstrated a good understanding of the strategies to employ when addressing different situations.

Judgment: Compliant

Regulation 6: Health care

The provider had ensured that resident received appropriate health care, having regard to that resident's personal plan. There were plans in place for eating and swallowing and support plans to monitor fluid intake. Staff maintained a record of all appointments, referrals, advice given and care provided from services such as the resident's general practitioner (gp), SLT, occupational therapy and hospital based services. An example of a health care management plan noted by the inspector was in relation to the monitoring and follow up a stomach issue one resident had. There was written evidence of the resident having had a scope and a separate scan and was scheduled for further tests in relation to this. There was guidance for staff in relation to how to support the resident in this regard to ensure a good quality of life for the resident.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector reviewed a behaviour support plan and found it clear, it identified precursors to behaviours and triggers and outlined strategies and proactive supports to guide the staff in behaviour management. There was evidence that behaviours and their management had been discussed at a staff team meeting and there was learning from same. Staff had also completed training in positive behaviour support. In relation to the restriction of the process of locking the kitchen when not in use, this practice was in place for some time without review through the providers own review process and there was no evidence to suggest that alternatives had been tried prior to or since the practice had been implemented. The restriction was recorded and notified to HIQA quarterly.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector observed that there were systems and measures in operation in the centre to protect the residents from possible abuse. There were specific seating arrangements in place at both mealtimes and in the house vehicle which were being adhered to. Staff were facilitated with training in the safeguarding of vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

The person in charge had ensured that residents rights were respected and they participated in and consented to decisions about their care and support. There regular house meetings with the residents where rights, advocacy and safeguarding were discussed.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not 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 Waxwing 2 OSV-0004842

Inspection ID: MON-0038226

Date of inspection: 18/10/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • L1 fire panel and emergency lighting is in place and required checks will continue to be carried out. • Scheduled servicing takes place on the fire system and emergency lighting as legislation advises. • Fire register are in place and the required checks are completed and the documents are retained in the fire register. • Firefighting equipment, including fire extinguishers and fire blankets are in place across the centre. • PEEPs are in place for all residents, they are reviewed on a regular basis with information regarding each resident and an outline on how staff will need to support each resident to evacuate in the event of a fire. • Annual night time fire evacuation drill completed. • Quarterly daytime fire evacuation drills completed. • Assistive technology in place for one resident with a hearing impairment. • Staffing arrangements in place by night to ensure that safe evacuation can take place • Training in fire safety to be completed or refreshed by all staff as required. 31.03.2022 • A new Application to Vary will be submitted on 02/12/2022 • Replacement properties have been secured to replace both properties in the designated centre. This has been done with a property developer in conjunction with Limerick County Council under Part 5 Planning Regulations. These properties will be fully fire compliant and are due to be handed over to BOCSILR in Q4 2024. 	
Regulation 11: Visits	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ul style="list-style-type: none"> • Staff in the centre are aware of the challenge in respect of visits and privacy. • This matter is to be discussed at staff meeting in November. 30/11/2022 • Staff to encourage the utilisation of available communal space in the house, Sitting room & Dining room. • Staff to support meetings/visits outside the house where requested. • Staff make every effort to ensure that privacy is provided including; <ul style="list-style-type: none"> o Asking persons supported to partake in an activity to redirect them from the Person supported who is receiving a visitor. o If persons supported are in agreement going for a drive or attend a community based activity to provide a quieter environment • A new Application to Vary will be submitted on 02/12/2022 <p>Replacement properties have been secured to replace both properties in the designated centre. This has been done with a property developer in conjunction with Limerick County Council under Part 5 Planning Regulations. These properties will be fully fire compliant and are due to be handed over to BOCSILR in Q4 2024</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Staff will continue to provide personalised environments for persons supported, in line with their personal preferences. • Cleaning routines are completed as planned and as required in the centre, daily. • Maintenance will be completed as planned and as required in the centre. • A new Application to Vary will be submitted on 02/12/2022 <p>Replacement properties have been secured to replace both properties in the designated centre. This has been done with a property developer in conjunction with Limerick County Council under Part 5 Planning Regulations. These properties will be fully fire compliant and are due to be handed over to BOCSILR in Q4 2024</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • Modified meals are required for 2 of the residents in the center. • Meal planning was discussed at team meeting in October, 29.10.2022 • Meal planning for the week is discussed at the weekly house meeting with residents. <p>Residents advise staff of their preferred meal choices and staff use pictures to assist</p>	

residents to make choices. 29.10.2022

- The meals chosen by the residents are documented on the meeting minutes. A template to record meals prepared and alternative choices is filed and retained in the kitchen.
- Fresh meals are prepared in the centre daily.
- Staff have training in the preparation of modified texture meals.
- If the resident does not want the prepared meal on the day, staff provide alternative options in line with the preferences of the residents on the day.
- A limited number of pre-prepared modified texture meals are available as a contingency option, for occasional use.

Regulation 27: Protection against infection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

- Daily cleaning routine and checklist in place
- Weekly cleaning routine and checklist in place
- As required additional cleaning completed as and when necessary
- Monthly IPC audit completed by the team leader with associated actions.
- IPC policy/procedure is in place
- All staff have completed the required Infection Prevention and Control training on HSEland, including;
 - o AMRIC Personal Protective Equipment
 - o National Standards for Infection prevention & control in community services
 - o AMRIC Hand Hygiene
- Replacement properties have been secured to replace both properties in the designated centre. This has been done with a property developer in conjunction with Limerick County Council under Part 5 Planning Regulations. These properties will be fully fire compliant and are due to be handed over to BOCSILR in Q4 2024.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- L1 fire panel and emergency lighting is in place and required checks will continue to be carried out.
- Scheduled servicing takes place on the fire system and emergency lighting as legislation advises.
- Fire register are in place and the required checks are completed and the documents are

retained in the fire register.

- Firefighting equipment, including fire extinguishers and fire blankets are in place across the centre.
- PEEPs are in place for all residents, they are reviewed on a regular basis with information regarding each resident and an outline on how staff will need to support each resident to evacuate in the event of a fire.
- Annual night time fire evacuation drill completed.
- Quarterly daytime fire evacuation drills completed.
- Assistive technology in place for one resident with a hearing impairment.
- Staffing arrangements in place by night to ensure that safe evacuation can take place
- Training in fire safety to be completed or refreshed by all staff as required. 31.03.2022
- A new Application to Vary will be submitted on 02/12/2022

Replacement properties have been secured to replace both properties in the designated centre. This has been done with a property developer in conjunction with Limerick County Council under Part 5 Planning Regulations. These properties will be fully fire compliant and are due to be handed over to BOCSILR in Q4 2024

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

- Risk assessment in place related to the restriction – Monitored quarterly
- Full assessment of the restrictive practice is in place – Reviewed quarterly
- MDT was convened on 09/11/2022 to discuss ways to reduce the restriction of locking the kitchen door when staff are not present to supervise.

Recommendations included;

o Review of previous assessments of unrestricted access to the kitchen and drinks
o CNSp in Behavior Support, Psychologist and Team leader to reconvene to developed a procedure for trialing unrestricted access for the resident to the kitchen & the impact of this relating to;

* Level of consumption of fluid

* Risk of consuming unsafe/ dangerous fluids

* Possible behavioral impacts of unrestricted access

o Review & consideration of possible alternative environmental arrangements in the kitchen including;

* One cup tea maker and suitability & Safety for the residents use

* locking kettle/cups/glasses/large bottles of drinks/taps etc.

- Encouraging access to the kitchen for the other residents by arranging appropriate activities in the kitchen, e.g. helping to prepare meals or baking. Record level of engagement in these activities with a view to assessing the impact/ impingement of the practice on other residents

- Review of this practice and the findings in January 31.01.2023

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 11(1)	The registered provider shall facilitate each resident to receive visitors in accordance with the resident's wishes.	Substantially Compliant	Yellow	30/11/2022
Regulation 11(3)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident; a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.	Substantially Compliant	Yellow	31/12/2024
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	Not Compliant	Orange	31/12/2024

	service and the number and needs of residents.			
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Substantially Compliant	Yellow	30/10/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/12/2024
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting,	Not Compliant	Orange	31/12/2024

	containing and extinguishing fires.			
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/12/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/01/2023