

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

Issued by the Chief Inspector

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| Name of designated centre: | Centre 3 - Cheeverstown House Residential Services |
| Name of provider: | Cheeverstown House CLG |
| Address of centre: | Dublin 6w |
| Type of inspection: | Announced |
| Date of inspection: | 12 April 2023 |
| Centre ID: | OSV-0004926 |
| Fieldwork ID: | MON-0030613 |

About the designated centre

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

This designated centre is currently registered to provide 24-hour care, seven days per week, for up to 19 male and female adult residents. The centre is located on a residential campus in South Dublin. The centre consists of four residential houses primarily caring for people with an intellectual disability. The range of intellectual disability in this group covers all ranges from mild, moderate to severe/profound in nature. Some individuals have physical and sensory disabilities also. There is a full-time person in charge and the front-line staff are primarily made up of clinical nurse managers, staff nurses, care assistants and housekeepers. The service has access to a number of accessible vehicles to facilitate transport to appointments, social outings and activities in the community.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 14 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|----------------------------|-------------------------|-------------------|------|
| Wednesday 12 April 2023 | 09:40hrs to 18:10hrs | Gearoid Harrahill | Lead |

What residents told us and what inspectors observed

During this inspection, the inspector observed routines and interactions in the residents' day, records of their health, personal and social care and activities, and the home environment and support structures as part of the evidence indicating their experiences living in these houses. The inspector had the opportunity to meet and chat with 11 of the 14 people living in this designated centre, as well as meet with their direct support staff teams. The other three residents and their respective support staff were out in the community during the inspection.

As this inspection was announced ahead of time, residents and their representatives were advised by the provider on what would be happening, and were invited to either meet with the inspector in person, or fill out surveys to express their experiences with the service. In response to this invitation, seven surveys were completed by residents and family members. Relatives spoke positively on the quality of care and support from the front-line team, describing them as "helpful and caring" to their loved ones. Residents commented that staff support them to get to their hobbies such as tennis, exercise class, swimming and snooker, and to go shopping, to the pub, cinema or cafés. One resident expressed what they wanted when they eventually moved to a new house, such as a nice garden. Some commentary indicated that visiting instructions introduced during the pandemic were still in effect, such as calling ahead before visiting residents, and using the resident's bedroom or a room in the central campus hub, instead of feeling welcome to spend time in the dining or living room of the resident's home.

The current living arrangements for the residents in shared houses had been identified as being unsuitable for their needs, with residents being assessed as not compatible to live together, or not suited for a busy shared living environment. There had been an ongoing trend of incidents in which residents' presentations during times of distress or anxiety had unintentionally had an impact on their peers, upsetting them, triggering distress behaviours, making their home loud and over-stimulating, or disturbing their sleep at night. This risk was mitigated by a team of staff who knew the residents well and strived to keep them engaged in activities away from their home during the day.

The inspector observed evidence such as daily notes, receipts trackers and use of the service vehicles which indicated that staff were making an effort to encourage and support engagement in varied and interesting activities. One resident was interested in historical sites and was excited for a museum trip on the day. Another resident had attended a healthcare appointment, after which they went shopping and got lunch in the town. Other residents enjoyed going for long walks. Staff commented that due to staff shortages it was not always possible to travel as often as residents would like, and the inspector observed how the team took advantage of fully staffed days to secure use of the service vehicles and get out into the community when they could. Staff had made a shortlist of suggestions of what some residents liked and when they were on, to advise relief or contingency staff how to

provide meaningful days to residents whose communication profile required support. For residents who were not involved in community activities, the inspector observed residents relaxing with music, TV and sensory items.

Staff had a good knowledge of residents and their support needs, and spoke on behalf of residents who require communication support while still including them in conversation. Interactions were respectful and friendly, and residents for the most part were comfortable and relaxed with their staff teams. Some residents commented that they did not enjoy days on which they were supported by staff who did not know them very well or could not drive them to their engagements. The inspector observed support with eating and drinking being delivered in an unhurried and dignified manner. The inspector also observed instances of residents becoming loud and anxious, and the staff awareness of how to support them to become calm and stay safe.

Residents lived in houses on a large campus setting. The provider had a long-term project in progress to move off this site and transition to smaller community settings, in line with "Time to Move On from Congregated Settings: A Strategy for Community Inclusion" (Health Service Executive, 2011). At the time of this inspection, one resident was identified for a future transition. The inspector was provided information on how the provider was keeping the resident's family updated and assured on the move, and planned to visit the house with the resident closer to the anticipated time. While the provider was engaged in acquisition of other properties, none of the other residents in this designated centre were identified for transition at the time of inspection. In the meantime, the person in charge noted that there would be an enhanced focus on communication supports, community integration and financial access to prepare people for living in the community.

The designated centre comprised of four houses, which accommodated four, four, one and five residents respectively. As part of the de-congregation project, no new admissions to this designated centre were occurring, and the provider was applying to renew the centre's registration with a maximum capacity of 14 instead of the current 19. Unused former bedrooms were used for storage or to make a sensory space. Residents each had a private bedroom which had sufficient space for their belongings and clothes. Each house had kitchen and utility room facilities to support residents and staff to do their own cooking and laundry. Each house had set hours five days a week for housekeeping staff to attend to the houses. In the main, the cleaning duties of the housekeeping team were being fulfilled, as the living environments were generally clean and free of odour. However, the staff's ability to effectively clean and sanitise the houses was impacted by maintenance issues such as damaged surfaces, broken flooring, torn or permanently stained upholstery or blinds, and rust. The homely appearance of the residents' home was also impacted negatively by damage, clutter, and areas requiring painting such as the kitchen. Other areas for improvement included matters related to management of equipment and sterile stock, and fire safety features, which will be noted later in this 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.

Capacity and capability

The inspector found this centre to have a suitable management structure in effect and a dedicated and knowledgeable front-line team supporting the residents in their day. However, staffing shortages had resulted in a sizable number of shifts not being filled. This negatively impacted on the team's ability to deliver on residents' preferred routines, activities and outings with respect to their staffing support needs at home and in the community. The inspector was provided evidence to indicate that staff were making the most of opportunities to get out and active on days when the team was full, such as ensuring that vehicles were available and that varied, interesting outings were planned with the residents. The provider was in the process of recruiting to fill these vacancies. Where houses required at least one nurse to be on shift, this need was met.

The centre was resourced with equipment and vehicles suitable for the assessed needs of residents. The team was led by a person in charge who was recruited to the role in 2023 but had worked in other management roles with this provider prior to this. The front-line team commented positively on their support from the new manager and their ability to raise concerns in the houses. The provider had completed their unannounced six-monthly inspection of the centre and the inspector found evidence to indicate that the person in charge was following up on any regulatory deficits or quality enhancement objectives which fell under their remit.

Some oversight systems required development to ensure timely identification and rectification of issues around the house. During this inspection, a number of gaps in guidance, routine checks and reporting systems were identified. This included those related to maintenance issues, cleaning records, fire safety checks, and matters related to prevention of healthcare associated infection. Some of the regulatory findings of the previous inspection in March 2022 were found again on this visit.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted their application and associated documents to renew the registration of this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge commenced in this role in March 2023. They were suitably qualified and experienced for the role of person in charge and worked full time in this centre.

Judgment: Compliant

Regulation 15: Staffing

The inspector was provided information on required staffing complements per house and information on vacant posts in the service. Between nurse, nurse manager and healthcare assistant roles, the designated centre had vacancies equivalent to 4.5 whole-time personnel. The inspector reviewed a month's sample of worked rosters and found that for 18 of 31 days, these vacancies had resulted in shifts not being filled to sufficiently meet the assessed needs of residents.

Evidence observed during inspection in multiple houses, including from documentation, speaking to staff and observing routines, indicated examples of where vacancies had resulted in residents' community activities, hobbies and outings being cancelled, and delays occurring to ensure that residents requiring 2:1 support had this available when the team was not fully staffed.

Judgment: Not compliant

Regulation 23: Governance and management

In the main, the systems for management were clear, with staff commenting that they felt supported in their role after the change in management. The provider had conducted their six-monthly quality and safety inspection of the service in January 2023, and the inspector observed examples of how the person in charge was following up on actions relevant to their role. The provider had composed their 2022 annual report for the centre in which they outlined their primary achievements and challenges over the past 12 months and the objectives committed to for the year ahead. While this report was detailed some improvement was required to demonstrate evidence that residents and their representatives were consulted and contributed their feedback and experiences to the content of this report.

Reporting and oversight structures were in place in the service, however some of these checks had not been effective in identifying or reporting deficits around the centre. This included gaps in cleaning records, fire checks, maintenance issues, personal plans, and management of clinical stock.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The provider had composed their statement of purpose for the designated centre which included information required under Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

In the main, the residents were receiving support which was appropriate to their assessed needs. Staff were familiar with residents' assessed support requirements related to behaviour de-escalation, safe eating and drinking, and access to meaningful and varied activities and outings.

While the provider had plans in place to source new accommodation more appropriate to meeting residents' needs, until this was done the identified compatibility challenges had continued to have a negative impact on residents' wellbeing in the shared houses. The majority of incidents recorded by the provider caused psychological distress to residents without intent by their peers, for example distress caused by loud vocalisations, banging doors, disturbing sleep, taking drinks away or triggering anxiety. Since the previous inspection, however, one of the residents frequently affected by these incidents had had a new house identified and the provider was in the process of getting this house ready and preparing the resident and their family for a transition anticipated to occur at the end of 2023.

The team demonstrated good examples of person-centred and choice-led support for residents. While it was not always possible due to staff shortage, the team supported residents to go shopping, to the cinema, out for walks, drives into town, trips to museums, and swimming, tennis and exercise sessions. Some residents were supported to use debit cards and access their own money, and the provider had committed to enhancing this autonomy for residents who did not have financial accounts in their name, or whose money was managed by a third party. Houses were self-sufficient in groceries, meal preparation and laundry management, enhancing choices for the residents of each house. The residents met every few weeks and were supported to collate their experiences in the service, related to meals, activities and upcoming events. Meaningful feedback was collected here to reflect the experiences of residents whose communication profile required support and advocacy.

The inspector reviewed practices and facilities related to medicines and clinical equipment. There were some deficiencies in infection control practices related to the

cleanliness of medical equipment, storage and disposal of sterile stock, and the sinks and backing wall of hand hygiene stations not facilitating effective sanitisation. Improvement was required to ensure that administration records were completed at the time of administration, to ensure accurate records and mitigate medication risk to residents.

As will be described later in this report, significant maintenance issues were identified in one bungalow, with less severe examples of similar items identified in the other houses. These premises issues created safety and hygiene risks as well as substantially impacting on the pleasant and comfortable appearance of the residents' home. Despite challenges in sanitising areas and items which were torn, rusted, unfinished or permanently stained, the housekeeping and front-line teams had carried out their duties in ensuring the general environment of the communal, bathroom and bedroom areas were clean. Some improvement was required in identifying when, and how frequently, cleaning equipment such as mop heads, poles, buckets, brooms, pans and vacuum cleaners were cleaned and disinfected, and the availability of guidance to staff managing risk materials such as bodily spills. Appropriate infection control practices were in effect related to food, use of personal protective equipment and general waste disposal.

Regulation 12: Personal possessions

The provider was in the process of engaging with residents, their representatives, and financial institutions, to facilitate residents to establish accounts in their own name, and to optimise their control and access to money belonging to them with the appropriate level of support. Residents had property inventory logs in place but there were some gaps in these for residents with their own electronics, clothing and personal belongings to protect them from being misplaced.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The inspector observed examples of staff facilitating residents to access their hobbies, interests, community and social engagements, and making efforts to maximise recreation opportunities when the staff team was full. However, the inspector found evidence to indicate that preferred activities and outings were sometimes cancelled due to staffing shortages and unfilled front-line shifts requiring staff to stay in the house.

Judgment: Substantially compliant

Regulation 17: Premises

The designated centre as a whole required some work to maintain a good state of repair and provide a pleasantly decorated home space. However maintenance was particularly poor in the "Sycamore 1" bungalow. Examples across the houses included, but were not limited to, the following observations:

- Flooring in the hallways, bedrooms, office, kitchen and laundry had tears and holes, with some parts of the flooring held together with duct tape.
- A door between a bedroom and shared bathroom was broken and could not be closed.
- Walls in the bungalow were stained, damaged, or required plaster or paintwork to mend cracks and holes. This observation is not related to the minor day-to-day marks on walls from people who use mobility equipment to navigate their home.
- Peeling surfaces on bathroom cabinets and kitchen kickboards.
- Walls and glass panels with residue or staining from old posters, sticky tape or hand sanitiser.
- Rusted radiators.
- Rust, torn upholstery and staining on equipment used for toileting or showering.
- A toilet which was identified as out of order for weeks.
- Minor cosmetic damage to some living room furniture.
- Torn, stained and broken blinds on windows.
- Cracked glass on two external doors.

The inspector was provided a maintenance log of items for repair or replacement, however this did not include many of the items listed above, or did not provide assurance that the matter would be addressed in a timely fashion.

Judgment: Not compliant

Regulation 18: Food and nutrition

There was adequate supply in each house of food and drink. Each house was facilitated to do their own grocery shopping and for each house to be self-sufficient with cooking facilities. Mealtimes were supported in a respectful and unhurried fashion, with specialist crockery, cutlery and glasses supporting residents to eat independently. Residents had been assessed to identify any risks related to malnutrition, weight loss or choking, and guidance was available to staff to indicate supplements or modifications required to their food and drink.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

At the time of inspection, one resident had an active plan to transition to a house outside of this campus setting. The provider had engaged with the resident's representatives with information on this new house and an anticipated time window for the transition to take place.

Judgment: Compliant

Regulation 27: Protection against infection

During this inspection, the inspector identified a number of deficits in the registered provider's compliance with the National Standards for Infection Prevention and Control in Community Services (HIQA, 2018). This included, but was not limited to, the following observations:

- Worn, torn, peeling, cracked or rusted surfaces, furniture and flooring, as identified earlier in this report, compromised the staff's ability to effectively sanitise and disinfect surfaces. This included kitchen, bathroom and laundry areas.
- Mops were observed to be dirty and left standing in wet buckets when not in use. There was no record to indicate when or how often heads were to be washed or replaced, or mop poles, brooms and other cleaning tools were disinfected.
- At a hand washing station where medicines were managed, the sink was cracked and the wall was stained.
- A clinical risk bin for sharp items was left open on a high shelf.
- A device for crushing medicine was not clean and had white residue from tablets collected on it.
- A mask and tubing for an oxygen cylinder was observed hanging from a pipe. Other sterile stock was past its expiration date.
- Some resident equipment was ticked as cleaned that day but was observed to be dirty.
- A bathroom commode was observed to be rusted and dirty with torn and stained padding.
- Limited guidance was available to instruct staff on safely and effectively cleaning bodily spills or sanitising different surfaces and equipment.

Judgment: Not compliant

Regulation 28: Fire precautions

While spot-checking a small sample of fire safety features around the houses, the inspector observed examples of fire containment doors which did not release or did not close fully when tested, fire doors which were wedged or propped open, and equipment overdue for inspection.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Overall staff evidenced a good knowledge of medicines management practices and all medicines were appropriately stored, refrigerated, and disposed of when no longer required. The inspector observed administration records for two doses not being filled at the time of administration, with one being filled almost five hours after the resident received medicine. This is a poor administration practice which results in inaccurate information and poses a risk to residents. This was, however, promptly reported as a medication error afterwards by the nursing staff.

Judgment: Not compliant

Regulation 7: Positive behavioural support

The front-line staff spoken with demonstrated a good personal knowledge of how to support residents when they exhibited risk behaviours triggered by distress or anxiety. Person-centred strategies were outlined to protect and support residents and staff, to avoid or deescalate incidents, or mitigate the risk of injury during aggression or self-harm episodes. While this guidance was detailed for risk behaviour which was frequent, other behaviours of risk as identified through resident assessments advised staff to read resident care plans which had not been developed.

Judgment: Substantially compliant

Regulation 8: Protection

There was evidence that the provider was taking steps to arrange more appropriate living arrangements for service users, and staff were following person-centred strategies in supporting low-stress environments and responding to incidents. Despite these measures, residents continued to be at risk of psychological distress and triggered anxiety without intent from their fellow residents when in the shared

houses.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were consulted with and afforded choices in decisions and objectives which were meaningful to them. The inspector reviewed a sample of resident meetings and found good examples of residents' positive and negative feedback being collected. In particular where residents were less able to directly engage in verbal conversation, their direct support staff ensured their voice was heard and respected, through meaningful and person-centred notes on their experiences since the previous meeting.

While effort had been made to keep residents busy and engaged outside of their house, assessed incompatibility of residents with their housemates and with shared living continued to have a negative impact on residents' lived experiences when they came home.

As referred to earlier in this report, a door between a resident's private bedroom and a shared bath/shower room was broken and hanging ajar without a way to properly close it for privacy.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
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| Capacity and capability | |
| Registration Regulation 5: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Not compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 13: General welfare and development | Substantially compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant |
| Regulation 27: Protection against infection | Not compliant |
| Regulation 28: Fire precautions | Not compliant |
| Regulation 29: Medicines and pharmaceutical services | Not compliant |
| Regulation 7: Positive behavioural support | Substantially compliant |
| Regulation 8: Protection | Substantially compliant |
| Regulation 9: Residents' rights | Substantially compliant |

Compliance Plan for Centre 3 - Cheeverstown House Residential Services OSV-0004926

Inspection ID: MON-0030613

Date of inspection: 12/04/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

| Regulation Heading | Judgment |
|---|-------------------------|
| Regulation 15: Staffing | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing: CNM1 commenced in post on the 3/05/23 since inspection S/N commenced in post on the 10/05/23 since inspection Active recruitment is ongoing with HR and S/N & C/A are prioritized for this centre. Recruitment day scheduled for the 31/05/23</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Identified and reporting deficits from the Inspection in the centre will be reviewed. Gaps in cleaning records, fire checks, maintenance issues, personal plans, and management of clinical stock will be raised as an agenda item at the house team meetings on 27/05/23 and remain on the agenda moving forward.</p> <p>Gaps identified on the Maintenance app will be discussed with the facilities manager and her team by the 27/05/23 with a view for all maintenance logs to be reviewed and updated accordingly to reflect all works required for the centre.</p> <p>Gaps identified in Fire checks will be addressed by training facilitated by the Health & Safety Officer and this training will commence on the 30/05/23</p> <p>Gaps Identified in Personal Plans will be addressed by using a new Questionnaire for residents around their lived experience and this will be reflective in the Centres annual</p> | |

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| report, Clinical governance & Provider Visit. | |
| Regulation 12: Personal possessions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>All residents personal possession will be reviewed to reflect their personal possessions log</p> <p>A new 'My Money Management Plan has been devised and this will be completed for all services in the centre which includes the resident's personal possessions section.</p> | |
| Regulation 13: General welfare and development | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>There is recruitment in progress against staff vacancies.</p> <p>The PIC will review the roster and prioritise staff available to assist with residents' preferred community activities and outings.</p> | |
| Regulation 17: Premises | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Immediate works identified in the inspection listed below will be completed as per timelines;</p> <ul style="list-style-type: none"> • Rust, torn upholstery and staining on equipment used for toileting or showering has been assessed and will be replaced by 30/06/23. • A toilet which was identified as out of order for weeks, this has been completed 19/05/23. • Minor cosmetic damage to some living room furniture will be replaced with new furniture by 07/07/23 • Torn, stained and broken blinds on windows will be repaired or replaced by 30/06/23 | |

- Cracked glass on two external doors will be repaired by 02/06/23
- The door between a bedroom and shared bathroom that was identified as been broken and could not be closed was fixed was completed on the date of Inspection 12/04/23
- Walls and glass panels with residue or staining from old posters, sticky tape or hand sanitiser has been completed for Syc 3 on the 19/05/23 with Beeches 2 scheduled for the 2/06/23

A contractor completed a review of the properties in this centre and has broken down the following scope of works and completion dates/schedule as follows

Sycamore 1:

- Flooring in the hallways, bedrooms, office, kitchen and laundry identified as having tears and holes, with some parts of the flooring held together with duct tape,
- Walls in the bungalow were stained, damaged, or required plaster or paintwork to mend cracks and holes.
- Peeling surfaces on kitchen kickboards.
- Rusted radiators will be painted or replaced
- Peeling surfaces on bathroom cabinets will be repaired or removed

Beeches 2:

- Flooring in the hallways, bedrooms, office, kitchen and laundry identified as having tears and holes, with some parts of the flooring held together with duct tape,
- Walls in the bungalow were stained, damaged, or required plaster or paintwork to mend cracks and holes.
- Peeling surfaces on kitchen kickboards.
- Rusted radiators will be painted or replaced
- Peeling surfaces on bathroom cabinets will be repaired or removed

Sycamore 3:

- Flooring in the hallways, bedrooms, office, kitchen and laundry identified as having tears and holes, with some parts of the flooring held together with duct tape,
- Walls in the bungalow were stained, damaged, or required plaster or paintwork to mend cracks and holes.
- Peeling surfaces on kitchen kickboards.
- Rusted radiators will be painted or replaced
- Peeling surfaces on bathroom cabinets will be repaired or removed

These works will have commenced by the 04/09/23.

The scope of works will require some of the residents to transition to an alternate location.

Funding has been sought to support this scope of works from the HSE.

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| Regulation 27: Protection against infection | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> • Flat mopping system will be introduced by 16/06/2023, documentation to be maintained on how often/when these mop heads will be cleaned, this will be overseen by the housekeeping department. • Hand washing station that is cracked will be replaced and splash back installed with a completion date of 09/06/23 • Sharps management to be added to staff meeting agenda for discussion 27/05/2023. • Management and cleaning of oxygen and related equipment/medication equipment to be added to staff agenda for discussion 27/05/2023. • Infection prevention and control training to be delivered to address inconsistencies with cleaning schedules to be completed by 30/06/2023. • A commode which was identified to be rusted and dirty will be replaced by 30/06/2023. • Spill kits will be sourced and stored in each house in the centre, IPC training will be delivered by 30/06/2023 will demonstrate the usage of these. | |
| Regulation 28: Fire precautions | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire containment doors which were identified as not releasing or did not close fully when tested will be addressed by the 31/05/23</p> <p>Any Fire doors which were observed to be wedged or propped open have been removed</p> <p>Fire equipment overdue for inspection was addressed on the day of Inspection by 12/04/23</p> | |
| Regulation 29: Medicines and pharmaceutical services | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Medication incident form completed on the 12/04/23 by the PIC. PIC met with staff member on the 12/04/23 and discussed medication incident. Staff member completed</p> | |

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| HSE Land medication management on the 12/04/23. 1:1 medication management will be carried out with the staff member on the 20/05/23 | |
| Regulation 7: Positive behavioural support | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>All PCSP's and care plans will be reviewed in conjunction with each other and will reflect the support needs of each individual. All care plans relevant to the persons care will be held in their personal folder.</p> | |
| Regulation 8: Protection | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>One transition plan is in place for a gentleman moving to the community to be completed by Q4.</p> <p>Training in relation to safeguarding to be delivered by designated officer, for completion 28/07/2023.</p> <p>An assessment of current locations within campus will be conducted to ascertain if there is a suitable accommodation for one of the gentleman to use a temporary measure whilst waiting to move to his new home on the 30/06/23.</p> <p>Safeguarding plans and que cards are in place to support the individual and staff Safeguarding training will be delivered to all staff by 28/07/2023.</p> | |
| Regulation 9: Residents' rights | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>A door between a resident's private bedroom and a shared bath/shower room was broken and hanging ajar without a way to properly close it for privacy. This was repaired on the day of inspection 12/04/2023.</p> | |

Compatibility of residents –

A resident is identified for transition to a community living opportunity in Q4 2023.

For residents continuing to live in a group home where compatibility is a concern, the PIC will

- Ensure training in relation to safeguarding is delivered by designated officer, for completion 28/07/2023.
- Meet with the Designated Officer and review present effectiveness of safeguarding plans that are in place, for completion by 28/07/2023

The Provider has escalated compatibility concerns with the HSE and continues to negotiate funding support for further Decongregation. The provider will meet with the HSE on the compatibility concerns of residents on sharing homes in DC 3.

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 12(1) | The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs. | Substantially Compliant | Yellow | 31/07/2023 |
| Regulation 13(2)(b) | The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs. | Substantially Compliant | Yellow | 31/08/2023 |
| Regulation 15(1) | The registered provider shall ensure that the number, | Not Compliant | Orange | 31/08/2023 |

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|---------------------|--|-------------------------|--------|------------|
| | qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre. | | | |
| 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 | 30/11/2023 |
| Regulation 17(1)(b) | The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally. | Not Compliant | Orange | 30/11/2023 |
| Regulation 17(1)(c) | The registered provider shall ensure the premises of the designated centre are clean and suitably decorated. | Substantially Compliant | Yellow | 30/11/2023 |
| Regulation 23(1)(a) | The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and | Substantially Compliant | Yellow | 31/08/2023 |

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| | support in accordance with the statement of purpose. | | | |
| Regulation 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 31/07/2023 |
| Regulation 23(1)(e) | The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives. | Substantially Compliant | Yellow | 30/06/2023 |
| 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. | Not Compliant | Orange | 30/06/2023 |
| Regulation | The registered | Substantially | Yellow | 31/05/2023 |

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|---------------------|---|-------------------------|--------|------------|
| 28(2)(b)(i) | provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services. | Compliant | | |
| Regulation 28(3)(a) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Not Compliant | Orange | 12/04/2023 |
| Regulation 29(4)(b) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | Not Compliant | Orange | 20/05/2023 |
| Regulation 07(1) | The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their | Substantially Compliant | Yellow | 30/06/2023 |

| | | | | |
|---------------------|---|-------------------------|--------|------------|
| | behaviour. | | | |
| Regulation 08(2) | The registered provider shall protect residents from all forms of abuse. | Substantially Compliant | Yellow | 30/06/2023 |
| 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 | 31/12/2023 |
| 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 | 12/04/2023 |