Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Clann Mór 1
Name of provider:	Clann Mór Residential and Respite Company Limited by Guarantee
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	13 March 2023
Centre ID:	OSV-0004928
Fieldwork ID:	MON-0038792

About the designated centre

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

Clann Mor Residential 1 comprises of 3 community based residential homes outside a large town in Co. Meath. Two of the houses are adjoining, while the third is within walking distance. The centre supports up to nine adult residents both male and female with intellectual disabilities, some of whom live semi independently and others who require staff support on a 24 hours basis. All properties are currently based on single bedroom occupancy, with access to the normal domestic dwelling facilities typically available in the local community. All houses have access to garden areas for recreation and leisure. The staff team is primarily made up of healthcare assistants. Community employment workers are also in place who work under the supervision of staff in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Monday 13 March 2023	10:00hrs to 17:00hrs	Sarah Cronin	Lead
Monday 13 March 2023	10:00hrs to 17:00hrs	Karen Leen	Support

What residents told us and what inspectors observed

This announced inspection took place to inform a decision about renewal of registration for the designated centre. The inspectors of social services found that residents were living in comfortable homes and the majority of residents were satisfied with the service they were receiving. Residents were supported to enjoy activities of their choosing and enjoyed good continuity of care. This inspection found mixed levels of compliance with the regulations and these will be discussed in detail in the body of the report.

There are three houses in this designated centre, which is located outside a large town in Co. Meath. Two of the houses are adjoining and share a back garden, while the third is located within walking distance of these houses. The first house is home to three residents. Downstairs, there is a sitting room, small toilet, kitchen, a resident's bedroom and a wet room. Upstairs is a staff sleepover room, two more resident bedrooms and a shared bathroom. Residents have access to a beautiful back garden and a large shed which is used by residents as an art studio and for furniture restoration. The second house is home to three residents and could be accessed via the back door from the back garden. Downstairs was a kitchen, toilet and a large sitting room. Upstairs there were three resident bedrooms and a shared bathroom. The third house was also home to three residents and was within walking distance of the other two houses. Downstairs comprises a sitting room, toilet and kitchen. Upstairs are three resident bedrooms and a shared bathroom. Inspectors visited all three houses over the course of the inspection. Two of the houses had staff support every day, while the third house had staff support for a small number of hours each day, in line with residents' assessed needs and expressed choice. All of the houses were found to be warm, clean and well maintained.

It was evident that residents were engaging in a range of activities such as attending day services, engaging in employment, doing educational courses and taking part in local clubs such as the Arch Club. Residents accessed local amenities such as the local swimming pool and gym. A resident meeting took place every three weeks and there was a set agenda in place, which included discussions about safeguarding, COVID-19, activity planning and house-related issues. A quarterly meeting took place with all residents and this had an educational element to it. Previous meetings had included how to make a will, safeguarding and advocacy. The provider had a resident advocacy forum in place, with a representative from that forum attending board meetings when it was required. The resident advocacy forum had been involved in organising a number of events the previous year such as the providers' anniversary event, a remembrance service and a pool tournament.

Residents in the centre communicated in a number of ways. The majority of residents used speech as their main form of communication, while another resident used Lámh, gesture and facial expressions to communicate. Staff had learned Lámh and some residents knew a small amount of signs to support their housemate. Further Lámh training was planned for staff to best support this resident. There

were visual menus on the walls and photo staff rotas where residents needed it. Interactions between staff and residents were observed to be kind and respectful and it was evident that residents and staff were comfortable in each others' company.

Inspectors had the opportunity to meet with all of the nine residents on the day of the inspection. One resident told inspectors about a course they were completing and how they were looking forward to receiving a certificate. Another told inspectors about an upcoming event where they would display and sell their artwork. The resident was also supported by staff to have a social media account to enable them to sell their art work. Another resident spoke about an upcoming birthday and their plans. Inspectors observed staff supporting residents to make choices about their meals and to support them in the preparation of their meals, where they wished to do so. Residents were complimentary of staff, with one resident saying "I could tell them anything". Other residents told inspectors that they could "come and go as I please" and that they "had their own independence".

Residents in one house expressed frustration at some of the changes which had been made in their home and told an inspector that these changes had been made to meet the requirements of the regulator. These changes included things such as how food was labelled, not using hand towels due to infection prevention and control risks, being asked to buy particular cleaning products which were not available where they did their shopping and being asked to work on having personal goals. One resident stated "our house does not feel like a home, we may as well be living in a cardboard box". Another said "an email comes through and it says we have to do it for HIQA". Another resident stated they were being asked to work on their goals "What goals do you want today, it drives me mad". Residents reported that they were not consulted about these issues and that they were upset by it. It was not evident to the inspector that a rights-based approach to managing risks such as IPC risks or food safety risks had been taken with residents, or that they were consulted with on changes in their home.

Residents in one house reported that they were happy with the level of support they got from staff on a day-to-day basis. However, they talked about some difficulties with out-of-hours arrangements when staff were not present. All of the residents had a panic button, which they could use and showed the inspector how this worked. Residents also had access to a mobile phone. Residents gave two examples of times where they required assistance following health-related incidents on different occasions. They reported that they had spoken with management over the phone, but told the inspector that they would prefer someone to physically attend the house when this occured. One resident stated "you don't have enough help or back up when you need it", while another spoke about the sleepover staff being unable to leave the house they were assigned to come to their assistance.

In summary, from what the residents and staff told inspectors, what the inspectors observed, and from a review of documentation, it was evident that residents were supported to enjoy a good quality of life in the centre. Residents were well presented and were observed to be comfortable in the presence of staff. However, improvements were required in a number of areas such a governance and

management, risk management, fire precautions, staffing and ensuring residents' rights were upheld. The next two sections of this report will present the inspection findings in relation to governance and management of the centre and how these arrangements affected the quality and safety of the service being delivered.

Capacity and capability

The provider had a clear management structure in place, with lines of authority and accountability outlined. The Board of Directors met on a monthly basis and had a number of sub-committees in place in relation to specific parts of the service such as governance, finance and quality and safety. The management team, consisting of the service manager and all persons in charge, met on a weekly basis. Staff meetings took place regularly and there was a set agenda in place to ensure that all relevant service areas were routinely discussed. The provider had nominated persons in charge to carry out unannounced six-monthly visits for other persons in charge in the organisation. These were detailed and included consultation with residents and families. Clear actions were identified and tracked. The annual review had been completed, but it was not evident that residents and family members had been consulted with to inform the report.

There were on-call and out-of-hours arrangements in place. However, residents reported that these were not always adequate in responding to their requests for support when it was required. Inspectors spoke with staff and reviewed documentation and found that there was an absence of clear guidance in place for sleepover staff on how to manage an emergency at night-time, while ensuring residents were safe.

Each of the houses in the centre had different staffing arrangements, depending on the support needs of the residents. Planned and actual rosters were reviewed and indicated that there were adequate staff on duty by day to best support residents. Regular relief staff were used where required which provided residents with good continuity of care. Some residents in the centre presented with changing health and social care needs. Inspectors found that a review of the skill mix and ratio of staff was required in order for the provider to be suitably assured that safe care and support could be provided to all residents in the centre at all times.

Staff in the centre had completed training in a number of areas such as fire safety, safeguarding, infection prevention and control, buccal midazolam and the safe administration of medication, and feeding, eating, drinking and swallowing difficulties. There were suitable arrangements in place for staff supervision and performance management.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted information required under Schedule 2 and Schedule 3 of the Registration of Designated Centres for Persons with Disabilities Regulations , 2013.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had employed a suitably qualified and experienced person in charge. They worked full-time and had good knowledge of the residents and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

Residents had changing health and social care needs and many did not have direct access to staff support at night-time. A review of the staffing levels and skill mix of staff was required in order for the provider to be assured that all residents were safe at all times in their homes in line with their assessed needs.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had completed mandatory training in a number of areas such as safeguarding, fire safety and manual handling. Staff had completed additional training in infection prevention and control (IPC) and other areas related to residents' assessed needs such as feeding, eating, drinking and swallowing difficulties and buccal midazolam. The provider was in the process of organising training in relation to supporting residents with behaviour support needs. Persons in charge and team leaders had completed additional training in management. Supervision took place twice a year and a performance management conversation took place on an annual basis.

Judgment: Compliant

Regulation 22: Insurance

The provider effected a contract of insurance which met regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors were not assured that the on-call arrangements were suitable or that the centre was adequately resourced at night time to ensure residents ongoing safety. There was an on-call roster in place for the management team. However, these on-call arrangements required review in line with residents' expressed needs for support. Residents reported receiving assistance by telephone, but not in person following some healthcare related incidents. Inspectors found that there was an absence of clear guidance for sleepover staff to follow in the event of an emergency in one of the houses while ensuring all residents were safe.

The annual review did not provide for consultation with residents and their representatives, as required by the regulations. Furthermore, it was not evident from the annual review report that the provider had reviewed and trended key service areas such as risk management, incidents and accidents and information from the provider and centre-level audits to inform the annual review.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

Inspectors found that residents had a contract of care in place. These had been updated since the last inspection and were found to include details of the services to be provided and the fees which were to be charged. There was evidence of contracts being reviewed with residents on an annual basis.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a Statement of Purpose which contained information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors found that the person in charge had notified the office of the chief inspector of all notifiable events which took place in the centre within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors found that the provider had an effective complaints procedure in place, which was appropriate to the needs of the residents. There was a copy of the complaints procedure for residents accessible in each house. Residents were able to tell inspectors who they would speak to if they had a complaint. A central log of complaints was held by the person in charge.

Judgment: Compliant

Quality and safety

Residents in the centre were supported to have a good quality of life and to engage in activities of their choosing and that they were supported to have a good quality of life. However, improvements were required in a number of areas such as risk management, fire precautions, rights, positive behaviour support and protection against infection.

Inspectors viewed a sample of care plans and found that residents had comprehensive assessments of need carried out and that corresponding care plans were developed where needs were identified. There was evidence of engagement with residents' circle of support which included family members, staff members from day services and members of management as part of residents' annual review meeting. Residents were supported to have best possible health. Regular access to a GP in addition to a range of other health and social care professionals was supported. Records were kept of appointments attended and plans were updated as required.

A sample of behaviour support plans were viewed. These were found to outline clear proactive and reactive strategies for staff to use. However, one plan required review to ensure that there was a clear protocol for the administration of PRN medication in

line to ensure consistent practice from all staff.

The provider had a number of policies and procedures in place to protect residents from abuse. Where safeguarding incidents had occured, inspectors found them to have been documented, reported and investigated in line with national policy. Staff were knowledgeable about types of abuse and how to report abuse where they had concerns.

It was evident that the provider consulted with residents in a number of ways including residents' meetings and the resident advocacy forum. Training sessions were provided to residents on safeguarding, advocacy and making a will. However, consultation had not occured with residents in one house in relation to their care and support and their home, which had a negative impact on their right to make their own decisions.

Residents had access to and control of their personal possessions, including their finances and there was evidence that staff were working with residents to further develop their skills in managing their money. Residents had opportunities to engage in a number of activities in line with their interests. Houses were found to be in a good state of repair and residents had ample space to store their personal belongings. Houses were nicely decorated and furnished. Artwork and residents' photographs were on the walls and this created a homely atmosphere in each house in the designated centre.

The provider had a risk management policy in place which met regulatory requirements. However, risk assessments required review to ensure that ratings were reflective of the risks identified and that the control measures in place were suitable to mitigate risk when houses did not have staff present. This is further discussed under Regulation 26: Risk Management.

The provider had taken action to improve measures on protecting residents against healthcare-associated infections since the last inspection of the centre. The policy had been updated, but required additional information to guide staff in their practices. Cleaning schedules had been updated and were found to include cleaning equipment and equipment used by residents such as nebulisers.

Inspectors found that the provider had suitable arrangements in place to ensure that fire drills were routinely carried out. Records of drills indicated that residents were able to safely evacuate all parts of the centre in reasonable time frames. Where actions were identified, residents' personal emergency evacuation plans (PEEPS) were updated. Staff were able to describe arrangements for safe evacuation to inspectors. Fire fighting equipment, detection systems and emergency lighting were present. However, inspectors found some fire doors did not close, and therefore containment measures were ineffective in parts of the centre. The provider was issued with an urgent compliance plan and took appropriate actions to ensure these issues were resolved.

Regulation 12: Personal possessions

Residents had full access and control of their personal property and possessions, including their finances. Residents had a money management plan in place, which detailed the level of support each resident required. It was evident that key workers were supporting residents to learn about their money and to promote their independence with their finances in line with their assessed needs. Within the houses, residents had ample space to store their personal belongings and there were laundry facilities in each house for residents to use.

Judgment: Compliant

Regulation 13: General welfare and development

Residents in the centre had opportunities to engage and participate in a number of activities in line with their interests. For example, residents were supported to access day services, clubs in the local community, employment and to use local amenities such as a gym. Residents were well supported to maintain and develop personal relationships with people important to them such as family and friends. Staff facilitated phone calls and visits to family, where it was required.

Judgment: Compliant

Regulation 17: Premises

Inspectors visited all three houses of the centre. The houses were found to be in a good state of repair and suitably furnished and decorated. Residents had their own bedrooms, which were decorated in line with their preferences and interests. Residents' rooms contained residents' personal items and had ample storage space. Photographs and artwork were on the walls. Where maintenance was required, the person in charge had recorded this and it was in progress on the day of the inspection.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared information for residents about their home and the

services provided which met the requirements of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management procedures were in place to identify, assess and control risks within the centre. Inspectors viewed the risk register and risk assessments. Some of these risk assessments required review to ensure that ratings were proportionate to the risks involved. For example, risk assessments for staff lone working did not reflect the level of responsibility and risk for staff working sleepover shifts with responsibility for three houses.

Other risks such as choking, epilepsy and falls had been recognised for individual residents and risk assessment were in place. However, the measures in place were for when staff were present in the house. These assessments required review to ensure that the provider was satisfied that the risk was controlled and to ensure that the control measures were clear to residents in the absence of staff. Finally, risks related to infection prevention and control were not all identified and assessed to ensure that both residents and staff were protected from healthcare-associated infections.

Judgment: Not compliant

Regulation 27: Protection against infection

The provider had put additional measures in place to protect residents from healthcare-associated infections since the last inspection of the centre. The IPC policy had been updated, but required additional information to guide staff on areas such as standard and transmission based precautions, antimicrobial stewardship, management of linen and the management of blood and body fluid spillages. The policy contained a contingency plan. However, this was at provider level and did not have any information specific to each house, its' layout and residents' assessed needs in the event they were required to isolate.

The premises were found to be clean and tidy. Cleaning schedules had been updated since the last inspection and now included cleaning equipment and specified tasks for daily, weekly and monthly cleans. However, some IPC risks were identified. These included the use of open bins in some bathrooms and the use of swing bins in other parts of the centre. This had been self-identified by the provider and was outstanding from previous inspections.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire containment measures in two of the houses were found to be ineffective. Inspectors noted that some fire doors in the centre did not close on the day of the inspection. This meant that high-risk areas such as the kitchen were not suitably protected in the event of a fire. The provider was issued with an urgent compliance plan and resolved the issue in the days following the inspection.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Inspectors found that residents had an assessment of need carried out on an annual basis. Corresponding care plans were developed which reflected residents' needs and outlined the supports required to maximise each residents' personal development. Residents had person-centred plans which were reviewed monthly. Annual meetings took place between the resident, family members, staff from day services and a representative from the management team.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to have best possible health. Residents had access to a local GP and a range of health and social care professionals including a dietitian, psychologist and speech and language therapists. Residents were facilitated to attend health care appointments and records were kept of these appointments. Residents had access to health information and had consent was sought for healthcare interventions. Residents were supported to access National Screening Programmes such as BreastCheck, where they were eligible. Residents had spoken with staff about their wishes regarding end-of-life care and resuscitation status and these wishes were recorded as part of their assessment of need.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had positive behaviour support plans in place where they were required. Positive behaviour support plans detailed proactive and reactive strategies to guide staff practices. However, one plan required review to ensure that there was clear guidance for staff on when to administer PRN medication to a resident as part of their positive behaviour support plan and to ensure that there was a PRN protocol. There were a small amount of restrictive practices in the centre. These were reviewed by management regularly and it was evident that the least restrictive procedure, for the shortest duration was used for residents who required it.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that the provider had suitable arrangements in place to ensure that residents were protected from all forms of abuse. Residents were supported to develop knowledge and skills for self-care and protection. Some residents told inspectors who they would speak with if they had a concern. Where any safeguarding incidents had occurred, inspectors found that these had been documented, reported and investigated in line with national policy. The provider put safeguarding plans in place where they were required. A personal and intimate care plan was viewed and found to be clear for staff to follow and upheld the residents' rights to privacy and dignity during these routines. Safeguarding was a standing agenda item for staff meetings.

Judgment: Compliant

Regulation 9: Residents' rights

Some residents in the centre expressed frustration and upset at some practices which the provider had introduced to the centre to control risks such as infection prevention and control risks and food safety risks. For example, one spoke about the introduction of a number of IPC practices in the centre, such as the removal of hand towels, the need to buy specified cleaning products and the new measures in place for food safety. They reported that they had not been consulted about these measures and did not feel them to be appropriate to their home.

Another resident reported that they had been told they had to set personal goals for their plan for the purposes of regulation. In another part of the centre, a resident did not have free access to fluids once staff had left the house for the evening due to their support needs. This had not been recognised as a rights restriction.

Consultation with residents was required to ensure that regulations were applied in

a manner which was appropriate to each house setting and one which promoted and upheld residents' rights to consent to all aspects of their care and support.
Judgment: Not 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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not 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	Not compliant

Compliance Plan for Clann Mór 1 OSV-0004928

Inspection ID: MON-0038792

Date of inspection: 13/03/2023

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
Outline how you are going to come into compliance with Regulation 15: Staffing: A review of the staffing level and skill mix for the designated centre highlighted the different levels of staff support: Community Based Support Staff, Community Facilitator Staff, Person in Charge with a background in ID Nursing, Service Manager and Director of Service. There is also additional support of other nursing and non-nursing staff as required. The provider is assured that all residents are safe at all times in their homes. If residents needs change the above staffing levels and skill mix will be reviewed. If the needs of the residents change to the extent that care needs require an alternative external placement, a referral would be made to the HSE to support that need as per our Statement of Purpose. Home Alone risk assessments for all residents in the designated centre will be updated to include nighttime emergency procedures, where appropriate. Four monitored panic alarms are in place as extra support to residents. Specific panic button demo practice drills carried out bi-annually with individual residents. Emergency contact details are provided to residents which includes five (5) different levels of direct support including a waking night staff and Snr Management. This support is 24/7. All houses will be contacted directly late in the evening and again early in the morning, as an additional support. Residents can contact staff for support 24/7. The HSE DSAMT Tool (Disability Supports Assessment Management Tool) has been completed (April 2023) and submitted to the HSE for analysis. This tool reassesses residents profile and analysis their current needs. If additional needs are identified for residents these will be provided. The health and social care needs of two residents will be reassessed and appropriate	

measures will be implemented as required in line with their changing health needs.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Home Alone risk assessments for all residents in the designated centre will be updated to include nighttime emergency procedures.

Four monitored panic alarms are in place as extra support to residents. Specific panic button demo practice drills carried out bi-annually with individual residents.

Emergency contact details are provided to residents which includes five (5) different levels of direct support including a waking night staff and Snr Management. This support is 24/7.

All houses will be contacted as an additional support directly late in the evening and again early in the morning. Residents can contact staff for support 24/7.

The HSE DSAMT Tool (Disability Supports Assessment Management Tool) has been completed (April 2023) and submitted to the HSE for analysis. This tool reassesses residents profile and analysis their current needs. If additional needs are identified for residents these will be provided.

Clear protocol, guidance and escalation will be provided to sleepover staff in the event of an emergency in one of the houses.

The annual review was enhanced to include the views/opinions of the residents and their representatives.

The annual review was enhanced to identify trends in key service areas.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
The lone working risk assessment will be reviewed and updated to ensure that the risk

rating is proportional to the level of risks involved.

Health-related risk assessments will be enhanced ensuring that the controls in place highlight controls when staff are not on duty.

IPC Risks will be identified and highlighted in the risk register with associated risk assessments.

Home Alone risk assessments for all residents in the designated centre will be updated to include nighttime emergency procedures.

Four monitored panic alarms are in place as extra support to residents. Specific panic button demo practice drills carried out bi-annually with individual residents.

Emergency contact details are provided to residents which includes five (5) different levels of direct support including a waking night staff and Snr Management. This support is 24/7.

All houses will be contacted as an additional support directly late in the evening and again early in the morning. Residents can contact staff for support 24/7.

The HSE DSAMT Tool (Disability Supports Assessment Management Tool) has been completed (April 2023) and submitted to the HSE for analysis. This tool reassesses residents profile and analysis their current needs. If additional needs are identified for residents these will be provided.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
The IPC policy will be enhanced to guide staff on standard and transmission precautions, antimicrobial stewardship, management of linen and the management of blood and body fluid spillages.

Contingency plans will be house specfic and will take into account each residents needs.

All bins will be replaced by Pedal bins.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Compliance Plan submitted on 16.03.23 Re: Regulation 28: Fire Precautions

External fire alarm company reviewed all fire door hinges in all houses. Batteries were replaced were necessary and ongoing quarterly contractual service will take place.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
PBSP will be reviewed to ensure that the protocol around PRN Medication is clear for staff.

Psychologist will review all the PBSP'S.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The Management Team will meet with the residents who expressed concerns around particular procedures in the house and this will be actioned accordingly.

IPC Practices in this house will be reviewed to ensure residents are protected and are satisfied with same.

Goals for each resident will be reviewed as per residents' choice. If a resident chooses not to participate in a goal, this is the president's choice.

A mini fridge will be stored in the bedroom for a resident. This will ensure free access to fluids at night as required.

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 15(1)	The registered provider shall ensure that the number, 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.	Not Compliant	Orange	15/05/2023
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.	Not Compliant	Orange	15/05/2023
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and	Substantially Compliant	Yellow	14/04/2023

	safety of care and support in the designated centre and that such care and support is in accordance with standards.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	15/05/2023
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.	Substantially Compliant	Yellow	21/04/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	16/03/2023
Regulation 07(3)	The registered	Substantially	Yellow	28/04/2023

	provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Compliant		
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Orange	14/04/2023
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	14/04/2023
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Not Compliant	Orange	14/04/2023

	age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.			