



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

Issued by the Chief Inspector

Name of designated centre:	No.5 Brooklime
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	30 September 2021
Centre ID:	OSV-0005149
Fieldwork ID:	MON-0030374

About the designated centre

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

No 5. Brooklime is located close to a town on the outskirts of Cork city where residents can avail of facilities and amenities in the locality or in the city. The centre provides full residential care for a maximum of five adults with varying degrees of intellectual disability including those with autism and behaviours that challenge. The centre is set on an ample site and comprised of a detached bungalow with a garden area at the front and a secure area at the rear of the house. The centre has two separate areas within the bungalow. There is a self-contained apartment style area on one side of the house which supports one resident. This area has a bedroom, bathroom, sitting room and kitchenette. The rest of the house is comprised of a sitting room, kitchen and dining area, single bedrooms with one en-suite, a shared bathroom, staff office and living room. Residents are supported by a staff team comprising of social care workers and care assistants by day and night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 30 September 2021	09:30hrs to 17:20hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

On the day of the inspection the inspector had the opportunity to meet three of the residents. The inspector was introduced to the residents at times during the day that fitted in with their daily routine while adhering to public health guidelines and wearing personal protective equipment (PPE). The inspector did not directly engage with the fourth resident but was able to observe this resident as they interacted with staff.

On arrival one resident waved a greeting to the inspector through the sitting room window. Another resident greeted the inspector with an elbow tap and the third resident held the inspector's arm as the inspector spoke with them. While the house was busy with lots of activity when the inspector arrived, there was a positive atmosphere. The staff explained that three of the residents were moving out of the house within two weeks of this inspection. Staff spoke of the positive benefits for the residents with the planned move. The inspector was informed that familiar staff would be moving with these residents to support them in their new home. However, there was no evidence in the transition plans reviewed by the inspector that reflected consultation with the resident or their representatives in relation to the proposed move. In addition, there was very little individualised reference to the resident for whom the plans had been developed for. Two of the residents were deaf and all three residents were supported to communicate with either picture exchange communication systems or sign language. The person in charge outlined that residents could become confused or upset if information such as a new home was given to the residents too far in advance. Staff explained to the inspector that residents would be involved in personalising their new home such as picking out paint colours and bringing their personal possessions to the new house. However, details of the provision of information on the supports and services available for the new living arrangements were not reflected in the transition plans at the time of the inspection.

One of the residents was supported by their dedicated day service staff to go out for a drive during the morning to a local nearby town where they enjoyed a walk. The resident was supported to have a hot drink on their return and was observed to be given choice of what they wanted to eat for their lunch a short while later. The resident was also supported to rest during the day in their bedroom as per their preference. The house was less busy during this time as the other residents had left to attend scheduled appointments. The resident also came into the office many times where the inspector was located to observe the activity during the day. Staff explained that the resident liked to watch them complete office based tasks at times.

Another resident was observed to engage in a painting activity during the morning. The inspector observed this resident to be very content on their own without staff support at the time in a room that activities such as puzzles and games could also be enjoyed by residents without impacting on the communal space of others. The

resident was sitting in front of a large window which was looking out onto the back garden area. There were ample paint supplies and the resident had already completed three pictures which were drying on a nearby table. Staff outlined how the resident had only started engaging in painting activities while in the house during the pandemic restrictions. Prior to this they had completed such activities in their day service. The staff had assisted the resident to select paint colours and they spoke of how the resident's painting skills have evolved selecting correct colours to represent items such as grass and sky areas on their pictures. There was a large amount of completed paintings in the room which the resident likes to keep for a period of time before they decide to remove them. Later in the morning the inspector observed staff using sign language and gestures in conjunction with using spoken words to inform the resident that it was time to get ready to go for a spin on the bus. The resident and another peer enjoyed lunch while out and returned later in the afternoon before the inspector left the designated centre. The resident was observed to returned to their preferred seat in the sitting room from where they could observe the activities of the house prior to having their evening meal.

The inspector was informed by staff about a planned appointment later in the morning for one of the residents with their general practitioner to review an ongoing medical issue. This resident was observed to try to remove the face masks from a number of staff during the day. Staff explained that the resident had initially tolerated the PPE very well at the beginning of the pandemic restrictions, including wearing masks themselves. However, staff had noticed that in recent months the resident appeared to have become less tolerant of PPE on staff and did not wish to wear a mask themselves. The inspector observed this action a number of times during the day, each time the resident was respectfully supported to stop the action before they made contact with the mask. This resident had enjoyed water sports activities prior to the pandemic restrictions, however, they had not yet re-commenced this activity at the time of the inspection. This was one of the resident's personal goals. While the annual review outlined how staff had supported the resident to part take in outdoor activities such as walks along the shorelines of beaches and playing soccer on the sand during the pandemic, the adjustment of the goal and progress was not clearly documented in the resident's personal notes. Staff did explain actions taken by them during the pandemic restrictions to ensure the resident maintained their social skills regarding eating out in restaurants. Prior to the pandemic restrictions, the staff team had assisted the resident to make great progress in this area. During the public health restrictions, the resident was supported to participate in picnics and takeaway lunches in public areas and as restrictions eased was supported to enjoy meals in outdoor settings such as on the day of the inspection.

One resident was being supported to live in a self-contained apartment style dwelling located on one side of the house. The resident had their own transport available and a secure garden area at the front of the house. Due to ongoing challenges experienced by the staff team to provide support to meet the complex assessed needs of the resident, the provider had facilitated a bespoke team support for this resident. This team consisted of familiar staff from the designated centre, a social care leader, a behavioural support therapist exclusively dedicated to the resident for a six month period, day service staff with additional support from the

multi-disciplinary team (MDT). The inspector spoke with a few members of this staff team during the day. The programme was only in the early stages of development. The staff resources had commenced only a few days before the inspection. However, the team were observed to support the individual and responded to requests made by the resident throughout the day. For example, the inspector observed the resident in their garden area as they held an item of clothing in their hands and indicated to staff that they required assistance to get a tag removed. The staff member responded immediately by cutting the item off and checked with the resident was there anything else the resident required and the resident returned to their apartment. The resident was also supported to go with familiar staff to a scheduled appointment with their general practitioner, as they required a re-occurring medical issue to be reviewed. On return, staff were observed by the inspector to check the area around the transport vehicle before the resident got off the bus. This was in line with the resident's behavioural support plan. The team outlined how they planned to support the resident to increase their involvement in completing personal skills and activities of daily living, making personal choices and decision making regarding daily activities. In addition, improving opportunities for the resident to participate in community activities and reducing restrictive practices currently being used to support the resident to maintain their personal safety. The inspector was also able to observe the resident engage in table top activities with support of the staff team in the apartment in the afternoon.

Residents were supported to maintain contact with family representatives and friends during the pandemic restrictions. Some residents had been supported to recommence visits to their family homes with the easing of public health restrictions. The inspector also reviewed compliments made by some family members regarding the ongoing care and support provided to their relatives. The inspector was unable to review all incidents that occurred in the designated centre as the documentation was not located in the designated centre at the time of the inspection. However, the person in charge had a number of recent incidents that had not yet been processed. On review of these the inspector noted that incidents had occurred on 11 and 13 of September 2021 that indicated an impact on peer residents; disturbing sleep and causing distress. These adverse incidents had not been reported to the Chief Inspector at the time of the inspection. While the designated centre was in the process of change and transition at the time of this inspection, the staff team outlined how the planned new services provided to all of the residents would have a positive outcome for them. In addition, the inspector was informed that the active safeguarding plans for three residents would be reviewed when they moved to their new house and independent advocacy services had outlined their satisfaction to the proposed move in letters to the residents in September 2021.

During the inspection the inspector observed staff interpreting the residents needs and supporting the residents in a very respectful manner. All interactions between the residents and staff were noted to be positive and residents seemed happy with the support provided to them. The next two sections of this report will 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 provided.

Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for the residents. There was evidence that the service provided was adapting to the specific needs of individual residents. However, at the time of the inspection not all staff had completed refresher training in managing behaviours that challenge and not all adverse incidents had been reported as required by the regulations to the Health Information and Quality Authority (HIQA).

On arrival to the designated centre, the inspector was informed that a compulsory purchase order had been activated by the local county council and the provider would be vacating the house within the next two years. As already mentioned three of the current residents were due to relocate to a newly registered designated centre in the weeks after this inspection. The inspector was informed that the bespoke staff team in place would continue to support one resident in their apartment in this designated centre until a suitable alternative was identified so that there would be minimal disruption for the resident. The inspector was informed that the provider was actively seeking a property that would best suit the complex needs of this resident.

The person in charge worked full time and had remit over four other designated centres. They were supported in their role by a social care leader in the designated centre. The social care leader did have protected time to carry out administrative duties such as staff rosters and supervision of the staff team while also working on the frontline. However, the assessed needs of one resident did have an ongoing impact on the service provided to the other three residents since the last inspection in March 2020. This had been identified by the staff and multi disciplinary team, a revised staff support team was in place at the time of this inspection. The provider had allocated another social care leader and dedicated team to support the resident with complex needs. This change allowed the other three residents to be supported by their own social care leader and staff team. This was evident on the day of the inspection and viewed by all staff as a positive outcome for all of the residents.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed and they held the necessary skills and qualifications to carry out the role.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place. Additional staff were providing support appropriate to the assessed needs of one of the residents at the time of the inspection in advance of planned changes to the designated centre. The provider had ensured that familiar staff were identified to provide consistent support during a period of change for the residents.

Judgment: Compliant

Regulation 16: Training and staff development

A schedule of training for 2021 was in place and staff were scheduled to attend training in the months following the inspection. However, at the time of the inspection not all staff training records were up-to-date. In addition, of the records reviewed; 58% required refresher training in managing behaviours that challenge, 17% in safeguarding and 33% in medication management which was deemed an essential training for staff supporting residents in this designated centre

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had not ensured that a directory of residents had been maintained in the designated centre. The directory had not been updated since November 2019 and did not contain details of time residents spent at home over night with family representatives since then.

Judgment: Not compliant

Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in the designated centre with the social care leader responding to issues, completing audit schedules and regular staff meetings to govern the centre with the provision of person centred and safe service to the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. A further review would be completed following the transition of three residents to a new designated centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not ensured that the Chief Inspector was notified in writing of all adverse incidents as required by the regulations and the incident log for some residents was not available for review at the time of the inspection.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre and the staff team had received a number of compliments regarding the care and support provided to the residents. Staff had supported residents to make complaints with actions taken to resolve the issues to the satisfaction of the complainant. However, two complaints made on behalf of a resident regarding the actions of another resident on 26 August and 11 September 2021 had not been reported as adverse incidents, this was actioned under regulation 31- Notifications.

Judgment: Compliant

Quality and safety

Overall, the residents well-being and welfare was maintained with a person-centred service where the residents individuality was respected. The provider and staff had adapted the environment and the supports provided as required and ensured ongoing supports were in place and regularly reviewed to assist the residents to

engage in meaningful activities.

The inspector was informed how the provider had responded to the changing needs of one resident. The resident required ongoing input from the MDT and the environment had been subject to regular review as behaviours that challenge presented or changed. For example, the provider had created a secure garden area to the front of the house since the previous inspection. This facilitated the other three residents to access their front door without risk of adverse interactions with the other resident. At the time of the inspection, the resident was unable to tolerate free access to their kitchen due to the presentation of behaviours that challenge. The behaviour support therapist outlined the plans agreed with the staff team to support the resident to regain and further develop their personal skills. The inspector was informed that all members of the MDT including the frontline staff members had met for three days to inform and develop a personalised plan for the resident, the week prior to the inspection. All staff spoken to on the day of the inspection outlined the benefits and positive outcome from this event. They were confident that the bespoke service would support the individual needs of the resident. The newly appointed social care leader to the team outlined to the inspector how unfamiliar staff were observing and shadowing staff members with whom the resident was familiar with in the initial stages. In addition, the day services manager spoke of how the day service staff were supporting the resident in their apartment at present but there was a dedicated space for the resident to use in the day services building when the resident was ready to go there. The flexible approach of this MDT was evident of a person centred approach, with progression of goals and positive behaviour support being considered with the dedicated resources available.

This also had an evident positive impact for the other three residents. Their staff team were able to dedicate their time completely to these residents. The inspector was informed the staff team had delayed the review of personal plans until the residents moved to their new home and outlined how goals would be re-adjusted and reviewed. It was evident that staff who were identified as key workers for residents were very familiar with the assessed needs of residents. However, not all documentation had been reviewed or updated when changes had occurred. For example, an activity schedule for one resident on display in the sitting room was not reflective of the activity schedule in place for the resident and an information document titled " Key things about me" did not reflect changes to their weekly routine. This resident was also actively supported by the behaviour support team to address specific changes to some of their behaviours in recent months. The resident's family representatives had also raised concerns and at the time of the inspection, staff were recording the incidents of behaviour of concern. The inspector was informed that the information gathered would be used to guide a revised behaviour support plan going forward and the transition to a new house in conjunction with the planned return of a regular routine to day services for the resident would assist in reducing/eliminating the behaviour of concern. In addition, there was evidence that the staff team had adjusted some goals for residents to reflect the pandemic restrictions. These included continuing with activities in the local tidy town group and supporting a resident to participate in weekly shopping while adhering to public health guidelines. A resident was also supported to use

video calls to maintain regular contact with a peer in another designated centre during periods when they could not meet their friend in person. However, the progress of goals was not always documented and some residents goals were centred around areas such as best possible health with no goals reflecting areas of interest to the resident.

There were some issues observed by the inspector regarding the premises during the inspection. While there were issues relating to shared bathrooms, worn areas on flooring in the hallway and internal painting in the main house, this area would no longer be occupied by residents once the successful transition had taken place of three of the residents. There were other issues identified in the apartment which will remain the home for one resident. There was evidence of dampness in the bathroom and outside in the secure garden space the area around a drains cover had sunken, resulting in an uneven surface which posed a risk to the resident of tripping or falling.

The staff team had effectively supported one resident who had contracted COVID19 since the last inspection. Safe and effective practices prevented the other residents and staff from contracting the virus. During the inspection staff were observed to practice appropriate hand hygiene, complete temperature checks and wear PPE as required. There was a COVID lead worker identified in the designated centre and monthly checklists completed to ensure ongoing infection control practices were adhered to. The most recent audit completed on 26 of September 2021 identified actions which included checking the use by date on PPE and enhancing cleaning of surfaces. The inspector also reviewed a self-assessment in preparedness that had been completed in July 2021. However, damaged surfaces on flooring and peeling paint on presses impacted on the ability of staff to effectively clean surfaces. This was particularly relevant where the staff were required to clean floor surfaces when they were contaminated by bodily fluids.

The social care leader had ensured that regular fire safety checks had been carried out in the designated centre which included regular fire drills. The drills completed included a minimal staffing drill and learning from these drills was shared with staff. While checking the closure of the internal doors in the designated centre, the inspector found two doors did not close effectively. The fire doors had been checked with no issues reported just four days prior to the inspection. The previous four weeks had also reported no issues with the closure of any doors when checked. The inspector spoke with the social care leader after the inspection to establish the procedure followed as they had completed the recent checks. They outlined how they completed the weekly checks which included closing each door. The facilities staff that came to designated centre on the day of the inspection outlined to the inspector that due to the high level of forceful closure of some doors the self-closing mechanism can become mis-aligned. The issue was resolved before the inspector left the designated centre with all doors checked by the facilities staff ensuring there were no issues with any other doors in the designated centre. The inspector was informed that fire safety equipment had been removed from one transport vehicle due to behaviours that challenge. While staff outlined actions taken to conceal the equipment on the transport to date, the risk of this equipment not being on the transport had not been risk assessed. Also, a fire risk assessment of the centre

indicated there was oxygen on the premises but the inspector was informed this was incorrect.

Regulation 10: Communication

The registered provider had ensured that residents were supported to communicate in accordance with their needs and wishes, which included using augmentative communication methods such as social stories, electronic communication applications and sign language.

Judgment: Compliant

Regulation 11: Visits

The provider had ensured that residents were supported to maintain contact with family representatives and friends in addition, to facilitating visits as per residents wishes to their family home.

Judgment: Compliant

Regulation 17: Premises

The provider had facilitated changes to the designated centre to support the assessed needs of the residents. However, not all areas of the premises had been kept in a good state of repair.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had not ensured residents received individualised support and appropriate information for their proposed new living arrangement. During the inspection staff outlined progress made and planned progression but this information was not reflected in the draft transition plans reviewed by the inspector.

Judgment: Not compliant

Regulation 26: Risk management procedures

Measures for the assessment, management and ongoing review of risk were in place in the designated centre. However, not all centre specific risks had been identified. This included the removal of fire safety equipment from one of the transport vehicles due to behaviours of concern from a resident and the risk associated to residents and staff regarding the management of bodily fluids in the designated centre.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had ensured that the residents who may be at risk of a healthcare infection (including COVID-19), were protected by adopting procedures consistent with those set out by guidance issued by the Health Protection and Surveillance Centre. However, damaged surfaces to floors and storage presses impacted the effective cleaning of these areas.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured that effective fire safety management systems were in place in the designated centre, including fire alarms, emergency lighting and personal emergency evacuation plans for the residents that were subject to regular review. Staff had conducted fire safety checks as per the provider's procedures. However, at the time of the inspection, two fire doors were found to not close as required. Actions taken on the day of the inspection ensured all fire doors were closing effectively before the inspector left the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment by an appropriate health care professional of the health, personal and social care needs of each resident was carried out. While personal plans were subject to regular review, some documents had not been reviewed within the last 12 months, did not reflect the current provision of support for residents and personal goals for residents required further development.

Judgment: Substantially compliant

Regulation 6: Health care

Each resident had a health care plan and were facilitated to attend a range of allied healthcare professionals, including phone reviews by consultant specialists during the pandemic. However, not all residents had been supported to attend follow up appointments as outlined in their health care plans. For example, reviews had not taken place with ophthalmology and chiropody specialists as outlined in healthcare plans for residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that effective measures were in place to support residents in the area of behaviours of concern with ongoing support and input from the MDT. The three residents moving to a new designated centre will have less restrictions in place and the restrictive practices in this designated centre will be further reviewed and reduced where possible for the remaining resident.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure residents were protected from harm which included plans for personal and intimate care. Staff actively responded to residents changing needs to maintain their safety. Safeguarding plans for three residents will be closed once they move to a new designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had been impacted by the actions of a peer resulting in disturbed sleep or an increase in anxiety levels. However, the planned transition of three residents to a new designated centre will further enhance the personal living space and privacy and dignity of all residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for No.5 Brooklime OSV-0005149

Inspection ID: MON-0030374

Date of inspection: 30/09/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Person in Charge will ensure that staff have access to all appropriate training, including refresher training</p> <p>All existing staff are now fully up to date with Medication Management, MAPA and Safeguarding Training [22/10/2021] The Person in Charge has ensured that Medication Management training for six new staff has been scheduled by the Training Department 25/10/2021. This training will be scheduled for January 2022. In the interim the PIC will ensure that a trained member of staff will be on duty at all times. [28/10/2021]</p> <p>The Training Matrix is in place and up to date with current information [22/10/21]</p>	
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Directory of Residents has been updated and includes a record of night's away log recording home visits as well as other nights away. Responsibility to document all absences in the Directory of Residents as well as the Personal Plans have been discussed with and acknowledged with the staff team. [13/10/2021]</p>	

Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The Provider will ensure that the incident log is available in the Centre at all times. The Person in Charge will ensure that all 3 day notifiable events are submitted to the Authority within 3 working days of all adverse incidents occurring within the Centre. The Person in Charge will screen closely all accident/incident reports in the Centre. Where an adverse incident requires further screening the PIC will immediately contact the Designated Officer. A full review of the reporting procedure was held with staff on the 13/10/2021. All staff have completed HSELand training on Safeguarding of Vulnerable Adults since the inspection.</p> <p>On this occasion a retrospective NF06 was made by the PIC on the 1/10/2021 as a result of complaints. .</p> <p>The Provider has ensured that this safeguarding risk will no longer be present from 3/11/2021. In the meantime an interim safeguarding plan is in place.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider has ensured that a maintenance plan has been developed with the Facilities Department which includes the damp area in the apartment, floorcoverings where required and fixing uneven surfaces and the manhole cover in the front garden.</p> <p>Work will commence on the 12/11/2021 to be completed by the 19/11/2021. Staff supervision is ensuring the management of the risk until all works are completed.</p>	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:</p> <p>The Provider has ensured that the Directory of Residents has been updated and includes a record of all nights away from the Centre by residents.</p> <p>Transition Plans for the three residents due to transfer from the Centre, in draft format at time of inspection, have been reviewed and updated to ensure that they are individualised and updated each week as the transitions were implemented.</p>	

Residents and their families have provided with information on the supports and services available in the new Centre and have been consulted in relation to the transition plans. Transition will be completed by the 3/11/2021.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
 The Risk register has been updated to ensure that the specific risks are identified for the residents in the main house and the resident in the apartment.

All relevant risks are reviewed and in place on the risk register. 13/10/2021

The Risk Assessment for the removal of fire safety equipment from the transport for the resident in the apartment is now present on the risk register. 13/10/21

The Risk Assessment for management of bodily fluids had been compiled since March 2021 under the heading of infection control and was reviewed with the staff team on the 13/10/2021

The Risk Register presented on the date of inspection was not the most updated one. The Provider will ensure that procedures for ensuring the updated risk registers are present in the Centre are improved.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 The Provider will ensure that all staff are issued with ongoing updated guidance on Infection Control procedures to ensure core infection control procedures are maintained in the Centre.

The Provider has ensured that a maintenance request has been submitted to the Facilities Department to repair damaged surfaces to floors and storage presses that could impact the effective cleaning of these areas. Three residents are to relocate on 3 November 2021 and this area will not be required by other residents until it is repaired further reducing the risk of infection. [February 2022]

Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>The Person in Charge has ensured that a full review of Personal Plans is currently taking place to ensure all documentation is updated where necessary.</p> <p>A workshop on ensuring enhanced quality Person centred Plans has been scheduled to support staff skill sets in developing, and monitoring goal progression for all residents. All updated plans will be complete and in place for residents by the 30/11/2021.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>The Person in Charge has ensured that access to allied health professionals is being pursued in line with COVID19 restrictions for all residents.</p> <p>Chiropody service/appointments which occurred in-house are currently deferred under Public Health guidelines are being regularly checked for service resumption dates, estimated for full resumption no later than February 2022. Community based appointments are not appropriate for two residents. A community based appointment for another resident will be arranged by 20/11/21.</p> <p>Ophthalmologist appointments occurred for residents in October 2020 and a follow up appointment was recommended for end of summer 2021. All appointments took place on October 21st 2021.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The PIC and SCL will complete HIQA training on Rights Based Approach by 20/11/2021. The learning from this will be shared with the Team.</p>	

All residents' Transition Plans and Personal Plans are being reviewed presently to ensure that the resident's rights/will and preference is evidenced. This will be completed by 30/11/21.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2022
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.	Substantially Compliant	Yellow	19/11/2021
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Not Compliant	Yellow	13/10/2021
Regulation 25(3)(a)	The person in charge shall	Not Compliant	Orange	03/11/2021

	ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.			
Regulation 25(3)(b)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:where appropriate, the provision of training in the life-skills required for the new living arrangement.	Substantially Compliant	Yellow	03/11/2021
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.	Substantially Compliant	Yellow	13/10/2021
Regulation 26(3)	The registered provider shall ensure that all vehicles used to transport residents, where these are provided	Substantially Compliant	Yellow	13/10/2021

	by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.			
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	20/11/2021
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	01/10/2021
Regulation 05(6)(d)	The person in charge shall ensure that the	Substantially Compliant	Yellow	30/11/2021

	personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement with the Executive.	Substantially Compliant	Yellow	28/02/2022
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	30/11/2021