



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

## Issued by the Chief Inspector

Name of designated centre:	Curraghboy and West Waterford
Name of provider:	Health Service Executive
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	21 February 2024
Centre ID:	OSV-0005773
Fieldwork ID:	MON-0040570

## About the designated centre

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

Curraghboy and West Waterford consists of four detached houses located a short distance away from a town. Each house can provide full-time residential support for four residents so in total the centre can support a maximum of 16 residents of both genders over the age of 18 with intellectual disability and/or autism. Each resident has their own bedroom and other rooms in the four houses include kitchens, living rooms, utility rooms and bathrooms. Residents are supported by the person in charge, a clinical nurse manager, staff nurses, social care workers and care assistants.

**The following information outlines some additional data on this centre.**

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 21 February 2024	08:50hrs to 19:15hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

During this inspection two houses were visited. While both houses were well presented for the most part, storage was an issue in one. Each resident living in these house had their own bedrooms. Positive feedback was generally received from residents spoken with during this inspection. However, one resident informed the inspector that they did not like living in their current home.

This designated centre was made up of four separate houses located within a short driving distance of one another. Each house had a capacity for four residents giving the centre a maximum capacity of 16 residents. On the day of this inspection 14 residents were living in the four houses with the inspector visiting two of these houses. Four residents were living in one of the houses visited and two were living in the other at the time of inspection. While in the houses the inspector had an opportunity to review relevant documentation, observe interactions and practices in the houses and to speak with staff and some residents.

In the first house visited, the inspector met all four residents living there. Some of these engaged differently with the inspector who only briefly spoke with one resident. This resident indicated that they were doing well. For the other three residents, the inspector had more opportunities to get their views on what it was like to live in the house. One of these residents greeted the inspector warmly and went onto to ask the inspector questions about his family. This resident then spoke of their own family and where they were from. When asked about living in this house, the resident responded that they loved living there, something that they repeated to the inspector throughout his time in this house.

Another resident was met as they sat in the house's living room watching television. The inspector asked what the resident was watching and they responded by saying they were watching Netflix. Aside from watching television, the inspector asked the resident what they liked to do with their time with the resident going on to talk about doing their own shopping including getting a can of Pepsi from one particular shop. They also talked about going to a shopping centre on the outskirts of Cork City (which they said that they did often) and of an upcoming holiday to Killarney. The resident said that staff were coming with them on this holiday.

Very positive comments were made by this resident about the staff support they received generally within the house. The inspector then asked the resident about what it was like to live in the house on a day-to-day basis. It was indicated by the resident that they had lived in this house for four years and got on well with the other residents living there. Despite this, the resident informed the inspector that they did not like living in this house and that they never wanted to come to this house having lived in another designated centre immediately before their move. It was indicated to the inspector that this resident was involved with, and consulted with independent advocates around this matter.

While this resident and some of their peers in this house communicated verbally, one of the residents living there did not. This resident had particular communication needs which staff present in the house were aware of and were also seen to use particular hand gestures when communicating with the resident. At one point a staff member was observed showing this resident a 'Nice to meet you' document which had been provided by the inspector to explain who the inspector was and why he was in their home. It was seen that the resident appeared to take interest in this document and made sure to put on their glasses before reading it.

Given their particular communication needs, the inspector queried as to what would be the best means to engage with the resident about their life in this house. It was suggested by the person in charge that the inspector could ask the resident questions and that they would respond by writing down their answers on a piece of paper. As such with the assistance of a staff member, who provided the resident with the 'Nice to meet you' document again, a blank piece of paper and a biro, the inspector did this. In response to the inspector's queries, the resident indicated that they liked their home and the local area.

The resident also wrote down about making video calls to their parents three times a week and going for drives in the locality. It was indicated by the resident during this interaction that they liked to look to future. The inspector then asked the resident if there was anything else that they wanted to tell or show the inspector. The resident indicated that there was not and was then seen to make a hand gesture which the staff member indicated was the resident asking about their dinner. The staff member informed to the resident that their dinner would be soon. Not long after this the resident and a peer left the house with staff to go out for their dinner.

Aside from this outing, while the inspector was in this house it was seen that another resident went for drive and also attended a swimming pool later. Some residents spent time in communal areas watching television or interacting with staff on duty. During such times staff were overheard to engage very pleasantly, respectfully and jovially with residents who seemed comfortable in the presence of staff. One of the residents received a visit from a relative in the afternoon with this visit lasting much of the afternoon. The resident received their visitor in their bedroom even though it was indicated to the inspector that they could use other rooms for this if they wanted.

During this time, the inspector spoke briefly with the relative who was visiting this resident. The relative indicated that they visited this house every two weeks and tended to stay for hours each time that they did so. When asked by the inspector how the resident was getting on in this house, the relative indicated that the resident was happy there and found it much more of a home compared to a previous designated centre where they had lived. The relative did inform the inspector though that the resident was not allowed to telephone their relatives and the resident had not called them for three weeks. It was indicated by the relative that they were unsure as to why this was the case. This will be discussed further elsewhere in this report.

It was observed that a telephone was present in the house and in general the house was seen to be clean and well-furnished with each resident having their own individual bedrooms. While large parts of this house were well maintained, some flooring did appear worn in places, the kitchen required painting, a handle was missing from one kitchen press and some skirting board was missing from the utility room. It was also particularly noticeable that this house had limited storage space available. This contributed to medication storage being in the house's lounge while the living room had a desk and a large printer present. Such features detracted from the generally homely feel of the house. Further storage issues were evident in the house's utility room. This was seen to be cluttered when viewed by the inspector. A similar observation had been made during an audit by a member of the centre's management in October 2023.

A designated fire exit was in this utility room but when first seen by the inspector, this exit was obstructed somewhat by a brush, a vacuum and a laundry bin being placed in front of the door. While other fire exits in the house were seen to be obstructed, this was highlighted to the person in charge who addressed this immediately. While in the utility room the inspector also observed that some archived files relating to residents were stored in boxes on top of some presses. This did not promote confidentiality or privacy of residents' personal information nor did an unlocked press in the lounge that contained files relating to residents' prescribed medicines. Other than such premises observations, the inspector noted that two ceiling lights, one in the upstairs landing and one in the entrance hall, were missing light bulbs. It was unclear why this was the case or for how long they had been missing. Staff spoken with seemed unaware that these bulbs were missing.

Some expired hand sanitiser products were present in this house while a number of contents in a first aid kit viewed had expired during 2022. When the inspector went to the second house visited during this inspection, he also observed a bottle of hand sanitiser that had expired while the expiry date of some gowns, a form of personal protective equipment (PPE), needed to be confirmed. It was seen though that other PPE in this house such as gloves and facemasks were in date as were the contents of another first aid kit checked by the inspector. When the inspector highlighted the expired bottle of hand sanitiser in this house to the person in charge, it was noted that this was disposed of before the end of the inspection.

The second house had a more modern feel and design compared to the first house visited. This second house had a first floor but only the ground floor was part of the designated centre. Overall, this house was presented in a clean, homely, well-furnished and well-maintained manner. It was seen though that some floors were noticeably marked while a toilet seen in a bathroom used by staff required replacing. This house had various communal areas including a sun room, a dining room and a living room while there was also one room that used for one resident to do art in. While this house had four resident bedrooms only two residents were living in this house at the time of this inspection. Both of these residents' bedrooms were seen and were observed to be nicely furnished and personalised. For example, one bedroom had a guitar shaped clock present. In a hall area the inspector also observed a large canvas style photo of the two residents sitting beside a sea front.

Both of these residents were briefly met by the inspector during this inspection as they were in the sun room. Each resident was engaged in some table top activities at the time and when the inspector greeted these residents, one of them became quiet vocal. This resident's vocalisations ceased shortly after the inspector left the room and it was indicated to the inspector that the resident could present like this when someone unfamiliar was in their home. It was also highlighted that this resident vocalised less frequently than they had in a previous designated centre where they lived and that their vocalisations did not impact the other resident. The two residents were supported to have a meal by staff present who were pleasant and warm towards the residents. After this the residents left the house with staff via car to get a hot chocolate in a nearby town. As the inspector was finishing the inspection both residents had just returned but were not met again.

In summary, resident feedback received was generally positive although one resident spoken with did indicate that they did not like living in their current home. Staff members on duty in both houses visited supported residents in an appropriate manner. The two houses were generally well-presented but storage was limited in one house which did detract from the homely feel. On the day of inspection most residents were seen to leave their homes to go swimming, to go for dinner or to get a hot chocolate.

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

## Capacity and capability

Appropriate staffing arrangements were provided. Staff spoken with demonstrated a good understanding of residents' needs. Some regulatory actions were identified during this inspection including relating to the statement of purpose and the timing of a provider unannounced visit.

This designated centre was registered until September 2024 and had last been inspected by the Chief Inspector of Social Services in October 2021. Given the length of time since the previous inspection, the current inspection was conducted with a particular focus on two of the four houses that made up this centre in order to assess compliance with the regulations in more recent times. Under these regulations the provider is required to conduct annual reviews of the centre and unannounced visits to the centre at six monthly intervals. These are important to monitor the services provided in a centre and for the most part it was seen that the provider had met their regulatory responsibilities in these areas since October 2021.

For example, two annual reviews had been conducted since then, which were reflected in written reports that assessed the centre against relevant national standards while also providing for resident and family feedback. Provider



unannounced visits were also generally conducted as required with reports of such visits available for review. It was noted though that the most recent unannounced visit for this centre conducted by a representative of the provider in December 2023 was the first such visit in over seven months. In addition, the December 2023 visit report appeared to focus primarily on paperwork. Aside from these regulatory requirements, the houses of this centre were being monitored on a systematic basis by audits in specific areas such as medicines and finances. Staff team meetings were also taking place with notes of these reviewed in one house visited indicating that various issues were recorded as being discussed.

Staffing for both houses visited were reviewed as part of this inspection and it was found that appropriate staffing arrangements were in place to support residents. While it was indicated that some agency staff (staff sourced from an agency external to the provider) had worked in these houses, overall it was indicated that there was a good continuity of staff support provided. This is important in order to ensure consistent care. Staff members spoken with during this inspection demonstrated a good awareness of the needs of the residents that they were supporting. Records provided indicated that the majority of staff working in the centre had completed training in relevant areas but there was some gaps in areas such as food safety and fire safety.

The staffing arrangements for this centre were outlined in the centre's statement of purpose. This is an important governance document which sets out the services to be provided and which also forms the basis for a condition of registration. Under the regulations, the statement of purpose must also contain specific information. This includes a description of and sizes of the rooms in the centre. While the statement of purpose for this centre had been recently reviewed, it noted that the description and sizes of some rooms as stated for one house did not reflect the actual layout of the house. For example, the details in the statement of purpose suggested that there two store rooms in the house but in reality there was only one.

Given that the provider was soon due to submit an application to renew the registration of the centre beyond September 2024, the inspector advised the person in charge to ensure that accurate floor plans for all four houses would be submitted with this application. Renewal of registration can only be granted if the provider is in compliance with the regulations. Overall, this inspection found evidence of good supports being provided but a number regulatory actions were identified which will be discussed further elsewhere in this report. It was acknowledged that some actions identified did not pose a high risk to the residents living in the two houses visited during this inspection. However, the number of actions identified did indicate that the monitoring systems in operation did need some improvement to ensure that all relevant matters were identified and addressed in a timely manner.

## Regulation 15: Staffing

Appropriate staffing arrangements were in place to meet the needs of residents in

the two houses visited. Staff rosters were being maintained. Staff files were not reviewed during this inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

The majority of staff had completed relevant training but there were some gaps in areas such as fire safety, food safety and manual handling.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Provider unannounced visits to a centre should be conducted every six months. Despite this, there had been a gap of over seven months between the two most recent provider unannounced visits for the centre. Given the number of regulatory actions identified during this inspection, this indicated that the monitoring systems in operation needed some improvement to ensure that all relevant matters were identified and addressed in a timely manner.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

While the statement of purpose had been recently reviewed, it was noted that the description and sizes of some rooms in one house were not accurately stated. These included;

- A room listed as a bedroom was actually a staff office
- The statement of purpose indicated that there were two store rooms but in reality there was only one.
- The one store room present and the utility room in the house were bigger than the statement of purpose indicated
- The area inside the front door in the house was smaller than the statement of purpose indicated while the statement of purpose did not show an internal door that was in the same area

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

Any restrictive practices in use in a designated centre must be notified to the Chief Inspector on a quarterly basis. While such notifications had been submitted since the previous inspection, it was observed in one house that some restrictions had not been notified. These included televisions encased behind screens and a locked hot press.

Judgment: Not compliant

## Regulation 34: Complaints procedure

The provider had systems in operation for the recording of any complaints made. In one house the inspector reviewed records of complaints made. Such records outlined the actions taken in response to complaints made and if the complainant was satisfied or not. In the same house a sign was seen on display around the complaints process. It was observed though that this listed an individual as being the complaints officer even though this person was not currently involved with the centre.

Judgment: Substantially compliant

## Quality and safety

There was evidence that arrangements were in effect to support the health, personal and social needs of residents. Some issues were noted relating to documentation for some residents. While restrictive practices were reviewed, some improvement was identified in this area.

Under the regulations residents should have personal plans in place which are intended to provide guidance for staff in meeting residents' health, personal and social needs. The inspector reviewed a sample of such plans in one house and noted that, in general, these plans contained guidance on supporting residents' needs in various areas. This included particular health conditions, the provision of personal intimate care and promoting positive behaviour. The contents of the personal plans reviewed had generally been reviewed recently but it was noted that one resident had not had a multidisciplinary annual review since November 2022. Residents though were supported to be involved in the personal planning process through person-centred planning which was used to identify goals for residents to achieve.

Examples of such goals included going to the cinema, having dinner out, attending GAA or soccer matches, playing foot golf and going to a festival. Records reviewed indicated that some goals were being progressed which was important in supporting residents' personal and social needs. However, for one resident, it was not consistently recorded in their personal plan how their goals were progressing. It was acknowledged though that there were other indications that these goals were actually being worked on and considered. For example, one of the goals with limited recorded evidence of progression was for the resident to go swimming and this resident did go swimming on the day of inspection. The inspector was also informed that progress with goals had been communicated to management by staff without recording this in the resident's personal plan.

Aside from this there were indications that the health needs of residents were largely being supported from the documents reviewed in one house. Such records included appointment logs which detailed that residents attended various health and social care professional such as speech and language therapists, dentists, opticians, psychiatrists, podiatrists and general practitioners. When reviewing one resident's appointment logs though it was indicated that the resident had an appointment with an occupational therapist (OT) in June 2021 and that there was to be a follow appointment 12 months after. Such an appointment did not take place based on records reviewed but it was indicated to the inspector that such an appointment was not needed. A dementia assessment document for the same resident from June 2023 was also found not be completed. The inspector was informed there were no dementia concerns for this resident at the time of inspection.

Other documentation reviewed during this inspection related to restrictive practices and rights infringements in place. Such documentation had been recently reviewed and indicated that residents had been consulted around such matters. The restrictions referenced in these documents included restrictive practices that had been notified to the Chief Inspector as required but they did not include some additional restrictions observed during this inspection. These included a locked hot press in one room and some televisions being encased behind screens. In addition, during the inspection it was observed by the inspector that the remote for a resident's television in their bedroom was left outside their bedroom on top of a press in the upstairs landing even when the resident was in their room watching television. It was suggested to the inspector that this was not a restriction on the resident as they were not able to use the remote and would need staff assistance to do so.

As mentioned earlier in this report, a relative of a resident informed the inspector that the resident was not allowed to telephone their relatives. Documentation relating to this resident referenced such a restriction being in place. This matter was queried and it was indicated that while this restriction was documented, it had not actually been used in this centre and that there was no restriction on the resident making or receiving any telephone calls. It was noted though that the rationale for the potential use of this restriction that was indicated verbally to the inspector was different to the rationale that was referenced in relevant documentation. This needed review to ensure that any potential use of this restriction was not done in an inappropriate manner or for unjustified reasons. In addition, it was highlighted that,

at the time of this inspection, the provider did not have an active rights review committee. Such a committee would be beneficial to ensure additional oversight of any restrictive practices or rights infringements that could impact residents.

One example of a rights infringement would be routinely checking residents while in their bedrooms without a clear rationale for same. In one of the houses visited, documentation reviewed indicated that one resident living there was to be discreetly looked at from their bedroom doorway by staff if the resident was resting or sleeping in their bedroom. While this was recognised as being an infringement on the resident's rights, the documentation reviewed did not clearly set out if this type of monitoring was to take place all day or just at night. When queried by the inspector, it was indicated that this was to occur at night-time only. It was also outlined that there was a feeling that the resident did not actually need such monitoring but that the resident did not want to give it up having been in receipt of similar monitoring in a previous designated centre where they lived. The inspector was informed that no other resident living in the same house was receiving any similar night-time checks by staff.

### Regulation 17: Premises

Storage space was limited in one house which detracted from the homely feel of the house. In the same house some flooring was worn in places, the kitchen required painting, a handle was missing from one kitchen press and some skirting board was missing from part of the utility. In the other house visited, some floors were noticeably marked while a toilet seen in a bathroom used by staff required replacing.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

This regulation was not assessed in full but when reviewing incident records provided it was noted that they did not always outline what immediate follow up action had been taken in response to some incidents. This could limit the ability to determine if such incidents were responded to appropriately from a risk perspective.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

This regulation was not reviewed in full but during the inspection some expired hand sanitiser products were seen while the contents of a first aid box had also expired.

The expiry date for some gowns needed to be confirmed.
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
Fire safety systems were in place in both houses including fire alarms, emergency lighting, fire doors and fire extinguishers. Fire drills were also being done regularly in both house with a low evacuation times recorded. In one house though it was noted that a fire drill to reflect a night time situation that involved all residents living there had not been conducted within the past 12 months. In the other house, while it was addressed immediately, a designated fire exit was seen to be obstructed at one point.
Judgment: Substantially compliant
<b>Regulation 5: Individual assessment and personal plan</b>
The tracking of goals for one resident in their personal plan was noted to be inconsistent. One resident had not received an annual multidisciplinary review since November 2022.
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
When reviewing the healthcare records of residents in one house, it was observed that one assessment for a resident had not been completed. An appointment log for the same resident suggested that they were to receive a follow-up appointment with an OT but it was not documented how this was followed up nor if the appointment was still needed.
Judgment: Substantially compliant
<b>Regulation 7: Positive behavioural support</b>
Documentation relating to restrictive practice did not consider some restrictions such as a locked hot press and televisions being encase behind screens. The provider did

not have an active rights review committee to ensure additional oversight of any restrictive practices or rights infringements that could impact residents. The rationale for the potential use of a restriction that was indicated verbally to the inspector was different to the rationale that was referenced in relevant documentation.

Judgment: Substantially compliant

### Regulation 8: Protection

No specific safeguarding concerns were identified during this inspection in the two houses although some additional information was requested following this inspection relating to a specific notified incident to provide further assurances. Where safeguarding incidents had been notified to the Chief Inspector it was seen that screenings of these had taken place with safeguarding plans put in place where necessary. In one house staff were seen to follow a safeguarding plan and records provided indicated that all staff had completed safeguarding training. Guidance on supporting residents with intimate personal care was contained within residents' personal plans.

Judgment: Compliant

### Regulation 9: Residents' rights

In one house some archived files relating to residents were stored in boxes on top of some presses in a utility room. This did not promote confidentiality or privacy of residents' personal information nor did an unlocked press in the house's lounge that contained files relating to residents' prescribed medicines. Documentation relating to monitoring of a resident while in their bedroom did not clearly set out when such monitoring was to take place.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Curraghboy and West Waterford OSV-0005773

Inspection ID: MON-0040570

Date of inspection: 21/02/2024

## 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>A Gap analysis was completed in January 2024 with the findings guiding the development of an extensive training schedule. Training schedule implementation commencing in February 2024 and is running throughout Q1 and Q 2. The training schedule will address gaps identified including Manual handling, Food safety and Fire safety by 30/06/2024.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>Provider unannounced visit schedule has been developed to ensure all future unannounced visits are completed at least every 6 months.</li> </ul> <p>From February 2024 a regulation audit tool completed by a member of the centre’s governance team has been introduced to ensure the timely identification of all issues which may impact regulatory compliance and this process will enable each issue to be addressed in a timely manner</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> <li>Statement of purpose has been updated with the reviewed and corrected drawings which have been prepared by a suitably qualified professional.</li> </ul>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> <li>Restrictive practice audit tool has been reviewed and updated to strengthen the process of identification of potential restrictive practices. The findings from the audit has enabled the review of each rights restriction to explore measures which can be taken to remove or reduce each rights restriction. In the event that a restrictive practice is present and has been identified as essential for the welfare and safety of a resident the rights restriction will be notified in line with regulatory requirements.</li> </ul>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> <li>The updated complaints poster replaced the previous version of the complaints poster on the evening of the inspection.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>A review of storage arrangements has been completed and additional storage will be sourced and in place before the 28/06/2024.</li> </ul> <p>The scheduled painting of the identified kitchen remains booked and will be completed before 28/06/2024. The</p>	

utility room flooring and skirting will be repaired before 28/06/2024.  
 The kitchen press door handle has been replaced.  
 toilet seat has been replaced.  
 marking on the hard wood floor was inspected by a suitable professional – the  
 indentation which resulted from moving furniture has been sealed.

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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 registered centre continues on a monthly basis to review each incident using the service’s National Incident Management system.

The Local Incident analysis log which is in place to facilitate enhanced recording of the analysis of each incident has been reviewed and measures have been taken to strengthen this process to maximise learning from each incident.

The incidents where a record of the immediate actions taken had not been recorded on the analysis log have been fully addressed.

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:

- All out of date stock has been discarded.

Scheduled review every 2 months of expiry dates of PPE stock, hand sanitisers and first aid box contents by a member of the governance team has been introduced.

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

- Fire evacuation night time drill completed on the night of the inspection for both residents who reside in the identified house.

Fire evacuation schedule has been put in place to ensure night time evacuation is completed

at least annually. The storage arrangements in the identified location have been reviewed and improved to ensure the fire exit which serves the utility room will remain unobstructed. Unannounced visits by members of the governance team will include a check of all evacuation routes.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- The inconsistency in the tracking of PCP goals for 1 resident has been addressed. The development and implementation of a monthly PCP goal audit tool will reduce the risk of reoccurrence. The overdue annual multi disciplinary meeting has been scheduled at a date and time which meets the wishes of the resident and ensures the input of the members of the resident’s MDT – action to be closed by 28/03/2024.

Regulation 6: Health care	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:

- The incomplete dementia screen which was commenced in error and was not clinically indicated or requested has been placed in the resident’s archive file. The resident’s appointment log which incorrectly indicated that a follow up Occupational Therapy review was required in twelve months has been addressed by recording that the follow up appointment was not requested or required.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:  
Restrictive practice audit tool has been reviewed and updated to strengthen the process of identification of potential restrictive practices. The findings from the audit will enable

the review of all potential rights restrictions to explore measures which can be used to remove or reduce each rights restriction. The rationale for the restrictive practice has been reviewed and updated with the input of the resident. The identified restrictions highlighted during inspection have been included for future quarterly returns. Recruitment of members to re-establish the Rights review committee are on-going, plan to reconvene committee by 31/05/2024.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
A review has been completed of the storage of all files including archive files. All issues identified have been addressed to ensure that all files which may contain private or sensitive material are stored in a manner that ensures that confidentiality and privacy is maintained.  
In discussion with the resident, the rights restriction documentation in relation to how they wish to be monitored while they are in their bedroom has been reviewed and updated to ensure clarity to staff on how to consistently support the resident as per their wish by day and night when they are in their room.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/06/2024
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	28/06/2024
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	28/06/2024
Regulation 17(7)	The registered provider shall	Substantially Compliant	Yellow	28/06/2024

	make provision for the matters set out in Schedule 6.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2024
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Substantially Compliant	Yellow	28/02/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	28/02/2024



	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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	28/03/2024
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	28/02/2024
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable,	Substantially Compliant	Yellow	28/02/2024

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	28/03/2024
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	10/04/2024
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a	Substantially Compliant	Yellow	28/02/2024

	prominent position in the designated centre.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	28/03/2024
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	28/03/2024
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	28/03/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical,	Substantially Compliant	Yellow	28/03/2024

	chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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.	Not Compliant	Orange	28/03/2024