



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

Issued by the Chief Inspector

Name of designated centre:	Donabate Respite 1
Name of provider:	St Michael's House
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	06 May 2022
Centre ID:	OSV-0007712
Fieldwork ID:	MON-0028276

## About the designated centre

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

Donabate Respite 1 is a designated centre operated by St. Michael's House and located in North County Dublin. It provides a respite service to up to 44 children with a disability. The designated centre is a purpose built bungalow which consists of a sitting room, a kitchen, a dining room, a sensory room, six individual bedrooms, a number of shared bathrooms, a utility room and an office. There is a secure garden to the rear of the centre which contained a trampoline for childrens' use. The centre is staffed by the person in charge, clinical nurse manager, staff nurses and direct support workers.

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

Number of residents on the date of inspection:	5
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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
Friday 6 May 2022	09:00hrs to 17:30hrs	Jennifer Deasy	Lead
Friday 6 May 2022	09:00hrs to 17:30hrs	Anna Doyle	Support

## What residents told us and what inspectors observed

In line with public health guidance, the inspectors wore face masks and maintained physical distancing as much as possible during interactions with residents and staff. The inspectors had the opportunity to meet all of the children who were staying in respite on the evening of inspection. Some residents chose to interact with the inspectors in more detail and talked about their stays in respite. Several family members had also completed questionnaires in advance of the inspection. The inspectors used observations, discussions with residents and key staff as well as a review of the documentation to form judgments on the quality of service being provided in the designated centre. Overall, the children receiving respite appeared to enjoy going there for respite breaks and were provided with a good quality service. However, significant improvements were required in fire safety and some improvements were required in the assessment of need, risk management, the premises and medication management.

On arrival to the designated centre, the inspectors met with staff and management and completed a walk around the premises. The inspectors saw that the designated centre was bright and spacious. Children had access to a large sitting room, multi-sensory room and their own bedrooms during their stay. There was limited decoration on the walls of the designated centre however this was due to the assessed needs of residents. The inspectors observed that the garden and one of the bathrooms required works in order to be fully accessible and appealing to all residents. The provider had been aware of these issues for some time, as reflected by their audits. The premises will be discussed further in the quality and safety section of the report.

In the afternoon, residents arrived to the designated centre from school to commence their respite break. On arrival, there was a flurry of excitement and activity. The children appeared very happy and excited to be there. One of the children was shown a new CD player that had been purchased since their last stay as the other CD player had been broken at the time of their last stay. The child was very happy about this as they loved listening to music during their respite stay. The inspectors saw that staff were responsive to residents' needs. For example, when it was discovered that a child had not brought their preferred CD with them on respite, a staff went to their car to get a similar CD for the child.

The inspectors saw that staff appeared to know the children and their needs and preferences well. Staff communicated in a familiar but respectful manner with children. Staff showed children to their rooms and assisted them in putting away their belongings. Most children then chose to take part in a planning meeting to plan activities and meals for their stay. Some children chose not to attend this meeting and were instead supported to engage in their preferred activities. The planning meeting was observed to support residents to choose preferred activities and meals. For example, some residents chose to go shopping during their respite break while others chose to go to the cinema. Inspectors saw children being supported to collect

their chosen take-away dinner on the evening of the inspection.

Residents who talked to the inspectors, spoke positively about their experiences of staying in the designated centre. They stated that they enjoyed their breaks and that the staff were helpful. Residents described accessing a wide variety of in-house and community activities during their stays. Family questionnaires detailed that family members were complementary of the staff team, describing staff as very warm and friendly. Family members expressed through the questionnaires that they felt the staff took excellent care of residents and were responsive to their needs. One family member commented that the décor in the designated centre could be brighter and warmer for children.

The next two sections of the report will present the findings of the inspection in relation to the governance and management arrangements in place and how these impacted on the quality and safety of care in the designated centre.

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and to contribute to the decision-making process for the renewal of the centre's certificate of registration. The inspectors found that, while the provider generally had mechanisms in place to support oversight of the designated centre, improvements were required to ensure that audits comprehensively identified all risks in the centre and that actions as set out in these audits, were progressed in a timely manner.

There was a clearly defined management structure in the designated centre. The centre was run by a suitably qualified and experienced person in charge. The person in charge had been in their position for the previous registration cycle and knew the residents and the service requirements well. The person in charge was employed in a full-time capacity and had access to dedicated management hours. The person in charge was supported on the ground by a full time Clinical Nurse Manager 1 (CNM1). These staff generally worked opposite each other to ensure oversight of the designated centre. An additional support mechanism was the allocation of a shift lead for each rostered day.

The person in charge reported to a service manager. The person in charge received supervision from the service manager and had regular meetings to discuss service needs.

The person in charge and service manager had recently completed a roster review in light of the changing profile of children accessing their service. They had identified that some children required two waking night staff rather than one sleepover and one waking night staff. The inspectors saw, on a review of the roster,

that appropriate staffing was in place for those children who required two waking night staff. However, it was explained to the inspector that the additional staffing was taken from the centre's current whole time equivalent and was unsustainable in the long-term. For this reason, the person in charge and service manager had submitted a business case to increase the whole time equivalent of the centre. A planned and actual roster were maintained for the centre. A review of the roster demonstrated that there were sufficient number and skill mix of staff on each day to meet the assessed needs of the residents. There were no staffing vacancies at the time of inspection.

There was generally a high level of staff training maintained in the designated centre however there were some gaps in in-person training in areas including challenging behaviour and fire safety. The inspector found, on a review of childrens' files, that many children communicated using augmentative and alternative modes of communication such as Lámh, pictures and visual schedules. However, the staff in this centre had not received any training in these areas. Therefore it was unclear how children were being supported to communicate at all times during their respite break. Additionally, the inspector saw that not all staff had received supervision in the first quarter of 2022 however all had a supervision session scheduled by May 2022.

There were a series of audits in place to support oversight of the centre. Monthly data reports were completed by the person in charge. These provided information on pertinent risks such as safeguarding, staff training needs and incidents and accidents. Six monthly unannounced audits as well as an annual review of the quality and safety of care were also completed by the provider. These audits reflected the known risks presenting in the service and informed time-bound action plans. However, the inspectors identified several risks on the day of inspection relating to fire precautions which were not captured on the provider's audits. Additionally, there was a delay in progressing several of the action plans set out in the audits. For example, works on the bathroom and the garden remained outstanding. Improvements were required to ensure that audits provided comprehensive oversight of the service and that actions were progressed in a timely manner.

The centre's statement of purpose was reviewed and was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently updated and was available to residents in the designated centre.

## Regulation 14: Persons in charge

There was a full-time person in charge employed in the designated centre. The person in charge was suitably qualified and experienced. They had oversight solely of the current designated centre and had oversight mechanisms in place to support them in their role.

Judgment: Compliant

### Regulation 15: Staffing

A planned and actual roster was maintained for the designated centre. The number, skill mix and qualifications of staff were found to be suitable to meet the assessed needs of residents. Schedule 2 files were reviewed for two staff and were found to contain the information as required by the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

Generally there was a high level of staff training maintained in the designated centre. However, some refresher training, particularly that which was required in-person was found to be out-of-date. For example:

- Managing behaviour that is challenging: only 29% of staff were up-to-date.
- Fire safety: 64% of staff were up-to-date.
- First aid: all staff required this refresher training. the inspector was informed a date had been secured for this training in June 2022.

Staff had not received any training in the communication systems used by children during their stay in respite. It was therefore unclear how children were being supported to communicate at all times.

Not all staff had received a quarterly supervision as required by the provider's policy on supervision. However, all staff had received a supervision session by the time of inspection and a schedule was in place for the remainder of the year.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place in the designated centre. The provider had implemented a series of audits which identified many of the issues impacting on the quality and safety of care of the service. Action plans were devised as a result of these audits and were assigned to responsible persons. However, not all actions were progressed in a timely manner. In particular, the provider had not responded to maintenance works required to the bathroom and the garden in a timely manner. The bathroom and garden required enhancements to

ensure they were accessible and inviting to all residents. The provider's audits also failed to identify all risks in the centre including fire precautions. Enhancements were required to the audits to ensure effective oversight of risks and a timely response to mitigate against these.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The centre's statement of purpose was reviewed and was found to contain all of the information as required by Schedule 1 of the regulations. The statement of purpose had been recently updated and was available to residents in the designated centre.

Judgment: Compliant

### Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. Overall, the inspectors found that the day-to-day practice within this centre ensured that the residents were safe and were receiving a quality service. However, improvements were required to the management of risk in the centre including the risk of fire.

While the provider had fire safety management systems in place on the day of the inspection, inspectors observed a number of improvements required to fire containment measures following a walk around of the centre. This included issues with three fire doors, one was not fully closing with a noticeable gap in the door, another had a noticeable gap at the bottom when the door was closed and the self-closing mechanism on the third fire door was broken. Some of the break glass units did not hold a key to ensure a timely evacuation of the centre.

Improvements were also required to assure a safe and timely evacuation of the centre. A night time fire drill had been completed last year which had identified that the evacuation time needed to be reviewed with the fire safety officer. This had not been followed up. In addition, part of the business case mentioned previously which was seeking to provide additional night staff to assure a safe evacuation of the centre had not been fully risk assessed or reviewed to assure this. Staff also reported that they had concerns with fire evacuation procedures when only one waking night staff was on duty in the centre. This needed to be fully reviewed.

The fire alarm panel was also connected to another designated centre attached to this centre. This meant that when the fire alarm went off in the attached centre, it also went off in this one. In order to minimise disruption to the children, fire drills

were planned together. However, the fire evacuation for this centre required the support of staff from the attached centre. Therefore it was unclear how this would be managed during fire drills which took place at the same time.

The premises were spacious, clean and decorated in bright colours that would appeal to children. The provider had highlighted through their own auditing practices of the premises that a number of improvements were required. This included, a bathroom which required remodelling as it posed a potential risk to some children and could not be accessed by others. The garden required a full redesign which included sourcing more play equipment for children. A new garden shed was also required. One of the bedrooms also required new flooring. Some of these issues were awaiting funding approval at the time of the inspection.

Equipment used in the centre was checked regularly to ensure that they were in good working order. One of these checks highlighted that an oxygen tank stored in the office needed to be replaced as the tank was old and rusted which could pose an infection control risk. A replacement had been ordered on the day of the inspection.

Each child had a personal plan which included an up-to-date assessment of need. Some aspects of this needed improvement as the safeguarding needs of one child had not been outlined in this document. Where a child had an identified need, a support plan was in place to guide practice for staff. As the children were availing of respite care, a pre-admission checklist was completed with family members before the child started their respite break. This informed the staff whether there had been any changes to the child's needs or supports since they last availed of a respite break.

Children were also supported with their health care needs. Where required, end of life plans were in place which had been agreed by family representatives and the child's medical team. Directives were in place in such an event. However, the person in charge could not confirm how often these directives needed to be reviewed and agreed to follow this up after the inspection.

While availing of respite the children's health care needs were supported and monitored. The staff met were very aware of the supports in place.

All staff had completed training in safeguarding, including Children First. Staff spoken with were knowledgeable regarding safeguarding and their roles and responsibilities in identifying and reporting any incidents of abuse. The inspectors found that the provider had followed national guidance where there had been any allegations regarding abuse in the centre.

Residents' preferred modes of communication were documented on their assessments of need. As detailed on their assessment of need, residents accessing the respite centre used a variety of modes of communication including speech, Lámh, Picture Exchange Communication Systems (PECS), pictures and devices. Staff spoken with were aware of the modes that residents used to communicate. However, as discussed in the capacity and capability section of the report, staff had not received training in these modes and it was therefore unclear how residents

were assisted to communicate in accordance with their assessed needs. In spite of this, the inspectors saw examples of good practice in relation to communication in the designated centre including the use of a visual staff roster and pictures to support decision making at the residents' meeting.

Residents were also supported to choose their meals while staying in respite. The inspectors saw that there was food available which was nutritious including fresh fruit and vegetables. Staff spoken with were knowledgeable regarding residents' assessed feeding, eating, drinking and swallowing (FEDS) needs and had completed training in this area. FEDS needs were detailed on residents' assessments of need as required and were supported by up-to-date care plans.

There were systems in place to manage and mitigate risk in the centre. A review of incidents in the centre showed that since January 2022, only a small number of incidents had been recorded in the centre. These incidents were reviewed by the person in charge and the staff team. Control measures were put in place to help minimise risks to the children. A risk register and health and safety statement were also in place for the centre which highlighted the roles and responsibilities for risk management and identified risks relevant to this centre.

There were individual risk assessments in place for each child in order to support their safety and wellbeing. From viewing a sample of the risk assessments they were being reviewed regularly. However, the inspectors found that some improvements were required to ensure that all risks had been assessed and control measures were in place to manage those. For example, a business continuity plan had been submitted requiring an additional waking night staff. It was not clear in the interim how this was being fully managed as it had not been risk assessed in terms of fire safety and assuring that residents' needs could be met at night.

Transport was provided in the centre. This bus was fifteen years old and while there were records indicating that it was insured and roadworthy at the time of the inspection, the provider had highlighted through their own audits that a new one was needed. The person in charge informed the inspectors at the feedback meeting that a new bus was due to arrive in six weeks time. This provided assurances as the inside of the bus was old, worn and could potentially be an infection control risk.

Infection control measures were in place to prevent and or manage and outbreak of COVID-19. Staff had been provided with training in infection prevention control, the use of personal protective equipment (PPE) and hand washing techniques. PPE was available in the centre and staff were observed using it in line with national guidelines. There was adequate hand-washing facilities and hand sanitising gels available throughout the house. Enhanced cleaning schedules had been implemented and staff were observed cleaning the centre on the morning of the inspection. Rooms were cleaned after use along with toys to prevent cross contamination.

The provider had a contingency plan in place to outline the strategies to manage an outbreak and this had recently been updated. Childrens' plans had arrangements in place to support them if they were suspected or confirmed of having COVID-19. The

person in charge had completed the self assessment published by the Health Information and Quality Authority (HIQA) and this had recently been updated. One issue was raised in relation to the use of signage in the centre regarding COVID-19. The person in charge had stated that this was in line with the childrens' needs as some did not like signs on the walls.

The registered provider had an organisation policy outlining the arrangements in place for the ordering, storage, administration and disposal of medicines in the centre. Inspectors cross checked a number of medicines stored in the medicine cabinet against the prescription sheet for the children and found that they were correct. Staff were knowledgeable around the procedures in place if a child's medication was not correctly recorded on the prescription sheet. However, there was no formal procedure written up to guide staff practice in this area. This needed to be reviewed along with the arrangements for the safe transportation of medicines in the centre which did not align with the practices in the centre and the organisation's policy.

### Regulation 10: Communication

The inspectors saw examples of good practice in relation to communication in the designated centre. There were visuals available in the centre to support accessibility and decision making. Staff spoken with were knowledgeable regarding residents' assessed communication needs.

Judgment: Compliant

### Regulation 17: Premises

The premises was spacious, clean and decorated in an appealing manner for children. There were a number of improvements required to the premises as highlighted through the provider's own auditing practices. This included, a bathroom which required remodelling as it posed a potential risk to some children and could not be accessed by others. The garden required a redesign, including sourcing more play equipment for children. A new garden shed was also required. One of the bedrooms also required new flooring. Some of these issues were awaiting funding approval at the time of the inspection.

Judgment: Substantially compliant

## Regulation 18: Food and nutrition

Children were supported to choose their meals during their respite stay. There were adequate supplies of food which was wholesome and nutritious available in the designated centre. Children who required support with their feeding, eating, drinking and swallowing (FEDS) had this detailed in their assessment of need. Staff had completed training in FEDS and were knowledgeable regarding children's assessed needs and care plans.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. Incidents were reviewed regularly and control measures were implemented to reduce risks to children. A risk register and health and safety statement were also in place for the centre which highlighted the roles and responsibilities for risk management and identified risks relevant to this centre. However, the inspectors found that some improvements were required to ensure that all individual risks had been assessed and control measures were in place to manage those. In particular, there was an absence of risk assessments for the requirement of an additional waking night staff for some residents.

The designated centre's bus was also old and worn. The inspectors were informed that a new bus had been ordered and was expected in the coming weeks.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

The provider had effected policies and procedures to reduce the risk of residents contracting a healthcare associated infection. The centre was clean and tidy, staff were wearing appropriate PPE and there was adequate supply of hand washing and hand sanitising facilities.

The provider had an up-to-date COVID-19 contingency plan in place as well as enhanced cleaning schedules to ensure thorough cleaning subsequent to each respite break.

Judgment: Compliant

## Regulation 28: Fire precautions

There were a number of improvements required to fire containment and fire evacuation measures in the centre. These included:

- Three fire doors required replacement or adjustments: one was not fully closing with a noticeable gap in the door, another had a noticeable gap at the bottom when the door was closed and the self-closing mechanism on the third fire door was broken.
- Some of the break glass units did not hold a key to ensure a timely evacuation of the centre.
- Improvements were required to the night-time fire drills and to the risk assessment of night time fire procedures.
- The fire alarm panel was connected to another designated centre attached to this centre. This resulted in difficulties with carrying out a realistic fire evacuation scenario for the current designated centre.

A full review of the fire arrangements in the designated centre was required.

Judgment: Not compliant

## Regulation 29: Medicines and pharmaceutical services

The registered provider generally had adequate arrangements in place for the ordering, storage, administration and disposal of medicines in the centre. Inspectors cross checked a number of medicines stored in the medicine cabinet against the prescription sheet for the children and found that they were correct. Staff were knowledgeable around the procedures in place if a child's medication was not correctly recorded on the prescription sheet. However, there was no formal procedure written up to guide staff practice in this area. This needed to be reviewed along with the arrangements for the safe transportation of medicines in the centre which did not align with the practices in the centre and the organisations policy.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and personal plan

Each child had a personal plan which included an up-to-date assessment of need. However, some personal plans required amendment to ensure they reflected all of the child's needs including their safeguarding plans. The centre had procedures in place including a pre-admission checklist to ensure that the child's file was kept up-

to-date and that staff were informed of any changes to care plans.

Children were also supported with their health care needs. Where required, end of life plans were in place which had been agreed by family representatives and the child's medical team. Directives were in place in such an event. However, improvements were required to ensure that these directives were reviewed regularly.

Judgment: Substantially compliant

### Regulation 8: Protection

The inspectors found that staff had received training in and were knowledgeable in relation to their roles and responsibilities in child safeguarding. Safeguarding plans were available for those children who required them. Safeguarding incidents had been documented and notified accordingly, and where allegations of abuse had been made, the provider had followed national guidance in investigating these.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Donabate Respite 1 OSV-0007712

Inspection ID: MON-0028276

Date of inspection: 06/05/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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>Fire safety booked Sept 22            First aid scheduled 2 staff per month            PBS training is run on a quarterly basis so 3 staff will be scheduled on each rollout commencing September 2022.            CALM training refresher scheduled for October 2022, this will be in house group training and entire team will receive training together            Meeting Scheduled for 8th of July with SLT manager to ascertain specific communication needs of the children and tailor the training towards these needs            An update training audit will be requested every 6 months and reviewed by PIC and SM            Supervision: outstanding now complete and further supervisions are scheduled in line with Company Policy.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Bathroom: Meeting held on June 10th with Housing manager re: commencement of works on the garden and the bathroom. Interim works have been agreed, costed and works have commenced.            Meeting scheduled for July 13th with OT to assess bathroom and give recommendations to make the bathroom accessible to all</p>	

<p>Garden: Corporate volunteers are scheduled for July to tidy garden, paint and fundraise for a trampoline. Funding has been received for other play equipment and is now being sourced.</p> <p>Fire risk: Fire officer has reviewed all plans on 14th June. Assessments will be carried out for each respite break to ensure timely evacuation plans are in place for each sub compartment. Audits will reflect corrective action and escalated in a timely manner. These audits will be reviewed by PIC and SM on quarterly basis.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Meeting held on June 10th with Housing manager re: current necessary works identified. Application for a Housing Adaption grant may be necessary to secure funding for bathroom/garden works. In the interim, the toilet is been replaced and broken tiles are repaired.</p> <p>Corporate volunteers are scheduled for July to tidy garden, paint and fundraise for a trampoline. The current paved area is scheduled to be repaired.</p> <p>Bedroom floors: have been costed and approved. This work is scheduled for Garden Shed :As per SMH policy 3 quotes have been forwarded for approval.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  As well as discussion at monthly booking meetings, risk assessments will be implemented in relation to any child that requires two waking night staff.  A new bus for the centre is expected for July 2022</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:  The two door closers that were not working on day of inspection were repaired on Saturday 7th May. The gap at the bottom of the door has been assessed by Crossfire and</p>	

work is due to commence to fix the issue. To be completed by end of June 2022.

A meeting was held on June 14th with SMH fire safety officer to discuss issues arising at time of inspection. A discussion was had regarding night time fire drills and the fire officer confirmed the subcompartmentation in place to either end of the house which allows for a 3min evacuation time either end of the house (6min in total). Each group availing of respite will be risk assessed on an individual basis (PEP) and evacuation plan for each sub compartment will be established based on the groups needs.

Discussion was held with the residential house next door that fire drills will occur separately. Each centre will avail of the support person assigned to assist during fire drills as per the site support plan.

An email was sent to maintenance to replace the break glass unit beside patio door in the dining room to hold a spare key for the door.

The weekly test of the fire alarm panel will be carried out in the centre following completion in the residential centre and will be documented on the daily fire check records

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:  
Contact made with Health and Medical training officer to address issues that arose during inspection, a meeting is scheduled for week of July 5th to implement formal procedure around correction of prescription errors and safe transportation of medication. In the interim, local guidelines have been drawn up to guide staff on correction of errors and this will be explored further with Health and medical officer in July

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:  
Contact made with CNSp Children's nurse practice to receive immediate up date in end of life care directive, a meeting was held with palliative care team on Wednesday 11th and all up to date documentation in place in file by May 19th

Safeguarding support plan enhanced and updated by May 2022

## 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	30/09/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2022
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	30/09/2022
Regulation 17(3)	The registered provider shall ensure that where children are	Substantially Compliant	Yellow	31/07/2022

	accommodated in the designated centre appropriate outdoor recreational areas are provided which have age-appropriate play and recreational facilities.			
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	31/10/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/07/2022
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	31/07/2022

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Red	31/05/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	17/06/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Red	17/06/2022
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that	Substantially Compliant	Yellow	31/07/2022

	medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 29(5)	The person in charge shall ensure that following a risk assessment and assessment of capacity, each resident is encouraged to take responsibility for his or her own medication, in accordance with his or her wishes and preferences and in line with his or her age and the nature of his or her disability.	Substantially Compliant	Yellow	05/07/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/05/2022
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	Substantially Compliant	Yellow	19/05/2022

	is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
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