



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

## Issued by the Chief Inspector

Name of designated centre:	Casey 1
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	26 November 2021
Centre ID:	OSV-0007865
Fieldwork ID:	MON-0030975

## About the designated centre

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

Casey 1 consists of a detached two storey house and a detached three storey house both located in a rural area close to one another and within a short driving distance to a town. This designated centre can provide a residential service for a maximum of ten residents with intellectual disabilities, over the age of 18 and of both genders. Each resident in the centre has their own bedroom and other rooms in the two houses of the centre include bathrooms, kitchens, sitting/living rooms and staff rooms. Residents are supported by the person in charge, a social care leader, social care workers and health care assistants.

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

Number of residents on the date of inspection:	8
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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 26 November 2021	10:40hrs to 18:30hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The residents in the house visited by the inspector had been provided with a suitable premises to live in while a pleasant and relaxed atmosphere was observed when these residents were present in the house. Documentation reviewed relating to the other house of this centre did raise concerns around the compatibility of the residents living there.

This designated centre was made up of two houses located a short distance apart. On the previous inspection of the centre in June 2021 only one of these houses had been visited. As such for the current inspection, the other house was visited. On arrival at this house on the day of inspection, the five residents living there, who moved there in March 2021, had already left the house to attend day services in nearby towns operated by the same provider. Residents did not return to the house until towards the end of the inspection so the initial period of the inspection was used to speak to some of those involved in the running of the centre, to assess the premises provided and to review documentation relating to both houses.

The house visited by the inspector was seen to be a large house and had three floors with communal areas for residents on two of these. Such communal areas included a bright and spacious kitchen, a large living room with an adjoining conservatory and a smaller kitchen/living area. Each resident had their own individual bedroom, three of which were seen by the inspector, which offered residents suitable space and sufficient storage for personal belongings. It was noted that such bedrooms had been personalised to reflect residents' individual interests. For example, one resident's bedroom door had art work displayed there highlighting their favourite football team (Manchester United) while another resident had an interest in tractors which was evident from the items in their bedroom.

Such personalising of residents' bedrooms contributed to the house being presented in a homelike fashion. This was evident from the communal areas of the house also. In the bigger kitchen it was observed that there was a birthday greeting for one resident while in the large living room there was numerous framed photographs of residents. It was also seen that facilities were provided for residents to engage in activities in the house if required. For example, footballs, an air hockey table and art supplies were seen in the conservatory area. Such supplies had clearly been in use judging by arts works relating to Limerick hurling and Manchester United that were also on display in this area.

While overall the house was seen to be well-furnished and well-maintained, the inspector did observe some loose cables hanging from the ceilings on all three floors. Hang gels were available throughout the house which was generally seen to be clean although it was note that the shower tray in one of the bathrooms required some cleaning. In addition, despite the space that was available in this house given its overall size, the inspector observed that the storage of cleaning supplies such as brushes and mops needed some improvement. In particular, it was seen that on the

lower ground floor such supplies including a used mop head had been left on the floor under the stairs.

Aside from reviewing this house, the inspector read documentation relating to the residents living there. This included residents' individual personal plans. To promote residents' involvement in these, the provider was looking to follow a process of person-centred planning which was intended to help identify key priority areas for residents to be supported on and to achieve. The inspector viewed the person-centred planning documents for one resident which had been recently reviewed. It was noted that the resident had contributed to this with relevant information presented for the resident in an easy-to-read format. Priorities identified for this resident were focused on developing their skills and abilities, while also promoting some positive risk taking.

For example, priorities included the resident staying in the house unsupervised for short periods, enrolling in a literacy class and developing independent living skills. Despite this the inspector noted that it had not been explored with the resident for over two years if they wanted to self-administer their own medicines. In addition, while this resident's person centred-planning had progressed since moving into the house, for other residents it had not. Two other residents' personal plans were reviewed and it was seen that some of their person centred-planning documents dated back over 12 months to 2020 when they were living in another designated centre operated by the same provider. While priorities had been identified for these residents, quarterly reviews had not taken place since the residents moved into this house so it was unclear if such priorities had progressed or what these residents' priorities were now in their new home.

While this was an area for improvement, other documentation reviewed did indicate that residents were being supported to keep in regular contact with their families and had participated in activities such as golfing, visiting the beach and going to a vintage show. An 8-seater vehicle was available to the house to facilitate such outings. It was noted though that the staffing arrangements for this house typically had only one staff member on duty to support the five residents. A second staff member to support residents to attend Special Olympics was provided one day a week while provision was made was for a second staff to also support the centre for one day at weekends to facilitate outings.

However, it was indicated to the inspector that while the second staff for one day at the weekends was generally provided it was not always in place. This potentially limited residents' choice to either stay in the house or to go out and do activities when they wanted as it was indicated to the inspector by a staff member that "if one resident goes out they all have to go". It was stressed to the inspector though by the same staff member that the residents living in this house generally had the same interests and were happy to leave the house with their peers for activities. It was also indicated by the person in charge that such staffing arrangements had not really been an issue for residents.

Towards the end of the inspection, the five residents living in this house returned from their day services using the vehicle that had been assigned to the house. All

five residents were met by the inspector who had an opportunity to observe some interactions and also have discussions with three of the residents. The first of these residents showed the inspector their bedroom which they said they liked while also indicating they liked living in this house. This resident confirmed that they had done some of the art works on display in the house and later on the resident was seen helping to do some cleaning and to put away their dishes after a meal.

The second resident spoken with told the inspector that they had been at day services earlier in the day where they had done some yoga which they had enjoyed. The resident also said that they enjoyed watching the soaps on television and listed Coronation Street as their favourite. When asked by the inspector if they liked living in this house, the resident indicated that they did and that they liked living with the other residents there. The resident also commented positively on the staff members working in the house and told the inspector that they felt safe living in their home.

The third resident also spoke positively about living in this house and mentioned some things which they had done recently including going to the cinema and getting a haircut. The resident also talked about meeting a family member in the coming days and while the inspector was present, this resident appeared quite happy. A fourth resident was also seen to be smiling regularly and greeted the inspector after their return from day services. Later on the inspector went to speak to the resident but they were particularly keen on watching the news so the inspector did not disturb them further. The fifth resident did not meaningfully engage with the inspector but appeared calm and content.

It was observed that residents appeared comfortable and relaxed in each other's presence. For example, some residents were seen to watch television together and also to have a meal together. Residents also appeared comfortable in the presence of staff members on duty with some pleasant and warm interactions observed. This included one resident complimenting a staff member on the boots that they were wearing. Such exchanges contributed to a pleasant and homely atmosphere which was observed by the inspector. However, based on documentation reviewed and discussions with some staff, the inspector noted that such an atmosphere might not always have been present in the other house of this centre.

At the outset of this inspection, the inspector requested some specific information relating this house which included incident records for this house. These records detailed negative interactions between the residents living there which included some residents slapping, grabbing, scraping, hitting, verbally abusing and threatening other residents living in the house. A recent provider unannounced visit report completed made clear reference to one resident living in this house appearing nervous around another resident and also that if the former resident was present when the latter resident entered a room, the first resident would opt to leave the room.

The same provider unannounced visit report did state though this resident had not expressed that they felt unsafe. However, a staff member spoken with indicated that they did not think some residents living in this house were happy nor compatible to be living together given that the actions of one resident could be a trigger for

another resident. The inspector was also informed that a quality of life risk assessment for this house was being used to monitor the compatibility of residents to live together. The inspector reviewed this risk assessment which had been recently reviewed. It was seen that the risks relating to the residents' compatibility was rated as a red (high) risk which suggested that residents were not compatible to live together.

In summary, there were clear concerns around the compatibility of residents to live together in one of this centre's houses. However, similar concerns were not evident in the other house where residents appeared comfortable with each other and the staff supporting them. Efforts were being made to support these residents to engage in activities although person-centred planning was overdue for some residents.

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

Based on the overall findings of this inspection, the provider's monitoring systems had not ensured that the service provided to all residents was safe, appropriate to residents' needs and effectively monitored.

This designated centre had last been inspected in June 2021 where, in an attempt to minimise movement given the COVID-19 pandemic, only one house of the centre was inspected. An overall good level of compliance was found during that inspection but as the second house of the centre was not visited then, a decision was made to carry out a further inspection which was primarily intended to focus on this second house. However, given some notifications which had been received since the June 2021 inspection, some specific documents were requested relating to the first house.

During the current inspection, the staffing arrangements that were in place in the house visited were reviewed. As highlighted earlier in this report, the staffing arrangements there were generally one staff to five residents. Some additional staff support was provided on certain days of the week and it was intended for there to be a second staff on duty one day every weekend. From reviewing staff rosters and speaking with staff members on the day of inspection, this second staff was provided most weekends but not every weekend. The inspector was informed by the person in charge that if there was staffing issues in other houses run by the provider, this second staff for this house would be pulled.

While no specific issues were identified on this inspection relating to residents' ability to engage in activities at times when there was only one staff member on duty,



there were indications that such staffing arrangements were having some impacts. For example, it was suggested that delays in progressing person-centred planning for some residents in this house were related to staffing issues while the overall size of the house posed challenges for the one staff member to supervise residents while also being responsible for carrying out various tasks such as cleaning. Efforts were being made to support staff through formal supervisions carried out every 3 months although it was noted that not all staff had received such supervision at this frequency.

During the inspection, it was indicated to the inspector that unfamiliar staff working in the other house of the centre may have contributed to incidents that had occurred in the months leading up to this inspection. It was stressed though that the consistency of staff support in that house had improved since. Such incidents involved negative interactions between the residents living in that house and some of these incidents had been notified to HIQA as safeguarding concerns. Under the regulations, HIQA must be notified of any allegation, suspected or confirmed, of abuse of any resident occurring in a designated centre. This is important to ensure that HIQA is aware of matters which can impact residents' safety and quality of life.

However, based on incident records for this house not all incidents of a safeguarding nature had been notified to HIQA as required. This had not been identified by the provider's own monitoring systems which included a recent unannounced visit carried out by a representative of the provider where matters as notifications and incidents were indicated as being reviewed. In addition, taking into account the overall findings of this inspection, the provider's monitoring systems were not ensuring that the service provided to all residents was safe and appropriate to such residents' needs. For example, as discussed elsewhere in this report, there were well established concerns around the compatibility of residents living in one house while regulatory actions were identified in most of the regulations reviewed on this inspection.

## Registration Regulation 8 (1)

When this designated centre was first registered in October 2020 it consisted of one house only for five residents. In February 2021 the provider submitted an application to vary its conditions of registration which involved the addition of an extra house to this centre thereby increasing capacity of the centre to 10 residents. In support of this application, which was granted, a copy of the floor plans for this second house were submitted which were used to form the basis of one of the centre's amended conditions of registration. However, during this inspection it was observed that when comparing the layout of this house compared with the floor plans previously submitted, some rooms were not as large in reality as indicated on the floor plans. As such the floor plans submitted to inform the previous application to vary were inaccurate.

Judgment: Substantially compliant

### Regulation 15: Staffing

The staffing arrangements generally in place for one house of this centre were not appropriate to the size and layout of the house while a second staff on certain weekend days to facilitate external activities was not consistently provided. While staff consistency was indicated as having improved, it was suggested that unfamiliar staff contributed to some previous incidents which had occurred in the other house.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

It was indicated that formal supervision of staff was to be carried out every three months and staff members, although not all, were generally receiving supervision at this frequency. A sample of supervision notes seen indicated that topics discussed during these formal supervisions included training and staff rosters.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Based on the overall findings of this inspection in areas including, safeguarding, person centred-planning and notifications, the registered provider had not ensured that the service provided to residents in this designated centre was safe, appropriate to residents' needs and effectively monitored.

Judgment: Not compliant

### Regulation 31: Notification of incidents

Not all incidents of a safeguarding nature had been notified to HIQA within three working days. An activation of fire alarm equipment had not been notified to HIQA on a quarterly basis.

Judgment: Not compliant

## Regulation 4: Written policies and procedures

The provider's safeguarding policies and procedures were not being followed consistently.

Judgment: Substantially compliant

## Quality and safety

The house visited by the inspector was provided with appropriate fire safety systems. However, there were concerns around the suitability of some residents to live together in one house while there was inconsistency in the application of safeguarding procedures.

It was observed by the inspector that the house visited during this inspection was provided with all expected fire safety systems including fire extinguishers, fire blankets, a fire alarm and emergency lighting. Such systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order. Provision had also been made for fire containment in the house in order to prevent the spread of fire and smoke while also providing a protected evacuation route if needed. Fire drills were being carried out regularly in the house at varying times with records of such drills indicating that all residents living there were evacuating in less than one minute. Such fire safety systems and drills records indicated that appropriate measures were being taken to ensure the safety of residents in this house from fire.

No safeguarding concerns were identified relating to this house also. However, from records reviewed there had been a number of incidents involving negative interactions between the residents living in the other house. The nature of such incidents were safeguarding in nature and some of these had been reported and responded to in a manner that was consistent with the provider's safeguarding policies and procedures. In response to such matters safeguarding plans were put in place with actions taken to reduce the possibility of similar incidents happening again. For example, one resident of this house had recommenced day services away from the house which limited the time that residents would be spending together.

Despite this, not all incidents of a safeguarding nature were being reported and responded to in a manner that was consistent with the provider's safeguarding policies and procedures. In particular, the inspector read incident reports where the actions of one resident were directed towards another resident. For example, there were incidents reports of one resident shouting at, threatening or verbally abusing another resident. These were queried on the day of inspection and it was indicated to the inspector that such matters were reviewed and considered not to be abusive.

However, based on the incidents reports reviewed, which were written by the staff members present at the times such incidents occurred, there was clear indications of a negative psychological impact with some incident reports indicating that an impacted resident was either anxious, upset or left a room crying following such incidents.

The provider's own safeguarding policy indicated that psychological abuse included, amongst others, threats of harm and verbal abuse, with an example of this being shouting while anxiousness and tearfulness were listed as indicators of psychological abuse. The provider's safeguarding policy also provided for a zero tolerance approach to abuse which emphasised that any abuse should not be normalised or ignored even if the impact and intent appears not to be significant. This policy extended to concerns against residents and indicated that a preliminary screening or investigation should be carried out for all allegations of abuse. Despite this, screenings for some of the incidents read by the inspector had not been carried out. This was inconsistent with the provider's own policies and procedures in this area.

Overall, the nature of such incidents raised concerns around the suitability of involved residents to live together on an ongoing basis. This was something which was well known to the provider with similar concerns having been raised by a HIQA report carried out in March 2019 when the same group of residents were living together in another designated centre operated by the provider. In addition, a trend of safeguarding notifications relating to these residents had also been received during 2020 before they moved to their current home in November 2020. While, the June 2021 of the current centre did not raise any concerns in this regard, the incidents that had occurred since then coupled with relevant risk assessments and the history of these residents, raised concerns around the compatibility of these residents and their suitability to live together on an ongoing basis.

### Regulation 13: General welfare and development

Residents in the house visited by the inspector had been supported in engage in activities away from their home in the community such as attending a vintage show, playing golf, visiting a beach and going to the cinema. Facilities were provided for residents to engage in activities in the house if required such as art and air hockey. Support was being given to residents to maintain contact with their families.

Judgment: Compliant

### Regulation 17: Premises

The house visited by the inspector was seen to be generally well-maintained, well-furnished, clean and homelike while offering residents plenty of space in both

communal areas and their individual bedrooms. It was noted though that some loose cables were hanging from the ceilings of all three floors of the house while the shower tray in one of the bathrooms required some cleaning.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The provider had a risk management policy in place. Various risk assessments were completed relating to the designated centre overall and individual residents. While some risk assessments had been recently reviewed owing to incidents that had occurred in one house of the centre, a number of other risk assessments were seen to require review. For example, some risk assessments were indicated as being due for a review earlier in 2021 which had not happened while other risk assessments made reference to some residents still living in a previous designated centre. It was also noted that some risks had not been assessed such as the risks of five residents and one staff member being in an 8-seater vehicle at the one time given the ongoing COVID-19 pandemic. Various other COVID-19 related risk assessments were seen to be in place.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

In the house visited by the inspector, it was observed that there were supplies of hand gel and personal protective equipment (PPE) available. Staff members on duty were seen to wear face masks throughout the inspection. Signage around hand hygiene, PPE and COVID-19 was on display in the house while provision had been made for ventilation. Visitors' logs were present for anyone arriving at and leaving the house. It was noted though that there were some entries where it was not indicated if temperatures had been checked on arrival while not all those visiting the house had signed out upon leaving. The storage of cleaning supplies such as mops and brushes required review.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Appropriate fire safety systems were in place in the house visited by the inspector with such systems being serviced by external contractors to ensure that they were

in proper working order. Fire drills were being carried out regularly with low evacuation times recorded.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

While this regulation was not reviewed in full it was noted that, despite a resident having an identified priority to increase their independence skills, it had not been explored with them if they wanted to self-administer their own medicines since July 2019.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Some residents living in the house visited by the inspector had not had a person-centred planning process completed since they moved into this house to ensure that they were involved in the review of their personal plans in light of this change in circumstances. These residents' previous person-centred planning originated from 2020 when they lived in another designated centre and the records reviewed indicated that identified priorities then had not been sufficiently reviewed even after residents moved to their current homes. The personal plans that were in place for such residents contained guidance on how to support their assessed needs but it was noted that some residents' health plans required some improvement in this regard. For example, one resident had a diabetes care plan in place but it did not indicate what the resident's target blood sugar levels were nor what to do in the event that the resident was outside of this range. Given compatibility concerns around the residents in one house, the overall arrangements in place to ensure that the needs of these residents could be provided for required review.

Judgment: Not compliant

### Regulation 6: Health care

In general residents were being supported to access various health and social care professionals such as general practitioners, dentists, psychiatrists and opticians. Residents were also supported to undergo particular interventions such as vaccines and to participate in national screening programmes. However, one resident's epilepsy care plan indicated that their bloods were to be tested every 6 months but

this resident's bloods had not been checked since December 2020 while the same resident was also indicated as being overdue a review by a dentist. The blood sugars of a resident with diabetes were regularly being checked and were typically within the target range. However, in records of such checks maintained, some entries were seen where it was not indicated that the resident's blood sugar levels had been checked. It was indicated to the inspector that the resident had refused such checks at these times but this was not documented.

Judgment: Substantially compliant

### Regulation 8: Protection

A number of safeguarding incidents had occurred in one house of this centre since the previous inspection in June 2021 which had negatively impacted residents living there. While the provider was making ongoing efforts to prevent these from happening, some of these incidents had been reported, screened and investigated but others had not.

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>	
Registration Regulation 8 (1)	Substantially compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Not compliant



# Compliance Plan for Casey 1 OSV-0007865

Inspection ID: MON-0030975

Date of inspection: 26/11/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Registration Regulation 8 (1)	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): <ul style="list-style-type: none"> <li>• Application to vary condition 1 will be submitted &amp; floor plans will be updated to reflect the existing floor plans. Statement of Purpose &amp; Function will be updated to include such changes.</li> </ul>	
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• A Risk assessment will be completed in relation to the appropriate staffing ratio for the size &amp; layout of the building.</li> <li>• Consistent staffing is in place in both residential houses in the designated Centre.</li> <li>• There is a consistent relief panel in place for the Designated Centre.</li> <li>• New or unfamiliar staff to the residential Centre's are given an induction with the Social Care Leaders and rostered to shadow familiar staff prior to commencing the rostered shifts.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• PIC will endeavor to ensure staff supervision occurs every three months in line with policy.</li> <li>• Staff will continue to complete all mandatory training in line with policy.</li> </ul>	
Regulation 23: Governance and management	Not 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>• Quality of life risk assessment in relation to the compatibility of residents was reviewed at the escalated risk clinic on the 15.12.2021</li> <li>• Person centered plans have been completed for 3 residents in the Designated Centre , Person centred plans for remaining two residents will be completed by the end of December 2021.</li> <li>• Person centered plans will be reviewed every three months in line with policy.</li> <li>• All notifications will be notified to the regulator within the specific timeframe.</li> <li>• A review of Airs from May 2018 has been completed. Any retrospective notifications will be submitted by the 15th of January 2022.</li> <li>• Any potential safeguarding concerns or incidents of abuse which may be notified to the designated officer and the regulator retrospectively will be complete by the 15th of January 2022.</li> <li>• The quality of life risk assessment was reviewed at the Red Risk Clinic in December and updated.</li> <li>• An MDT has been scheduled for 11th January 2022 for this designated centre to discuss the review of AIRS and also to discuss the preparation of a business case for the residents of Casey 1.</li> <li>• This business case will be prepared as a priority and will be returned to the HSE by 31st January 2022 for discussion at the business case meeting in February. It will remain on the agenda for each of the monthly business cases meetings until such time as it is funded.</li> <li>• In the meantime safeguarding plans will be monitored by the MDT to ensure the mitigations are effective in as far as possible given the current living arrangement.</li> <li>• AIRS reports will continue to be reviewed on a monthly basis to identify trends and determine the effectiveness of the safeguarding plans.</li> <li>• The quality of life risk will be monitored at the Red Risk clinic which involves the PIC and PPIMs of the designated centre.</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>• All notifications will be notified to the regulator within the specific timeframe.</li> <li>• A review of Airs from May 2018 has been completed. Any retrospective notifications will be submitted by the 15th of January 2022.</li> </ul>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> <li>• Safeguarding policy &amp; procedures will be followed consistently. Any potential safeguarding concerns or incidents of abuse will be sent to the designated officer and notified to the regulator within the timeframe set by the regulator and safeguarding policies.</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>• PIC has followed up with IT department in relation to loose cables hanging from the ceilings on all three floors.</li> <li>• The loose cables are sealed cables .</li> <li>• Pic is awaiting a booster system for wifi network for the hill.</li> <li>• The Booster system will be fitted &amp; any remaining cables will be removed once this work is done.</li> <li>• Cleaning hours have been approved twice weekly for the designated centre, these cleaning hours have been reallocated from another service as they are not being used.</li> </ul>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ul style="list-style-type: none"> <li>• Any risk assessments which are overdue review will reviewed by the end of December 2021.</li> <li>• Although some risks were initially opened while residents resided in a different designated centre it is beneficial to have the history of such risks attached to the current risk assessment in order to recognize the changes in circumstances &amp; controls required over period of time.</li> <li>• The risk assessments will be reviewed to reflect that the resident has moved house or designated Centre, this information will be noted on a cover page at the start of the risk assessment for auditing purposes.</li> <li>• Risk assessment will be completed in relation to five residents &amp; one staff member travelling in an 8 seater vehicle at one time giving the ongoing covid – 19 pandemic.</li> </ul>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ul style="list-style-type: none"> <li>• A memo has been sent to both houses in the designated centre to ensure correct temperature checks are completed &amp; visitor log books are documented correctly in log books. This will be reenforced at staff meeting in January.</li> <li>• PIC has followed up with maintenance and a storage unit will be purchased for cleaning supplies such as mops and brushes.</li> </ul>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p>	

- The self- administration of medication document has been reviewed with each resident.
- Any resident who wishes to self - administer medication will be supported to do so in line with policy.

Regulation 5: Individual assessment and personal plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

- Person centered plans have been completed for three residents.
- Person Centred plans will be completed by the end of December for the remaining 2 residents.
- Person centered plans will be reviewed every three months in line with policy.
- The quality of life risk assessment was reviewed at the Red Risk Clinic in December and updated.
- An MDT has been scheduled for 11th January 2022 for this designated centre to discuss the review of AIRS and also to discuss the preparation of a business case for the residents of Casey 1.
- This business case will be prepared as a priority and will be returned to the HSE by 31st January 2022 for discussion at the business case meeting in February. It will remain on the agenda for each of the monthly business cases meetings until such time as it is funded.
- In the meantime safeguarding plans will be monitored by the MDT to ensure the mitigations are effective in as far as possible given the current living arrangement.
- AIRS reports will continue to be reviewed on a monthly basis to identify trends and determine the effectiveness of the safeguarding plans.
- The quality of life risk will be monitored at the Red Risk clinic which involves the PIC and PPIMs of the designated centre.

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

- Health Care Plans will be reviewed for all residents by the end of December 2021 & any required appointments or overdue appointments will be scheduled without delay.
- Blood sugars of one resident with diabetes will continue to be checked regularly as per health care plan.
- In the event of any future refusal by the resident to check blood sugar levels, it will be documented & risk assessment for the refusal of such checks will be completed if this is reoccurring.

Health care plans will be reviewed to include information in relation to supporting the resident if Blood sugars read too low or too high and what to do in that event

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

- Safeguarding policy & procedures will be followed consistently. Any potential

safeguarding concerns or incidents of abuse will be notified to the designated office for investigation and to the regulator.

- A review of Airc from May 2018 has been completed. Any retrospective notifications will be submitted by the 15th of January 2022.
- Any potential safeguarding concerns or incidents of abuse which may be notified to the Designated officer and the regulator retrospectively will be complete by the 15th of January 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
Registration Regulation 8(3)	A registered provider must provide the chief inspector with any additional information the chief inspector reasonably requires in considering the application.	Substantially Compliant	Yellow	31/01/2022
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	31/03/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support,	Substantially Compliant	Yellow	31/12/2021

	particularly in circumstances where staff are employed on a less than full-time basis.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/01/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/01/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/01/2022
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.	Not Compliant	Orange	31/12/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre	Substantially Compliant	Yellow	31/01/2022



	for the 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	31/01/2022
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	31/12/2021
Regulation 31(1)(f)	The person in charge shall give	Not Compliant	Orange	31/12/2021

	the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.			
Regulation 31(3)(b)	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 the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment.	Not Compliant	Orange	31/12/2021
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/12/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are	Not Compliant	Orange	31/12/2022

	in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
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	31/12/2022
Regulation 05(6)(b)	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 conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	31/12/2022
Regulation 05(6)(d)	The person in charge shall ensure that the	Substantially Compliant	Yellow	31/12/2022

	personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	31/12/2021
Regulation 06(2)(c)	The person in charge shall ensure that the resident's right to refuse medical treatment shall be respected. Such refusal shall be documented and the matter brought to the attention of the resident's medical practitioner.	Substantially Compliant	Yellow	31/01/2022
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider or by arrangement	Substantially Compliant	Yellow	31/01/2022

	with the Executive.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	15/01/2022
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	15/01/2022