



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

## Issued by the Chief Inspector

Name of designated centre:	Kilcummin Residential Services
Name of provider:	Kerry Parents and Friends Association
Address of centre:	Kerry
Type of inspection:	Unannounced
Date of inspection:	13 October 2022
Centre ID:	OSV-0007962
Fieldwork ID:	MON-0037226

## About the designated centre

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

The designated centre provides full-time residential services to male and female adults with a primary diagnosis of intellectual disability. The designated centre comprises of two individual single storey houses that are located 4 kilometres and 8 kilometres from a large rural town. The smaller house accommodates female residents and each resident has their own bedroom and own sitting room. The house has a kitchen / dining area, a bathroom and a staff bedroom with an en-suite. There is one additional bedroom. The house has a large garden area to the front and rear. The second house is larger and accommodates male residents. It has five individual bedrooms with en-suites as well as a staff bedroom en-suite. There is a kitchen and dining room, a sitting room, bathroom, boiler house and hot press. An adjacent building which is part of the designated centre has a laundry room, a store room and a toilet. The house has a large garden to the front and rear. The staff team is comprised of social care workers and support workers.

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

Number of residents on the date of inspection:	7
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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
Thursday 13 October 2022	09:00hrs to 17:00hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

This was an unannounced inspection completed in Kilcummin Residential Services to monitor ongoing compliance to the Health Act 2007. The centre consists of two houses located in close proximity to each other. The inspector called to one house in the morning and was greeted at the door by a resident. They welcomed the inspector and informed the person in charge who was at the door. Upon entering the house, the inspector had a brief introduction with the residents as they were preparing to start their day.

One resident was leaving to attend their day service and gave the inspector a thumbs up. They nodded and smiled when the inspector said for them to enjoy their day. Another resident was having a cup of tea at the dining table and smiled when the inspector said good morning. One resident was relaxing in their bedroom. They welcomed the inspector into their room and showed them their CD's. They love music and have a large selection of CD's that they enjoy organising. They were having a cup of tea in their room and watching the morning TV shows.

The inspector spoke with the staff regarding the centre. The person in charge spoke of safeguarding concerns in the centre and the measures implemented daily to minimise the risk of incidents occurring. The person in charge had been appointed to the role in this centre in August 2022 and had an awareness of the needs of the service being provided. They were supported in their role by two appointed team leaders.

While documentation was being prepared for review the inspector spent a period of time around the centre. It was observed that some areas of the house required attention. Within the living room there was a large amount of activity items stored in an unkempt manner in the corner. There was insufficient seating in this room should all five residents wish to spend time in this room or entertain visitors. The dining room was poorly lit, this was in part due to a large volume of staff information displayed on a large window blocking light. Additional storage was required in residents' bedrooms to ensure personal care products were stored in a respectful manner.

Adjacent to the main house was a large utility and storage area. This area was visibly unclean with dead flies on the windowsill and general clutter. This area was used for the storage of personal protective equipment (PPE) and the drying of residents clothing.

Residents in this house were observed coming and going on activities of their choice. One resident was at social farming in the morning and told the inspector they enjoyed this. They were chatting with staff on their return about their new walker and enquired when this would arrive. They were reassured with the staff team response to this. They told the inspector of an upcoming trip they had planned and that they were looking forward to this. They joked with the staff present that

they were not allowed to join them.

Another resident chose to spend a large amount of time in their room listening to music and relaxing watching TV. Staff were observed checking in on the resident regularly throughout the day. Another resident sat with this resident and with verbal encouragement brought the resident for a walk around the garden of the centre to get some fresh air. While this resident had decided not to return to their day service following the COVID-19 pandemic others were anxious to return. Staff had supported one resident to submit a complaint that their service had not resumed. This was being addressed.

The inspector visited the second house of the centre in the afternoon. This centre had a capacity for three residents with one vacancy at present. There was no planned admission in progress. Upon entering the house one resident was sitting at the dining table having lunch. The other resident was sitting in their living area having something to eat. The inspector went to the office to allow residents to enjoy their meal without disruption.

When completing a walk around of the centre a foul smell was present in the hallway. From discussion with staff it became evident that this was coming from the medication room. The smell was extremely pungent and the inspector could not remain in this room for any period of time. Upon further investigation it became clear that mould was present in many rooms of the centre including residents' bedrooms, the staff office and main bathroom. In one vacant bedroom visible water marks were evident on the walls. This issue had first been raised by the staff team in May 2022, and again in August 2022. However there was no evidence of any actions to address this which the inspector sought during and after the inspection. Mould was located in the linen press where residents' bedlinen was stored. When the inspector requested for this to be stored in an alternative location due to the damp environment of the linen press, staff stated that there was dampness in all areas which limited options for storage.

The inspector spoke with residents after their meal and one resident brought the inspector to show them their bedroom. Immediately upon entering the room the resident pointed out the mould on the ceiling to the inspector and told them it was dirty and they didn't like it. The inspector spoke with the resident about their room. The resident had recently bought a new bed and told the inspector they liked that it went up and down so it was easy for them. They observed that the resident had a TV in their room and when they asked if they enjoyed it they told the inspector they couldn't watch it as it was over their head and they couldn't see the TV.

This resident told the inspector they like to spend time in their living room away from their peer. Each resident in this house had their own living room as they preferred to spend time alone and do things individually. However, due to staffing levels allocated to the house this could not always be supported. The resident told the inspector that they didn't like to spend time with their house mate and didn't like when they had to do things together. They said they tell the staff if they are not happy.

It was clear throughout this inspection that the governance and management systems in place within the centre were not effective to ensure a safe service was provided to residents. To ensure the safety of residents an immediate action was issued to the provider to assess the safety of the house with the presence of mould and damp and assurance was required from the provider in relation to the quality and safety and care and welfare of all residents in this centre. An urgent action was also issued to the provider to ensure the concern was addressed. Monitoring systems in place within the centre were not utilised to identify area of concern and to address them in a timely manner.

The ability of the provider to ensure a good quality service is provided to the residents currently residing in Kilcummin Residential Services will be discussed in the report within the next two sections of capacity and capability and quality and safety.

## Capacity and capability

This was an unannounced inspection completed in Kilcummin Residential Services to monitor ongoing compliance to the Health Act 2007. The registered provider at the time of the inspection was engaging with the Chief Inspector of Social Services to inform them of measures to be implemented to improve the overall governance and management arrangements in place within the organisations registered centres. From review of systems within the centre there was evidence of non-adherence to this plan. For example the person in charge did not have protected time to complete their governance duties and team meetings were not being completed on a monthly basis.

The registered provider had appointed a suitably qualified and experienced person in charge to the centre in August 2022. They had an awareness to the support needs of the residents' and the service. However, this individual had governance responsibility over two designated centres. A large portion of the time was allocated to covering staff vacancies in another centre. Therefore, this limited their potential to have oversight of systems within the centre. The person in charge was supported in their role in this centre by two team leaders who had been appointed to the role in June 2022. Roles and responsibilities were set out through team leader meetings which had recently been introduced, with the first of these being completed the day prior to the inspection.

The person in charge reported directly to two assistant directors of services. Monthly organisational management meetings occurred to discuss organisational level issues and concerns such as budgeting and human resource issues. The person in charge was now to be met monthly by the assistant director of services to highlight and discuss any concerns relating to the centres under their remit. The most recent of these occurred on 29 September 2022. Upon review of the notes taken following this meeting it was evidenced that the meeting had not been used to highlight areas

of concern and non compliance within the centre. For example, the presence of mould, dampness and staffing levels in one house were not discussed or highlighted to ensure a safe and effective service for residents.

The registered provider had carried out the six monthly and unannounced visit to the centre as per the regulation. The annual review of service provision was completed in March 2022. This was found to be vague and did not highlight any actions to be taken relating to improvements required. The six monthly unannounced visit to the centre had occurred in June 2022. This visit had not been used to identify and address areas of non-compliance evidenced in the inspection. For example, staffing levels were found to be ineffective, lack of self-closing mechanisms on fire doors was not assessed and the report stated medication was stored in a safe manner despite a foul smell in one medication room.

Actions set out from this visit had not been completed with no evidence of some actions available for review. This included a meeting with the chief executive officer regarding the return of mould on some walls in one house. The issue of the mould and dampness in one house had been ongoing since May 2022. Despite a maintenance review of the situation in August 2022, no actions or documentation in relation to this issue was evident on the day of inspection. There was no formal plan in place to address this issue and how this issue could minimise the impact on residents. The person in charge had escalated the concern to senior management through a formal risk assessment with no evidence of a response to address this issue. To ensure the safety of residents an immediate action was issued to the provider on the day of the inspection to provide assurances the premises was safe for accommodation of residents. An urgent action was also issued to provide assurances that the situation would be rectified in a timely manner.

The team leaders oversaw the staff rota with sanction from the person in charge. Staffing within the centre did not reflect the assessed needs of residents' in one house under the remit of the centre. Residents did not like to spend time together and partake in social activities in each others company. Due to the staffing levels in place within this house, residents could participate in individual activities for three hours only a day. Within the staff rota, it was not clear if the protected time allocated to the person in charge to ensure the effective governance, operational management and administration of the designated centre.

An organisational supervision policy had been developed by the organisation in August 2022. There was no clear evidence of adherence to this policy in a consistent manner within the centre. For example, one new staff member had not received a probationary meeting since March 2022. Also, the supervision to be completed for members of the governance team as set out by the provider was not in accordance with the policy in place. It was not evidenced on the day of the inspection that staff were supported to raise concerns regarding the safe and effective operation of the centre. Team meetings were not occurring monthly as set out by the providers governance and management plan. The most recent team meeting to have occurred in one house was the beginning of August 2022. A member of management had not attended a team meeting since March 2022.



The registered provider had a complaints policy and procedure in place. One resident had submitted a complaint regarding their non-return to their day service in June 2022. This complaint has remained open for a number months. Despite ongoing communication with the complainant, no resolution had occurred. The staff team and residents have verbalised complaints relating to staffing levels and the physical environment in one house under the remit of the centre. However, these complaints have not been documented and the complaints process had not been adhered to ensure a resolution in a timely manner.

#### Regulation 14: Persons in charge

The registered provider had appointed a suitably qualified and experienced person in charge to the centre. This person had remit over two designated centres. However, due to this remit the Chief Inspector was not that satisfied that they could ensure effective governance, operational management and administration of the designated centres concerned,

Judgment: Substantially compliant

#### Regulation 15: Staffing

The registered provider had not ensured 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.

The person in charge had not ensured that the planned and actual staff rota, reflect staff on duty during the day and night.

Judgment: Not compliant

#### Regulation 16: Training and staff development

The person in charge had not ensured all staff were supported and facilitated to access to appropriate training, including refresher training, as part of a continuous professional development programme. A number of staff required training to support residents in the area of behaviours that is challenging.

The person in charge had not ensured staff are appropriately supervised in accordance with organisational policy. This policy also did not correspond to the organisational governance and management in plan.

Judgment: Not compliant

### Regulation 23: Governance and management

The registered provider had not ensured 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. There was no evidence of lines of accountability to ensure all areas of concern and non-compliance when identified were addressed in a timely manner.

On the day of inspection governance oversight was not evidenced in relation to an identified area of concern. This concern related to the presence of mould and dampness in one property under the remit of the centre. While this had been escalated by the person in charge to senior management through maintenance requests and risk procedures since May 2022 no measures had been implemented to address the area of concern and to promote a safe environment for residents.

The registered provider at the time of the inspection was engaging with the office of the Chief Inspector to inform them of measures to be implemented to improve the overall governance and management arrangements in place within the organisation. From review of systems within the centre there was evidence of non-adherence to this plan.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The registered provider had not ensured the review of the statement of purpose in October 2022 accurately reflected the function of the centre. This included:

- The whole-time equivalent of staff
- The number of residents currently accommodated in the centre
- An accurate description of the rooms in the centre including their primary function
- The current arrangements for residents to engage in social activities, hobbies and interests.

Judgment: Not compliant

### Regulation 34: Complaints procedure

The registered provider had ensured the provision of a complaints procedure for residents which was in an accessible and age-appropriate format and included an appeals procedure. However, there was not evidence of adherence to this. For example, that all complaints are investigated promptly and for any measures required for improvement in response to a complaint are put in place in a timely manner.

While staff spoke of individuals verbalising complaints regarding premises and staffing levels, these were not documented or addressed in accordance with the complaints procedure.

Judgment: Not compliant

## Quality and safety

Kilcummin Residential Services is a residential service located on the outskirts of a large town. The centre consists of two houses located in close proximity to one another and currently provides residential supports to seven individuals. Residents are supported at times with regard to their input in the day-to-day operations of the centre. However, improvements were required to ensure the care and welfare and quality and safety of are supported at all times.

Each resident had been supported to develop an individualised personal plan with the aim to provide multidisciplinary guidance on the support needs of the each resident. The person in charge stated that the annual review was completed through the person centred planning process. However, on examination these reviews were found not to be multidisciplinary in nature and did not incorporate consultation with the resident. Personal plans were not reviewed to reflect changes in circumstances for residents' in a consistent manner. For example, one personal plan spoke at length regarding a resident's job. However, from discussion with staff the resident had not participated in this job since prior to COVID-19.

Residents were supported to plan goals for the coming year. As stated previously it was not clear from the personal planning documentation to what extent the residents were consulted with this. There was no tracking of participation in goals in a number of personal plans reviewed with some goals not reviewed in 12 months. Residents were at times supported to participate in activities of their choice. One resident attended a local day service, another enjoyed in-house activities and had chosen not to return to their day service. In one house, activities to be enjoyed were dependent on the staffing levels provided, and due to differing likes and interests, residents did not always enjoy the chosen activity.

The premises of the centre consisted of two houses. The first house visited required internal work to ensure a homely environment was promoted. For example, the dining room presented as dark due to the location of staff information being displayed on a large window. The living room stored activity items in a cluttered

manner with seating in place that was not sufficient for all residents. A room adjacent to the main house was used as a utility room and storage of PPE. This was found to unkempt and unclean with dead flies on the windowsill. This was despite clothes being dried on a clothes horse.

The second house of the centre required review. The house presented as damp. There were visible water marks on the wall and flooring was lifting due to dampness. There was mould present on the wall of the linen room used to store bed linen, towels and incontinence blankets. The mould was also present in residents' bedrooms on the window frame and ceilings. The medication of the house was stored in an allocated medication room. Upon entering this room the inspector inhaled a pungent smell. Due to this smell the inspector was unable to spend a period of time in this area to review the area of medications. This issue had been highlighted by the person in charge previously to the organisational senior governance team with no actions completed to address the issues.

The inspector reviewed the area of infection prevention and control within the centre. This had recently been reviewed by the person in charge to ensure each resident had a personal plan should the needs for isolation arise. All staff had completed training in the areas of infection control and hand hygiene. Improvements were however required. Areas of both houses presented as unclean. PPE was not stored in a safe manner. Due the presence of mould and dampness in one house this area could not be cleaned in an effective manner to minimise the risk of infection to residents and staff.

The person in charge oversaw risk management systems within the centre. These systems were guided by the implementation of the organisational risk management policy. Systems incorporates an environmental risk register and individual risk assessments as required. These included self-harm, safeguarding and fire safety. The person in charge allocated control measures to minimise the impact of the risk identified and allocated a risk rating. If a risk rating was orange or red this was escalated to the senior management team. One such risk reviewed on the day of the inspection was the risk relating the neglect of the physical environment. While this had been escalated to senior management there was no evidence of review of the risk or of the implementation of additional control measures to address this.

The registered provider had implemented a number fire safety measures within the centre. This included fire doors, fire extinguishers and emergency lighting. All staff had received training on the topic of fire safety and the specific emergency protocol within the centre. An emergency evacuation plan was in place and supported by personal emergency evacuation procedures. Some improvements were required. For example, the signage for the location of the fire blanket in the utility room was in the wrong location with the extinguisher and blanket behind the door out of sight. Also, a number of fire doors within the centre with self-closing mechanisms in place were held open with items such as chairs or door wedges. While the provider was addressing this, fire audits completed did not reflect the non-compliance evident.

The registered provider had ensured the implementation of a number of measures to protect residents from abuse. Overall, where a safeguarding concern had been

identified, effective measures were in place. This included staff supervision and individual protocols as required. These were evidenced to be person specific and reflected the current needs of residents. Where a potential safeguarding concern regarding the neglect of the physical environment had been escalated to senior management through the risk assessment process, this had not been reviewed as such. This will be discussed under Regulation 23 and Regulation 26.

### Regulation 13: General welfare and development

The registered provider had not ensured each resident was consistently supported with opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises under the remit of the designated centre did not present of sound construction and were not maintained in a state of good repair. In one house of the centre there was visible mould and dampness in many rooms including residents bedrooms. A foul smell was present in the medication room and also in the staff room. Flooring was lifting in the hallway and the current vacant bedroom.

The second house of the centre required cosmetic and internal work to ensure a homely environment was promoted for all residents. Areas of this house were found to be unclean and unkempt.

Judgment: Not compliant

### Regulation 26: Risk management procedures

The registered provider had ensured the development of a risk management policy in the specific risks set out in Regulation 26.

The registered provider however had not ensured that the systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies were consistently responded to when escalated due to increased risk.

The on call system in place as set out in the organisational policy referred only to the weekends and public holidays. This did not account for after hours supports

outside working hours on weekday evenings.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The registered provider had not ensured effective measures were in place to protect all residents' from infection. Due to the presence of dampness and mould in one house of the centre effective cleaning of the area could not be completed. Also as flooring was lifting these areas could not be effectively cleaned. With the presence of mould and dampness in many areas effective measures were not in place to minimise the risk of airborne infections.

Judgment: Not compliant

### Regulation 28: Fire precautions

The registered provider had implemented a number fire safety measures within the centre. This included fire doors, fire extinguishers and emergency lighting. However, a number of fire doors within the centre did not have self-closing mechanisms in place as required.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge had not ensured that the designated centre has appropriate and suitable practices relating to the storing, and administration of medicines to ensure that all medicine that is kept in the designated centre is stored securely and in safe manner.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Each resident had been supported to develop an individualised personal plan with the aim to provide multidisciplinary guidance on the support needs of the each resident, however, on examination these reviews were found not to be

multidisciplinary in nature and did not incorporate consultation with the resident.

Personal plans were not reviewed to reflect changes in circumstances for residents' in a consistent manner

Judgment: Not compliant

### Regulation 8: Protection

The registered provider had ensured the implementation of a number of measures to protect residents from abuse. Overall where a safeguarding concern had been identified effective measures were in place.

Where a potential safeguarding concern regarding the neglect of the physical environment had been escalated to senior management through the risk assessment process, this had not been reviewed as such. This is discussed under Regulation 23 and Regulation 26.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had not ensured that the designated centre was operated in a manner that respects the rights of the residents currently availing of the service within Kilcummin Residential Services. Residents were not consistently supported to have the freedom to exercise choice and control in his or her daily life. Systems were not in place to ensure that each residents' privacy and dignity was respected in relation to, but not limited to, his or her personal and living space and personal information.

Judgment: Not compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant



# Compliance Plan for Kilcummin Residential Services OSV-0007962

Inspection ID: MON-0037226

Date of inspection: 13/10/2022

## 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 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>Person in charge is now on full administration hours for the designated Centre. This has been in place since 25.10.2022 The agenda for the ADOS/PIC meeting has been enhanced to include all issues of compliance, Under maintenance mould will be a subheading at the ADOS/PIC meeting. All managers have been asked to submit any issues relating to dampness and mould and the provider has engaged with a competent expert in this area to address such issues. There is a checking system in place within the cleaning schedule to highlight any issues relating to mould. HG Mouldicide spray has been applied to the affected walls, which will completely remove all mould and will be effective for a considerable period. The maintenance team has drylined the affected walls with a Kingspan internal insulation board, in accordance with the recommendation of the expert engaged. A vent has been fitted to the medication room.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Person in charge is now on full administration hours for the designated Centre. A business case has been submitted to the HSE in August 22 to identify additional staffing requirements in the designated centre, this has been resubmitted. Approval of this funding will assure that the needs of the residents are met.</p> <p>A review of the planned rota and actual rota have commenced which identifies the skill mix of the staff as per statement of purpose. This also identifies all staff on duty within the Centre.</p> <p>The statement of purpose has been reviewed with the correct whole time equivalent of</p>	

staff identified.	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Person in charge has submitted the names of staff who require MAPA training, awaiting dates. Supervision of team leads has occurred for 1 team lead, 2nd team lead supervision is planned for November 15th. Probation meeting will occur before November 18th. The organisations policy on Supervision has been reviewed and updated to reflect the appropriate supervision schedule for team leads.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A gap in communication between Operations and PIC's was noted at PIC/ADOS meetings in September 2022 resulting in a process improvement whereby maintenance requests now have a specific section to identify regulatory maintenance. Under maintenance mould will be a subheading at the ADOS/PIC meeting.</p> <p>PIC's are advised at monthly PIC/ADOS meetings to escalate issues that remain outstanding to Operations manager directly for immediate response and action plan with timeframe.</p> <p>HG Mouldicide spray has been applied to the affected walls, which will completely remove all mould and will be effective for a considerable period. The maintenance team have drylined the affected walls with a Kingspan internal insulation board, in accordance with the recommendation of the expert engaged. A vent has been fitted to the medication room.</p> <p>KPFA will monitor the mould situation until remedial works are undertaken and successful. The Person in Charge will monitor progress locally and will report any deterioration to the Operations Manager without delay.</p> <p>The Association will need to remedy internal leaking pipes underground in this house and the installation of vents in the external walls or ceilings, and floor reinstatement / repair will also be undertaken at this time, also recommended by Mr. Galvin (dampness expert). (Funding has been sought from HSE for these works previously and this application has</p>	

been updated and re-submitted. Previous investigation by loss adjuster has not been successful). The works will be a priority 1 action for KPFA. These works will be completed within 6 months, if possible (Residents will vacate the premises and take a short holiday during major works)

The maintenance requisition for has also been reviewed and updated and now includes a high priority section which identifies urgent works required.

The supervision policy has been updated and supervision has been scheduled accordingly.

Regulation 3: Statement of purpose	Not Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The statement of purpose has been reviewed to update the whole time staff equivalent, number of residents in designated Centre, accurate description and function of all rooms and activities provided as outlined in the report. The floor plan has been sent to the engineer to remove a blue line on one map and which identifies a laundry area.

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

As part of the team meetings, staff will be reminded that they should document all complaints in line with the organisations policy. The PIC will ensure that the process re complaints is followed in line with organization policy. A meeting is scheduled with the DOS and the day centre manager for 16/11/22 to resolve the complaint in relation to residents returning to their day service post Covid.

Regulation 13: General welfare and development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare and development:

A business case has been submitted to the HSE in August 22 to identify additional

staffing requirements in the designated centre, this has been resubmitted. Approval of this funding will assure that the needs of the residents are met. While a day service is provided in the DC, some residents want to return to their day centre, a meeting is scheduled with the DOS and the day service manager for 16/11/22 to address this issue.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: HG Mouldicide spray has been applied to the affected walls, which will completely remove all mould and will be effective for a considerable period. The maintenance team has drylined the affected walls with a Kingspan internal insulation board, in accordance with the recommendation of the expert engaged. A vent has been fitted to the medication room.

KPFA will monitor the mould situation until remedial works are undertaken and successful. The Person in Charge will monitor progress locally and will report any deterioration to the Operations Manager without delay.

The Association will need to remedy internal leaking pipes underground in this house and the installation of vents in the external walls or ceilings, and floor reinstatement / repair will also be undertaken at this time, also recommended by Mr. Galvin (dampness expert). (Funding has been sought from HSE for these works previously and this application has been updated and re-submitted. Previous investigation by loss adjuster has not been successful). The works will be a priority 1 action for KPFA. These works will be completed within 6 months, if possible (Residents will vacate the premises and take a short holiday during major works)

Staff information has been removed from window to allow for more natural light. The activity areas have been cleared. On review the current seating is sufficient due to resident's choice.

The adjoining laundry/utility area has been cleaned.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

A review of our risk escalation process will be carried out and discussed at our quality and safety meeting so that all managers are aware of the current risk escalation process as identified in our policy.

A business case has been submitted to the HSE to address the on call deficit, funding approved will ensure we have on call system 7 days a week.

The floor will be replaced when the major works are being completed	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The Quality &amp; Safety Committee of KPFA has discussed this situation to ensure that monitoring dampness is included in the infection control programme, and added to the weekly checklists, and that appropriate advice is taken to prevent and control healthcare associated infections, all managers have systems in place to report deteriorations of this kind, ensure the problem is dealt with and that any area of dampness is monitored for any recurrences.</p> <p>None of the residents have underlying issues such as respiratory issues, immune system or other that can potentially impact their health and wellbeing. Both are in excellent health.</p> <p>KPFA will follow Mr. Galvin's advice closely and will do its utmost to ensure that all premises are kept in a good state of repair.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>An application for funding has been submitted to the HSE for the entire organization, this has been escalated again.</p> <p>The PIC complete an audit on the fire measures in place in the DC and will ensure that the fire blanket in the utility is in the correct location</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	

The medications room have been fitted with a vent to alleviate the damp smell. This may take a few weeks, in the meantime the medications have been moved to a locked press in the staff room until the smell have been resolved.

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:  
 Team meetings occurred on 25th October and 28th October with both houses. A document was created outlining how to do a full annual review for resident in line with regulation. All staff are to review care plans in line with regulations and can request support from clinical nurse specialist.  
 Residents goals to be discussed with each resident and the process around recording and management of same to be discussed at team meetings.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
 A business case has been submitted to the HSE in August 22 to identify additional staffing requirements in the designated centre, this has been resubmitted. Approval of this funding will assure that the needs of the residents are met. While a day service is provided in the DC, some residents want to return to their day centre, a meeting is scheduled with the DOS and the day service manager for 16/11/22 to address this issue.

## 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 13(2)(a)	The registered provider shall provide the following for residents; access to facilities for occupation and recreation.	Substantially Compliant	Yellow	28/02/2023
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	28/02/2023
Regulation 14(5)	The registered provider shall ensure that he or she has obtained, in respect of the person in charge, the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	17/11/2022
Regulation 15(1)	The registered	Not Compliant	Orange	17/11/2022



	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.			
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Not Compliant	Orange	30/11/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/12/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/11/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good	Not Compliant	Orange	30/05/2023

	state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/05/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/05/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	28/02/2023
Regulation 23(1)(b)	The registered provider shall ensure that there is a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.	Not Compliant	Orange	06/12/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre	Not Compliant	Orange	06/12/2022

	to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.	Not Compliant	Orange	22/12/2022
Regulation 23(3)(b)	The registered provider shall ensure that effective arrangements are in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.	Not Compliant	Orange	06/12/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	06/12/2022

	place in the designated centre 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.	Not Compliant	Orange	30/05/2023
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	30/05/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	17/11/2022
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate	Substantially Compliant	Yellow	31/12/2022

	and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	17/11/2022
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	30/11/2022
Regulation 34(2)(e)	The registered provider shall ensure that any measures required for improvement in response to a complaint are put in place.	Not Compliant	Orange	30/11/2022
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Not Compliant	Orange	31/12/2022
Regulation	The person in	Not Compliant	Orange	31/12/2022

05(6)(b)	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.			
Regulation 05(6)(c)	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 assess the effectiveness of the plan.	Not Compliant	Orange	31/12/2022
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 is a change in	Not Compliant	Orange	31/12/2022

	needs or circumstances, which review shall take into account changes in circumstances and new developments.			
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	31/12/2022
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.	Not Compliant	Orange	28/02/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships,	Not Compliant	Orange	28/02/2023

	intimate and personal care, professional consultations and personal information.			
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