



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

## Issued by the Chief Inspector

|                            |  |
|----------------------------|--|
| Name of designated centre: | The Blossoms   |
| Name of provider:          | Autism Initiatives Ireland<br>Company Limited By Guarantee |
| Address of centre:         | Co. Dublin   |
| Type of inspection:        | Unannounced  |
| Date of inspection:        | 28 April 2022  |
| Centre ID:                 | OSV-0008065  |
| Fieldwork ID:              | MON-0036874  |

## About the designated centre

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

The designated centre is a ground floor apartment that can provide 24 hour care and support to three adults diagnosed with Autism, including other complex needs. The centre can provide for residents that have a mild to moderate diagnosis of Autism. Currently, there are two female adults living in the designated centre, but the centre can accommodate three adults. There are three bedrooms in the designated centre all of which include en-suite facilities. The apartment has a communal open plan area consisting of kitchen/ dining room and sitting room. There is a utility room and one additional shared bathroom. There is also an office for staff where administration takes place. The designated centre is supported by a staff team, made up of an area manager, a person in charge, a senior social care worker, four social care workers and two support workers. The person in charge is employed as a full-time employee, dividing their time between this designated centre and one other.

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

Number of residents on the date of inspection:

2

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 28 April 2022 | 09:45hrs to 17:15hrs | Jacqueline Joynt | Lead |

## What residents told us and what inspectors observed

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality life. The residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The provider and staff promoted an inclusive environment where each of the resident's needs, wishes and intrinsic value were taken into account.

On the morning of the inspection, the inspector met briefly with the two residents living in the centre. Engagements between the inspector and the residents took place from a two metre distance, wearing the appropriate personal protective equipment in adherence with national guidance.

On day of inspection, the two residents were supported to attend planned activities that they enjoyed. In the late morning, the two residents headed out with their staff to go swimming in a community pool in the next county. Residents were supported to engage in activities which were of interest them, including community activities such as going to the cinema, bowling, visiting aquariums, local parks and enjoying eating out in local cafes and restaurants, but to mention a few. Community activities were in line with a number of the residents' community inclusion and engagement goals.

Residents and their families were consulted in the running and decision making of the centre. Families played an important part in the residents' lives and the centre's management and staff acknowledged and supported these relationships and supported residents keep regular contact with their families. Residents were supported to visit their families on a regular basis.

On review of the centre's annual review consultation process, the inspector noted that, overall, feedback from the residents' families to be positive. Families were complimentary of the care and support staff provided to their family member.

Residents were consulted about the care and support they received and on a regular basis met with their keyworker for a consultation meeting about their goals. Residents were provided accessible formats of their personal plans which included a large number of photographs that captured family visits, community activities with friends and staff, achievements of goals and milestone celebrations.

On entering the centre the inspector observed the house to have a relaxed and spacious feel to it. There was a calm atmosphere and both residents were getting ready to head out for their days activity. The physical environment of the house was clean and in good decorative and structural repair. Overall, the inspector observed the centre to have a homely atmosphere. Throughout the sitting room and dining room areas there were lots of photographs of residents enjoying various activities. Many of the new photographs included both residents enjoying activities together during times when community activities were restricted. Residents were provided

their own bedrooms which included en-suite bathrooms. Residents' bedrooms were large and spacious and were reflective of the residents' likes and preferences. Residents' bedrooms included family photographs, posters and furnishing in line with their likes and wishes.

The inspector observed that the residents seemed relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, mindful and caring interactions. Residents appeared to be content and familiar with their environment. On observing residents interacting and engaging with staff it was obvious that staff clearly interpreted what was being communicated to them by the residents. During conversations between the inspector and the residents, staff members supported the conversation by communicating some of the non-verbal cues presented by the resident. On briefly speaking with staff in the morning, the inspector found that they were familiar with the residents' different personalities and were mindful of each resident's uniqueness and different abilities.

The inspector found that the health and well-being of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents were provided with a choice of healthy meal, beverage and snack options which were recorded in their personal plan. Treats were also available to residents such as take-out meals and a wide variety of healthy snacks.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. Through speaking with management and through observations and a review of documentation, it was evident that the management team and staff were striving to ensure that residents lived in a supportive and caring environment where they were empowered to have control over and make choices in relation to their day-to-day lives.

The inspector found that, for the most part, there were systems in place to ensure residents were safe and in receipt of good quality care and support, however, some improvements were needed and these are discussed in the next two sections of the report which 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 to each resident living in the centre.

## Capacity and capability

This designated centre was originally part of a designated centre that consisted of three large ground floor apartments registered for nine residents and linked by connecting locked doors. In November 2021, to strengthen the governance and monitoring of the centre, the provider split the centre into three individual designated centres with its own management and staff team. A registration renewal

inspection was completed for the original centre and following this, two new centres were registered, with this centre being one of them. This inspection was carried out to monitor compliance and to follow-up on actions completed since the opening of the new centre.

The inspector found that the provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to residents. The service was led by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of the residents and this was demonstrated through good-quality safe care and support. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. The inspector found that, for the most part, actions from the last inspection had been completed and had resulted in positive outcomes for the residents, however some actions remained outstanding for a number of regulations and further improvement was needed to bring them into full compliance.

The governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report of the quality and safety of care and support in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. In addition, six monthly unannounced reviews of the quality and safety of care and support in the centre were carried out in line with the regulatory requirement.

There was a robust local auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents. There was a monthly management report completed by the person in charge with oversight of the person performing in management, to share learning, reflect on practices and identify improvements to ensure better outcomes for residents.

The provider had completed the Health Information and Quality Authority (HIQA) preparedness and contingency planning self-assessment for designated centres for adults and children with a disability for a COVID-19 outbreak, which was regularly reviewed by the person in charge. In addition the provider completed a risk assessment for the centre relating to COVID-19 risks and a contingency plan specific to the designated centre. Furthermore, the provider had put in place an COVID-19 outbreak response plan for the centre which included appropriate precautions such as contingency plans, self-isolation plans and infection prevention control checklists in place during the current health pandemic.

Overall, the inspector found that the registered provider, person in charge and person performing in management strived for excellence through shared learning and reflective practices and were proactive in continuous quality improvement to ensure better outcomes for residents. Findings from inspections from another centres run by the same person in charge had been reviewed and shared, with many of the improvements addressed or in the process of being addressed in this centre. This had resulted in improvement to staff supervision meetings, upkeep of premises and overall, the infection prevention and control measures in place in the

centre.

The person in charge had commenced their role with the change in structure of the new designated centre. They divided their role between this centre and one other. The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents living in this centre.

There was a staff roster in place in the centre and it was maintained appropriately. The inspector reviewed a sample of the centre's rosters and saw that there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. The staff roster clearly identified the times worked by each person including the person in charge and the deputy manager.

There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. There was a core team working in the centre. The inspector was advised that a number of staff had worked for two years or more in the centre. Where relief staff were employed, the person in charge endeavoured to employ staff who were familiar to the residents' needs and who worked with them on a regular basis. On review of feedback from families, one family noted that the continuity of staff had a positive impact on their daughters well-being. On the day of the inspection the inspector observed kind, caring and respectful interactions between staff and residents.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored to ensure the delivery of quality, safe and effective services for the residents. Staff had been provided training in key areas such as safeguarding, fire safety, medication management, food hygiene and positive behaviour support. Overall, staff training was up-to-date however, refresher training courses were overdue for some relief staff.

Good quality supervision meetings, to support staff perform their duties to the best of their ability, were taking place. On review of a sample of supervision meeting minutes, the inspector saw that learning from a recent infection control inspection of another centre managed by the person in charge had been shared with this centre. The meetings had been further enhanced by including a discussion on the current infection prevention and control measures in place in the centre.

## Regulation 14: Persons in charge



The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and endeavoured to ensure that they were met in practice.

Judgment: Compliant

### Regulation 15: Staffing

There was sufficient numbers of staff with the necessary experience and competencies to meet the needs of residents living in the centre. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted.

Judgment: Compliant

### Regulation 16: Training and staff development

The training needs of staff were regularly monitored to ensure the delivery of quality, safe and effective services for the residents. Overall, staff training was up-to-date however, refresher training courses were overdue for some relief staff.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The governance and management systems in place were found to operate to a good standard in this centre. The provider had comprehensive arrangements in place to assure itself that a safe and good quality service was being provided to residents. The registered provider, person in charge and person performing in management, strived for excellence through shared learning and reflective practices and overall, were proactive in continuous quality improvement to ensure better outcomes for residents.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

During the inspection of the designated centre, which this new centre was originally part of, an improvement was needed in setting out contracts of care that would fully inform residents of the service they could expect to receive and the fees payable. In their compliance plan, the provider had committed to updating the contracts of care and include details of how residents can access private therapies should they choose to do so, however on review of the residents' contracts, the updates had not occurred for the two residents living in this centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector found that for the most part, the information governance arrangements in place ensured that the designated centre complied with notification requirements. Where some improvements were needed, these have been addressed in Regulation 7.

Judgment: Compliant

### Regulation 4: Written policies and procedures

During the inspection of the designated centre, which this new centre was originally part of, two of the Schedule 5 policies were not reviewed within three years as required or within the review dates set out on the documents, as below.

- Provision of behavioural support dated February 2017
- The creation of, access to, retention of, maintenance of and destruction of records. Dated March 2017.

While improvements had been made to the policy addressing the monitoring and documentation of nutritional intake, on the day of inspection, updates to the other two policies listed above remained outstanding for this centre.

Judgment: Substantially compliant

## Quality and safety

The inspector found that residents' well-being and welfare was maintained by a good standard of evidence-based care and support in the designated centre. It was evident that the centre's management, person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs. Care and support provided to residents was of good quality. However, to ensure continuous positive outcomes for residents, the inspector found that some improvements were required, and in particular, to areas relating to healthcare and positive behaviour supports.

Residents' personal plans included an assessment of each resident's health, personal and social care needs and for the most part, arrangements were in place to meet those needs. This ensured that the supports put in place maximised each resident's personal development in accordance to their wishes, individual needs and choices. The plans were regularly reviewed. Residents, and where appropriate, their family members, were consulted in the planning and review process of their personal plans. Residents were provided with an assessable format of their plan which was in a format that they understood and was meaningful to them. The plans included photographs of residents enjoying community activities, achieving goals, celebrating milestone occasions and events with friends, staff and family and for one resident, a timeline of places they had lived since they were young. The person in charge told the inspector that residents regularly enjoyed spending time looking through and discussing the photographs in their plans with staff.

The health and wellbeing of each resident was promoted and supported in a variety of ways including through diet, nutrition, recreation, exercise and physical activities. Residents' were provided with healthcare plans, as part of their personal plan. The plans demonstrated that each resident had access to a general practitioner (GP) of their choice. However, the inspector found that some improvement was needed to ensure, that where residents required services provided by allied healthcare professionals, it was facilitated at all times. For example, a resident had been assessed to be at risk of choking when eating. A number of control measures were put in place to support the resident, including, an environmental restriction and guidance for staff on how to support the resident during mealtimes. However, there had been no clinical oversight by an appropriate allied healthcare professional of the assessment or of the supports in put in place.

In addition, improvement was needed to ensure that where residents were assessed to have a specific healthcare need, that there were corresponding healthcare plans in place to meet these needs, at all times. For example, one resident was assessed of having digestive issues however, the resident was not provided with a healthcare

plan on how best to support this need.

Residents were encouraged to eat a varied diet and were communicated about their meals and their food preferences. Residents made choices of what they would like to eat for their meals. Overall, residents had access to meals, refreshment and snacks at all reasonable times as required. In line with residents assessed needs, not all residents could access the kitchen freely, however, where this was the case, innovative options were being trialled so as to promote choice and independence in the resident's daily life, as much as possible.

Where residents required assistance with eating or drinking, there was a sufficient number of appropriately trained staff available to support residents during mealtimes. The inspector found there to be adequate amounts of wholesome and nutritious food and drink available to the residents. For the most part, the inspector observed that the residents' food and drink was stored in hygienic conditions however, some improvements were needed to ensure that dates were included on all opened food packets in the kitchen fridge. On the day of the inspection, the inspector observe that a medical cream was stored in in the food fridge, however, later that day, management organised a new fridge for the centre to be used specifically for residents' medication.

The register provider and person in charge had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. Each resident was provided with an assessment of their communication needs, preferences and wishes. The residents in the centre had varying communication needs that were being supported. On observing the residents interacting and engaging with staff, the inspector saw that staff could interpret what was being communicated by the residents. When required, residents were supported to understand matters through easy reads, social stories and use of visual aids. The provider and person in charge were seeking to assist each resident to enhance their communication skills. Residents personal plans demonstrated that residents were supported to understand some of the content of their plans through user friendly versions. For example, one resident's plan noted that the centre's complaint's process was explained to them through a user friendly version and that the resident appeared interested in the topic and seemed to understand it. The 'about me' section of residents' personal plans, provided clear guidance to staff on how residents liked to be communicated with and where appropriate, noted physical cues used by residents as an indication of what they were communicating. The plan also included a specific 'indicators of engagement', section which was used as a guidance for staff to best support residents when they were presenting their feelings of happiness, sadness or on-set of upset.

The provider promoted a positive approach to behaviours that challenge. Residents were provided with positive behaviour support plans which were regularly reviewed. In the event that a resident injured themselves, the injuries were recorded on a body chart and where it related to an incident of self-injurious behaviour, a behavioural incident report was completed. However, on review of a sample of documents, the inspector found that, where required, not all body charts had included a behavioural incident report. While residents received appropriate care

and support for the injury, overall, the recording of the injuries had not been followed up in line with the organisation's procedures. Furthermore, the injuries, which were considered non-serious, had not been notified to HIQA as required.

The inspector found that not all restrictive practices used in the centre were guided by the organisation's restrictive procedure's policy or were in line with national policy and evidence based practice. For example, there was no rationale for an environmental restriction (locked kitchen cupboard) included in a resident's person plan. In addition, the restriction had not been logged when in use or notified to HIQA.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity. There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults.

The physical environment of the house was clean and in good decorative and structural repair. Shared learning, from an infection, prevention and control focused HIQA inspection that had been carried out in another centre managed by the person in charge, had resulted in a number of decorative and upkeep improvements for this centre. The inspector was advised that the organisation's maintenance team had carried out a number of decorative upkeep and repair tasks to a number of walls, radiators and fixtures and fittings in the centre. As a result, these areas could now be effectively cleaned ensuring the overall, effectiveness of the infection, prevention and control measures in place.

The design and layout of the premises ensured that each resident could enjoy living in an accessible, safe, comfortable and homely environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents living in the centre. Overall, the house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. Residents expressed themselves through their personalised living spaces. For example, the inspector observed the residents bedrooms to be decorated in line with their likes and preferences and included family photographs, pictures, posters and memorabilia that was of interest and important to each resident.

The infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents. Overall, the inspector observed the house to be clean and that cleaning records demonstrated a good level of adherence to cleaning schedules. Staff had completed specific training in relation to the prevention and control of COVID-19 and staff were observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities throughout the inspection day. There were contingency arrangements in place for the centre during the current health pandemic. Residents were provided with easy-to-read documents and social stories regarding COVID-19 related matters to support their understanding of the current health pandemic, keeping safe such as

wearing PPE and hand hygiene and the testing and vaccination processes. The inspector observed that staff were engaging in safe practices related to reducing the risks associated with COVID-19 when delivering care and support to the residents.

### Regulation 10: Communication

The register provider and person in charge had ensured that residents were assisted and supported to communicate in accordance with their needs and wishes. Each resident was provided with an assessment of their communication needs, preferences and wishes.

Judgment: Compliant

### Regulation 17: Premises

Overall, the house was found to be suitable to meet residents' individual and collective needs in a comfortable and homely way. The centre was clean and suitably decorated and kept in a good state of repair and upkeep.

Judgment: Compliant

### Regulation 18: Food and nutrition

The inspector found there to be adequate amounts of wholesome and nutritious food and drink available to the residents. For the most part, the inspector observed that the residents' food and drink items were stored in hygienic conditions however, some improvements were needed to ensure that dates were included on all opened food packets in the kitchen fridge.

Judgment: Substantially compliant

### Regulation 27: Protection against infection

The infection prevention and control measures specific to COVID-19 were effective and efficiently managed to ensure the safety of residents.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' were provided with personal plans which included an assessment of their health, personal and social care needs and overall, arrangements were in place to meet those needs. Residents were provided with an assessable format of their plan which was in a format that they understood and was meaningful to them.

Judgment: Compliant

### Regulation 6: Health care

Improvement was needed to ensure, that where residents required services provided by allied healthcare professionals, it was facilitated at all times. For example, services to support residents who had difficulty swallowing or were at risk of choking when eating.

Improvement was needed to ensure that where residents were assessed to have a specific healthcare need, that there were corresponding healthcare plans, at all times. For example, where a resident was assessed of having digestive issues, there was no specific healthcare plan in place.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The recording of non-serious injuries incurred by residents had not been followed up in line with the organisation's procedures. In addition, they had not been notified to HIQA as required by Regulation 31.

A restrictive practices used in the centre had not been notified to HIQA and overall, was not in line with the organisation's restrictive practice policy or with national policy and evidence based practice.

Judgment: Substantially compliant

### Regulation 8: Protection

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults.

Judgment: Compliant



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

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

| Regulation Title   | Judgment                |
|--|-------------------------|
| <b>Capacity and capability</b>                                       |                         |
| Regulation 14: Persons in charge                                     | Compliant               |
| Regulation 15: Staffing  | Compliant               |
| Regulation 16: Training and staff development                        | Substantially compliant |
| Regulation 23: Governance and management                             | Compliant               |
| Regulation 24: Admissions and contract for the provision of services | Substantially compliant |
| Regulation 3: Statement of purpose                                   | Compliant               |
| Regulation 31: Notification of incidents                             | Compliant               |
| Regulation 4: Written policies and procedures                        | Substantially compliant |
| <b>Quality and safety</b>  |                         |
| Regulation 10: Communication   | Compliant               |
| Regulation 17: Premises  | Compliant               |
| Regulation 18: Food and nutrition                                    | Substantially compliant |
| Regulation 27: Protection against infection                          | Compliant               |
| Regulation 5: Individual assessment and personal plan                | Compliant               |
| Regulation 6: Health care  | Substantially compliant |
| Regulation 7: Positive behavioural support                           | Substantially compliant |
| Regulation 8: Protection   | Compliant               |

# Compliance Plan for The Blossoms OSV-0008065

Inspection ID: MON-0036874

Date of inspection: 28/04/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

| Regulation Heading   | Judgment                |
|--|-------------------------|
| Regulation 16: Training and staff development  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• Training spreadsheet is reviewed monthly by PIC and training is booked. All outstanding training from the audit has been booked.</li> </ul>   |                         |
| Regulation 24: Admissions and contract for the provision of services   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: <ul style="list-style-type: none"> <li>• Contracts of care to be updated and improved to include details relating to the service provided and fees payable. Contracts will also include details of how residents can access private therapies should they choose to do so.</li> </ul> |                         |
| Regulation 4: Written policies and procedures  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: <ul style="list-style-type: none"> <li>• PBS policy was reviewed in Oct 2021, but review date was documented as Jan 22. PBS policy to be reviewed again and correct review date included.</li> </ul> Review policy- Creation of, access to and retention of, maintenance of and destruction of records.      |                         |
| Regulation 18: Food and nutrition  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 18: Food and nutrition: <ul style="list-style-type: none"> <li>• All staff to check as part of the night duty cleaning checklist that all food items in the</li> </ul>   |                         |

|  |                         |
|--|-------------------------|
| fridge are labelled appropriately.<br>• All staff in the Blossoms to label all food once opened- to be discussed in next team meeting.   |                         |
| Regulation 6: Health care  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 6: Health care:<br>• GP has been contacted and referral to be requested for SALT to complete assessment of risk related to choking. The risk assessment to be updated to reflect the assessment completed.<br>• Health and wellbeing action plan to be reviewed and updated to reflect the digestive issues related to the prescribed medication.  |                         |
| Regulation 7: Positive behavioural support   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:<br>• All body charts completed relating self-injurious behaviors to have a corresponding incident report and notified to HIQA as required as part of the quarterly returns.<br>• Additional environmental restriction (locked cleaning chemicals in the kitchen) to be included in the restrictive practice log for one resident and to be reported as part of the quarterly returns. |                         |

## Section 2:

### Regulations to be complied with

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

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

| Regulation          | Regulatory requirement  | Judgment                | Risk rating | Date to be complied with |
|---------------------|---|-------------------------|-------------|--------------------------|
| Regulation 16(1)(a) | The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme. | Substantially Compliant | Yellow      | 30/07/2022               |
| Regulation 18(1)(b) | The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.               | Substantially Compliant | Yellow      | 30/07/2022               |
| Regulation 24(4)(b) | The agreement referred to in paragraph (3) shall provide for, and be consistent with, the resident's needs as assessed in accordance with Regulation 5(1) and the statement | Substantially Compliant | Yellow      | 30/07/2022               |

|                     |  |                         |        |            |
|---------------------|--|-------------------------|--------|------------|
|                     | of purpose.  |                         |        |            |
| Regulation 04(3)    | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Substantially Compliant | Yellow | 30/07/2022 |
| 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 | 30/07/2022 |
| 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 with the Executive.   | Substantially Compliant | Yellow | 30/07/2022 |
| Regulation 07(4)    | The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures  | Substantially Compliant | Yellow | 30/07/2022 |

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|  | are applied in accordance with national policy and evidence based practice. |  |  |  |
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