Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cooleens House
Name of provider:	St Joseph's Foundation
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	02 October 2023
Centre ID:	OSV-0001817
Fieldwork ID:	MON-0040143

About the designated centre

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

The centre was a purpose built, spacious detached bungalow with a large rear and side garden. There were six bedrooms at this centre, two bathrooms, a sitting room, a kitchen, dining area and a sensory room. In addition, there was a large indoor play space available for the children to use. There were outdoor recreational facilities located in a rear garden; this was fenced in. The centre was located in a rural area within driving distance to local shops and facilities. The provider states that they aim to provide a safe and nurturing environment for children who avail of respite services which will cater to their individual needs and which offers them opportunities for independence, social interaction and fun activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	0

How we inspect

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
Monday 2 October 2023	10:10hrs to 17:15hrs	Kerrie O'Halloran	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to inform decision making with regard to the renewal of the centre's registration. Overall, the findings of this inspection were that this centre had good management systems in place and was well run. There were some areas of improvement required relating to statement of purpose, staff training and development, individual care plans, fire precautions, positive behaviour support and infection prevention and control.

The inspector did not get to meet any of the residents availing of services in this designated centre. The designated centre currently opens alternate weekends and had been opened on the weekend prior to the inspection. The person in charge outlined the rationale for this, which was also clear in the designated centres statement of purpose. The centre has re-opened as a children's respite service since July 2023, prior to this the centre was operating as an isolation unit for the duration of the pandemic. The inspector met with members of the management team which included the person in charge and area manager. Both of these staff members assisted the inspector throughout the inspection.

A total of 10 residents were in receipt of respite services within the designated centre at the time of the inspection. During the inspection, the person in charge outlined how they supported each individual in line with their assessed needs. This included specific information regarding effective communication with the residents, the management of ongoing medical needs and the preparation required to support residents into this children's respite service.

The inspector was informed of known preferences residents have relating to bedrooms and the use of some communal spaces such as the sensory room and large indoor gym area. As residents have grown older since the residents last availed of the service, the person in charge showed the inspector the outdoor play area which will have new swings installed. As mentioned previously, the centre had been opened the weekend prior to the inspection, the residents were informed of the upcoming inspection and had baked items for the inspector's arrival. Pictures were displayed of the residents enjoying the baking activity with staff.

The inspector conducted a walk around of the designated centre. Individual bedrooms were painted with character murals on the wall and there was adequate communal space for the residents to use as per their wishes. A chair in the sensory room required review as the surface was worn, the person in charge had identified this and a plan was in place to replace this. The centre was observed to be well maintained and clean throughout. Records were in place of staff completing regular cleaning duties throughout the designated centre. In addition, the person in charge outlined the pre-planning undertaken in advance of the scheduled commencement of respite services. This included ensuring known food preferences were available for the residents scheduled to attend, cleaning and laundry duties of the centre and

a pre-respite phone call to the residents' parents/ guardian.

The residents were supported by their parents/guardians to complete the Health Information and Quality Authority (HIQA) pre-inspection questionnaires, all of which were viewed by the inspector. Such questionnaires covered topics like residents' bedrooms, food, visitors, rights, activities, staff and complaints. In these, activities which were listed as being undertaken included playing outside and in the indoor gym area of the centre,going to local parks, swimming, outings to restaurants and meeting friends who are also on respite. The inspector observed these activities recorded in individualised activity records for each resident. The residents' questionnaires contained positive responses for all topics and complimented the welcoming staff.

The next two sections of this report will 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 provided.

Capacity and capability

Overall, the inspector found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for children availing of respite services in this designated centre.

There were suitable arrangements in place for the oversight and management of both centres. The person in charge had systems in place to monitor the quality and safety of the respite service delivered to residents, such as infection control audits, medication management audits and safeguarding audits which measured performance in key areas and ensured relevant issues were escalated appropriately.

The provider had in place an annual review of the centre along with six-monthly unannounced visits that assessed the standard of the care and support being delivered. These visits found good levels of compliance with the regulations and standards, and where issues were found and action plan was completed in a timely manner. In addition, regular staff meetings had taken place since the centre opened in July 2023 to ensure sharing of information and learning between the staff team.

A statement of purpose had been prepared and this document provided all the information set out in schedule 1. However, some aspects of this document required review in relation to the whole time equivalent of staffing currently used in the centre and to accurately reflect the management structure in place in the centre. The centre had opened using a relief staff team within the providers staffing and the use of regular agency staff which were available to provide support where gaps in resources were identified. This was clearly identified in the centres statement of purpose as part of their reopening of the service. However, the number of staff used was not reflective of the whole time equivalent viewed by the inspector on the

roster, therefore required review. The area manager was also part of the centres management structure, with the person in charge reporting to them regularly. This was not reflective on the management structure or organisational structure for the centre.

The inspector reviewed the staffing arrangements and found that they ensured the residents were supported by staff with the appropriate skills and experience. From the rosters reviewed, there was a regular and familiar relief staff team in place that ensured the continuity of care for the residents accessing the service. There was a planned and actual roster maintained. As previously mentioned the provider had identified and was recruiting for the permanent staff post needed in order to increase the respite nights to be facilitated in the centre. At the time of this inspection there were six vacancies for these permanent positions identified which the provider was actively recruiting for.

The inspector reviewed the staff training matrix and saw that all staff mandatory training was up-to-date. From the supervision records viewed, not all staff working in the centre were in receipt of regular supervision to support them to carry out their roles and responsibilities to the best of their abilities. The frequency of this supervision that was carried out was in line with the provider's policy.

The person in charge worked full time and had remit over one designated centre. They were supported in their role by the area manager. The inspector had the opportunity to meet with the area manager, who spoke about the provider's priority in staff recruitment for the centre so it could increase the number of respite nights in the future. This was seen as an ongoing identified action in place. The area manager was in contact regularly with the person in charge and provided support weekly, as well as regular supervision.

During the course of the inspection, the inspector viewed a record of incidents in the centre and it was seen that the person in charge had notified the Office of the Chief Inspector of all notifiable incidents that occurred in the designated centre as required.

The designated centre had a complaints process in place. The easy read complaints process was reviewed at regular residents meetings. The complaints flow chart was on display.

The next section of the report will reflect how the management systems in place were contributing to the quality and safety of the service being provided in this designated centre.

Registration Regulation 5: Application for registration or renewal of registration

As required by the regulations the provider had submitted an appropriate application to renew the registration of the centre along with the required prescribed

documents.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge demonstrated the relevant experience in management and had a good understanding of the regulations. The person in charge ensured there was effective governance and operational management in the designated centre. The person in charge was in a full time post.

Judgment: Compliant

Regulation 15: Staffing

There was an actual and planned roster in place and this was maintained by the person in charge. The inspector observed that there were adequate staffing levels in place in order to meet the needs of the residents as per the residents assessed needs. However, a review of the whole time equivalent of staffing currently used in the designated centre as per the statement of purpose requires review. This is reviewed under regulation 3; statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training opportunities in order to carry out their roles effectively and support the assessed needs of the residents accessing the respite service. Arrangements were in place for staff to take part in formal supervision, however this required review as only three staff had taken part in supervision.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre on the day of the inspection. This document included details set out in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had ensured that records of the information and documents in relation to staff specified in schedule 2 were in place and available for the inspector to review.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured and had provided a copy of the up-to-date insurance document as part of the registration renewal.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in the centre had ensured residents received a safe, appropriate respite service. The centre had reopened in July 2023 and the provider had identified and an action plan in place to continue to resource a full staff team. At the time of the inspection the centre had staffing in place which was seen to be regular, transport was in place and suitable facilities were in place.

There was a defined reporting structure from staff to the person in charge to the area manager and senior management personnel. This system was seen to clearly work well on the day of the inspection with regular communication, however the governance structure and organisational structure provided in the statement of purpose required review to reflect this. This is reviewed under regulation 3; statement of purpose. Staff meetings were held regularly with staff and from a review of the meetings, a range of issues relating to residents supports needs, risks in the centre and new developments were discussed at these meetings.

There was ongoing monitoring of the centre through auditing of practices and the outcome from audits carried out had an action plan in place to identify any issues found. A sample of these audits were reviewed and all actions were found to be completed. The provider had completed unannounced visits and an annual review of the care and support of the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. This is an important governance document that details the care and support in place and the services to be provided to the residents in the centre. Some aspects of this required review in relation to the governance and management structure and organisational chart being used in the designated centre. For example, the area manager is not reflected and was seen on the day of the inspection and from the records viewed to have ongoing communication, support, oversight and input into the supports in place for the centre. The whole time equivalent of staffing being used in the centre was not seen to be reflective of the rosters in place. For example at present the centre opens alternate weekends and the current whole time equivalent of staff identified are not reflective of this.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all notifications were submitted in writing to the Chief Inspector, as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre at the time of the inspection. The person in charge was aware of the provider's complaints policy. The provider had also ensured family representatives were aware of the process. This was reflected in the most recent internal provider led audit.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies required under Schedule 5 were in place and were seen to be reviewed

within the three year period by the provider.

Judgment: Compliant

Quality and safety

The inspector found that the residents care and well-being was maintained to a good standard. Care and support provided to the residents using the respite service was of a good quality. It was evident that the person in charge and staff were aware of the residents' needs and knowledgeable in the person-centred care practices required to meet those needs.

Personal plans were in place for all residents attending respite in the centre. These were seen to be reviewed regularly with updated information and support required. From the sample of care plans reviewed, they were seen to be clear and in an easy read format. However, some personal plans were seen to require further review to ensure consistency in information provided throughout the plan. For example, a support plan for a residents medication did not match information in the residents hospital support plan and the use of a harness on transport on the centres restrictive practice log was not identified in the residents care plan of things I need to keep me safe. Person centred planning meeting were taking place and family members/ guardians were invited to take part in. All residents had goals and outcomes recorded. These goals were seen to be individualised and to the interests of each resident. For example, one resident had a keen interest in horses, they had a goal to attend horse riding lessons while availing of respite. While another resident was going to attend swimming while availing of respite. The person centred planning process was seen to be personalised to individuals social and personal care needs.

Positive behavioural support plans were in place for residents who required additional supports in this area and clearly outlined support measures in place. A behavioural therapist was in place to support the centre with these plans, which were seen to be recently reviewed and contained information on strategies for staff to use to support residents during periods of escalated behaviour. The centre had a number of restrictive practices identified and these were seen to be in place on a restrictive practice log which were regularly reviewed by a restrictive practice committee. However, the centre had not identified all restrictive practices in the centre. For example, the staff office had two windows present which could clearly view into two respite bedrooms, as these windows were adjacent to each other there was also visibility from the bedroom into the staff office and into the other bedroom. The use of a protective helmet had also not been reviewed.

Risks in the centre had identified, assessed and had measures in place to migrate risks in place. For example safeguarding procedures and controls were in place to protect residents from abuse, which included all staff being trained. Appropriate

incident management systems were implemented in the centre, including reporting and recording of adverse incidents, reviewing risks and ensuring appropriate follow up care was provided to residents to prevent re-occurrence of incidents. Incidents were seen to be discussed at staff team meetings with learning and actions noted from incidents.

The provider had in place measures to protect residents and staff from the risk of fire. These included up-to-date fire training for staff, fire doors in all bedrooms and a range of fire safety checks were being carried out by staff in addition to servicing by external specialists. However, from the fire drill records reviewed on the day of the inspection it was seen that all residents accessing the respite service had not completed a fire drill since the reopening of the respite service. Ten children were currently accessing the service, however from the records reviewed on the day of the inspection four children had taken part in a fire drill in the centre. The person in charge had ensured personal emergency evacuation plans (PEEP) had been developed for each person accessing the respite services. However, the guidance in the plans did not provide for the management of emergency medication in the event of an evacuation. This presented a risk that some residents might not have access to their essential emergency medications if they had to evacuate the building due to a major emergency.

Safe and suitable practices were in place for the receipt, management, administration and disposal of medicines in the centre. The inspector reviewed the medicine store and systems in place in the centre. Medicines were stored securely in a locked medication cabinet. Stock records were maintained of all medicines received into and out of the centre. Appropriate facilities were provided for medicines which needed to be refrigerated.

The centre was observed to be very clean and homely. Staff had well maintained cleaning rosters in place, which included high touch areas. Staff had undertaken training in infection prevention and controls, as well as hand hygiene. The registered provider had a contingency plan in place to address the possibility of an outbreak of COVID-19 or an infectious disease. This provided detailed guidance on how to prepare, clean, manage laundry and staffing arrangements, however this required review as details included in supporting residents in the event of a suspect or confirmed case in the centre was not reflective of the practice to be carried out in this centre. The inspector spoke to the person in charge and it was identified that in the event of an onset of an COVID-19 or an infectious illness in the centre a service users family would be contacted and the resident would return home as soon as possible. Tluck!his was also outlined in the residents terms and conditions of residency. However, the contingency plan in place reflected details of service users isolating for 5 days in their bedroom if possible and to inform family with consent of the resident.

Regulation 10: Communication

The inspector found that the provider had documented clearly in the personal plan on the communication needs of the resident. Residents had access to television, radio and internet services when availing of respite. The person in charge had ensured items such as, picture exchange was available for residents on their respite stay.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider had provided each resident with care and support while accessing respite services in the centre. Residents had access to transport, which was also wheelchair accessible. Resident's individual interests and goals were documented, goals were identified for each resident in line with their expressed interests.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured that the premises were designed and laid out to meet the needs of the residents and was clean, warm and homely. The centre was welcoming to children with wall murals of characters displayed on the bedrooms walls, along with an indoor play/gym area and sensory room which were seen to be well maintained.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that the resident was provided with a choice of food in line with any dietary or preferred meal choices. The resident's personal plans outlined very clearly resident's food choices and support plans in place if required to support residents around meal times. The designated centre had adequate facilities to store food hygienically and the inspector observed that all food was stored correctly and labelled when opened.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had prepared a residents guide, which was available to the resident and contained the required information as set out by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents was discussed at team meetings and informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for the outbreak of an infectious disease and COVID-19, however this required review to ensure information present reflected a children's respite service. For example, the person in charge identified that in the event of an onset of an infectious illness in the centre a service users family would be contacted and the resident would return home as soon as possible, this was also outlined in the residents terms and conditions of residency. However, the contingency plan in place reflected details of service users being supported to isolate for 5 days in their bedroom if possible and to inform family with consent of the resident.

The inspector observed that the centre was visibly clean on the day of the inspection. Cleaning schedules were in place for all areas, including high touch areas, regular cleaning of all areas of the designated centre. Good practices were in place for infection prevention and control including laundry management for the respite service and a color-coded mop system.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall, the provider had ensured measures were in place to protect residents and staff from the risk of fire. There were suitable fire containment measures in place. Suitable fire equipment was in place and was seen to be serviced regularly. There was a clear procedure in place for the evacuation of the resident and staff. However, not all residents in the designated centre had completed a fire drill. Although the centre had opened for respite services since the beginning of July it was seen from the record viewed by the inspector that four out of the ten children using the service had been part of a fire drill. Arrangements to ensure that evacuated residents would have access to their required emergency medication required to review to establish if the arrangements in place were effective and safe.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the management and administration of medicines. Staff were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Medicine and administration records were complete in line with requirements. Medicines were securely stored in a locked press.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured each resident had a personal plans which was subject to regular review. Each resident had a personal plan in place to provide guidance for staff in meeting the needs of the residents. Goals were set in line with residents expressed interests. However, it was observed by the inspector some personal plans were seen to require further review to ensure consistency in some information contained in the personal plan. For example, a support plan for a residents medication did not match information in the residents hospital support plan and the use of a harness on transport on the centres restrictive practice log was not identified in the residents care plan of things I need to keep me safe.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported with their emotional and behavioural needs and could access the support of a behavioural therapist. Behaviour support plans were developed for each resident that required a plan and were seen to be regularly reviewed. Plans in place had detailed guidance on proactive, active and reactive strategies to support residents. From a review of a sample of the plans the inspector found the strategies outlined were implemented in practice. For example, incidents reviewed clearly demonstrated the use of a resident's behaviour support plan during an incident of increased escalation for a resident.

Restrictive practices had been identified in the centre. A restrictive practice log had been developed for these practices and regular reviews of these were taking place. However, the centre had not identified all restrictive practices in place in the centre, for example, the staff office had two windows present which could clearly view into two respite bedrooms, as these windows were adjacent to each other there was also visibility from the bedroom into the staff office and into the other bedroom. The use of a protective helmet had also not been reviewed as a restrictive practice.

Judgment: Substantially 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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Cooleens House OSV-0001817

Inspection ID: MON-0040143

Date of inspection: 02/10/2023

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: The provider wishes to assure the Chief Inspector that the Person in charge will ensure that all Supervisions will be conducted within the required timeframe. This will be completed by December 17th 2023.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Provider wishes to assure the Chief Inspector that the Statement of Purpose will be reviewed and updated to reflect the Area Manager and the centre's staffing wholetime equivalent as per the roster in place. This will be completed by December 1st 2023.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Provider wishes to assure the Chief Inspector that the Contingency Plan for Covid 19, Influenza and other Respiratory Infections will be reviewed and updated to ensure the information is reflective of a Children's Respite Service. This will be completed by December 1st 2023.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The Person in Charge wishes to assure the Chief Inspector that all residents will have undergone a Fire drill by December 17th 2023.	

Furthermore the Person in Charge wishes to assure the Chief Inspector that the PEEP's for resident's have been updated to reflect their emergency medication which was completed on October 3rd 2023.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Provider can confirm that the Person in Charge has since updated Hospital support plans to reflect the information contained in the Resident's personal plans. This was completed on October 6th 2023.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: The Person in Charge wishes to assure the Chief Inspector that the window glass for bedroom#2 has been frosted over to ensure resident's privacy. In addition, for bedroom #3 there is a restrictive practice in place for use of window blind so as to facilitate nightly checks. Furthermore, the use of a protective helmet has been written up as a restrictive practice and approved by the CDNT.	

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)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	17/12/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	01/12/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals,	Substantially Compliant	Yellow	17/12/2023

	that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	01/12/2023
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	06/10/2023
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	20/10/2023