



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

Issued by the Chief Inspector

Name of designated centre:	Dungloe Services 2
Name of provider:	Health Service Executive
Address of centre:	Donegal
Type of inspection:	Short Notice Announced
Date of inspection:	20 January 2021
Centre ID:	OSV-0002506
Fieldwork ID:	MON-0030936

About the designated centre

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

This residential service provides care and support to nine adults (both male and female) with disabilities. The centre is located in Co. Donegal and in walking distance to the local town. The home comprises a detached bungalow with a sitting room, fully equipped kitchen, a dining room, a utility room, one single occupancy bedroom with ensuite, four double occupancy bedrooms, a number of shared bathroom facilities and office facilities for the management and staff team. In addition, the centre has a separate isolation unit available in a nearby location for use during the COVID-19 pandemic, if required. There is ample private parking available at the centre and a large garden area to the side and rear of the property. Transport is provided to residents so as they can access community based amenities, go to clubs, various day services and on holiday breaks. Systems are in place to ensure the health and wellbeing of the residents is provided for, and as required access to a GP and a range of other allied healthcare professionals form part of the service provided. The centre is staffed on a 24/7 basis and is managed by a qualified person in charge, who operates as a clinical nurse manager II (CNM II). She is supported in her role by an area coordinator and a team of qualified nursing professionals and healthcare assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9
--	---

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 - 2015 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
Wednesday 20 January 2021	09:10hrs to 14:50hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

The centre comprised a five bedroom bungalow where nine residents lived, and an isolation unit for use during the COVID-19 pandemic which was located nearby. The inspector spent time reviewing documentation and meeting with the person in charge and staff in an office inside the back entrance of the bungalow. The inspector briefly visited the isolation unit at the end of the inspection, which was vacant at the time. During the inspection, the inspector got the opportunity to meet briefly with seven residents while adhering to the public health measures of physical distancing, limiting time spent in the company of others and the wearing of face masks throughout.

The home was observed to be warm, clean and nicely decorated. There were posters on display throughout the house regarding the COVID-19 public health advice. There were pictorial notices on display about food menus, staff rotas and activities available. In addition, the home had a range of art work and photos of residents on display, which personalised the house and created a homely atmosphere.

The bungalow was home to nine residents, some of whom were wheelchair users. During the course of the inspection, the inspector noted that space in the communal areas of the house was limited, and the four shared bedrooms were observed to be small in size for the mobility needs of residents. In addition, the inspector observed that some aids and appliances were stored in the hallway inside the front door. While this did not appear to be causing any obstruction, the surrounding area appeared small for the number and mobility needs of residents coming into and out of the house. Furthermore, the inspector was informed that residents' meal times were staggered due to the limited space available in the dining room.

The inspector initially met with one resident who was having their lunch alone in the dining-room. The resident spoke briefly with the inspector. They talked about contact that they had with family at this time, and also spoke about some news that family members had informed them about. When asked if they liked living at the centre, the resident said it was 'alright', and added that they were looking forward to moving to a new house. They spoke about some friends that they would like to live with in their new home. They also spoke about food items that they liked, and added that these food items were brought to them when they requested them.

The inspector met another resident who was relaxing in their bedroom, which was a single occupancy bedroom. The inspector stood at the door and greeted the resident. The resident appeared happy and comfortable, and it was evident that they were very familiar with the person in charge as they responded to their interactions by smiling. The resident was relaxing in a comfort chair and was observed to have a blanket personalised with photos of family members which the inspector was told that the resident recently received as a gift. Their bedroom was

noted to be personalised with photos and colourful furnishings.

Later, the inspector met with four residents who were in the sitting-room together. Some residents had been out for a local walk, and the inspector met them when they returned. Two residents were sitting in their wheelchairs and two residents were sitting side by side on armchairs. One resident spoke with the inspector about the music artists that they liked, and they sang some songs. The resident told the inspector that they were not going to concerts at this time due to the 'virus'. They spoke about how they enjoyed family drive-by visits and chatting to family members on the telephone. They also said that they were looking forward to their new home, adding that they would miss living with some of their friends.

Another resident spoke briefly with the inspector and talked about what they were enjoying at this time. They said that they liked watching 'westerns' on the television and listening to all kinds of music. They also spoke about their upcoming birthday in a few months and appeared to be looking forward to this celebration. Residents spoken with appeared in good spirits, smiling and chatting with each other and staff. One resident was noted to be praying quietly on the arm chair in the sitting room, which was something that the inspector was told that they did often. Another resident sat quietly beside their peer who was praying, and they interacted very briefly with the inspector. As the inspector was leaving the centre, they met briefly with one other resident who had returned from an outing on the bus. They were observed to be having a snooze on the chair in the sitting-room, and as the inspector was leaving, they awoke and greeted the inspector.

In addition to meeting with residents, the inspector reviewed documentation including residents' daily care notes and questionnaires that had been completed in order to seek residents' views on the service at this time. Care notes reviewed indicated that residents were taking part in activities in the house such as knitting, art, chair aerobics, listening to music, watching television and playing bingo. The notes also reported that residents spent time going for local walks and bus drives in line with their wishes. The inspector was informed that the public health restrictions that were in place during the pandemic affected residents' access to social activities previously enjoyed; such as going out for meals, attending concerts and visiting family. There was evidence that residents were supported to maintain contact with their families in line with their wishes through telephone calls, with some window and drive-by visits facilitated also where appropriate.

Questionnaires reviewed demonstrated that overall residents were happy at this time. The questionnaires asked a range of questions about the service, staff, meals, activities and visits. Residents had options of rating their satisfaction levels as feeling 'happy', 'neutral' or 'unhappy' about aspects of the service. Some residents indicated that they had a 'neutral' feeling about their bedroom, space for belongings, privacy and visits. One resident indicated that they were unhappy with their bedroom and space for their belongings. The provider was in the process of addressing the issue of shared bedrooms and the limited space in the physical environment for the last number of years. This involved the development of three new houses to which the residents would move. This will be discussed further in the next sections of the report. Some residents stated on the

questionnaires that they were looking forward to their new homes, and some stated that they were looking forward to going to the cinema and seeing their family again when the public health restrictions are lifted.

The inspector also spoke briefly with staff who were working on the day of inspection. Staff talked about how residents were getting on at this time, and stated that they were missing some previously enjoyed social activities. Staff verified what the inspector had observed; that the home was overcrowded, residents had limited space or opportunity in the house for private time and that the changing needs of residents provided additional challenges in terms of caring for them in the current physical environment. While there appeared to be adequate staff to support the needs of residents, this also meant that the centre was overcrowded with up to five staff and nine residents in the house at times.

Overall, while residents appeared to be happy and content at the time of inspection and it was evident that they were well cared for and that their needs were responded to by staff supporting them; the physical environment of the home was not suitable for the numbers and needs of residents. From the documentation reviewed and observations made by the inspector, it was evident that there was limited communal space for residents to relax quietly and to have time alone if they so wished. The impact of this will be discussed throughout the next sections of the report.

Capacity and capability

This inspection was carried out to monitor compliance with the regulations since the last Health Information and Quality Authority (HIQA) inspection in October 2019.

Overall, the inspector found that there was a good management and governance structure in place and that the person in charge and management team had systems in place to manage and monitor the service. However, a non-compliance that was found in relation to the premises in the last three inspections by HIQA continued to be not compliant with the regulations, and the inspector had concerns about the length of time it was taking to address this non-compliance. In addition, some improvements were required in the documentation of risks and the protocols regarding the use of PRN medicines (a medicine only taken as required). These will be discussed throughout the report.

The centre was home to nine residents who had various physical and psychological needs. On the day of inspection, the inspector found that the centre was resourced to meet the needs of residents, and that the skill-mix of staff, which included nursing staff and healthcare assistants, supported the needs of residents. There were up to five staff working during daytime hours and waking night cover was provided at night. A rota was in place which demonstrated that there was a consistent staff team supporting residents to ensure continuity of care. A sample of staff files were reviewed and were found to contain all the requirements as outlined

in Schedule 2 of the regulations.

The person in charge worked full-time and had responsibility for another centre which was located nearby. She was supported in her role by a person participating in management who was based locally, and a team of staff nurses and healthcare assistants. Staff spoken with said that they felt well supported by the management team and could raise any concerns at any time, and that they would be listened to. A review of staff meeting notes demonstrated good participation and consultation with the staff team about issues in the centre. In addition, staff said that they felt supported at this time during the COVID-19 pandemic.

The person in charge had good oversight and monitoring systems in place and maintained a schedule of internal audits. This included regular auditing in areas such as; medication, health and safety, finances, personal plans and fire safety. The person in charge undertook regular reviews of incidents that arose in the centre, and there was evidence that these were followed up as appropriate to minimise any future such incidents from occurring. In addition, a self-assessment tool was completed by the person in charge to assess the service's compliance with the regulations, and where areas for improvement were required, an associated action plan was developed and kept under review.

The provider ensured that unannounced visits to the centre were completed every six months as required by the regulations. These audits identified actions that were required to improve the service, and included the time frames and persons responsible for completing the actions. The latest annual review of the quality and safety of care and support in the centre was available for review, which also identified quality improvement actions. This review of service included consultation with one resident and one family representative. On discussion with the person in charge she agreed to consult with as many residents and their families as she could do, for the next annual review of the service. This would ensure that as many stakeholders as possible would get an opportunity to provide feedback on the quality of the service.

An overall quality improvement plan was developed which included all the actions from the provider audits, person in charge's self-assessment, HIQA inspection reports and risk assessments. An issue relating to the premises not meeting the numbers and needs of the residents was identified in a number of service audits and the inspector noted that an action which included the development of three new houses had been identified to address this issue. While building works was reported to have commenced recently for these new houses, the inspector found that this action had not been addressed in a timely manner. This meant that the centre continued to be unsuitable for the numbers and needs of residents. For example, HIQA inspections completed in June 2017 and January 2018 had identified this as a non-compliance and the compliance plans submitted by the provider had stated that this would be addressed by December 2018. A further HIQA inspection in October 2019, found that this non-compliance had not been addressed and the compliance plan following this inspection stated that this would be completed by the end of 2021. While works had commenced and progress was reported to have been affected by the COVID-19 pandemic, the time frame for completion was now

quarter one of 2022. This meant that residents continued to live in a home that was overcrowded and that did not have adequate private and communal spaces for the numbers and needs of residents. In addition, due to residents' changing needs the risks posed as a result of the physical environment had now increased. This will be discussed further in the next section.

The inspector also found that the provider's response to risks and maintenance issues that were identified as part of the risk management process required improvements to ensure that issues reported were responded to in a timely manner. For example, a risk associated with unsafe access to the external garage and the risk of slips/trips and falls had been identified in January 2019 had yet to be addressed.

Regulation 15: Staffing

The numbers and skill mix of staff appeared to meet the needs of residents. A rota was maintained which demonstrated that there was a consistent staff team in place. A sample of staff files reviewed were found to contain all the requirements under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place in the centre required improvements to ensure that the centre was safe, appropriate to residents' needs and that the risks identified through the organisation's risk management process were responded to in a timely manner to ensure the safety of all at all times.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of incidents that occurred at the centre demonstrated that the person in charge had submitted notifications as required under the regulations to the Chief Inspector of Social Services.

Judgment: Compliant

Quality and safety

The inspector met briefly with seven residents during the course of the inspection. Overall, residents appeared to be happy and content and they appeared to be well cared for by the staff supporting them. A review of documentation, including residents' meetings and daily care notes, indicated that residents were offered choice in their daily lives about activities and meals, that their religious choices were respected, that they were supported to access advocacy services and that they were facilitated and supported to speak with management and members of their support team when this was requested.

The inspector found that safeguarding was taken seriously in the centre, and any concerns of a safeguarding nature were responded to and followed up in line with the safeguarding procedures. The person in charge was found to regularly audit incidents and safeguarding plans to ensure that any concerns were followed up appropriately. Staff were trained in safeguarding vulnerable adults, and staff spoken with were aware of what to do in the event of a concern of abuse. In addition, residents had intimate and personal care plans in place which detailed residents' individual care needs and their preferences about personal care.

The inspector found that residents were supported to achieve the best possible health at this time. Assessments of needs were completed for residents and where residents required support with health related needs, care plans were developed. In addition, residents were supported to access a range of allied healthcare professionals and services, where this need was identified. This included access to general practitioners, dietitians, psychiatrists, occupational therapists, speech and language therapists and access to bone density scans. During the COVID-19 pandemic, contact was maintained with relevant members of the multidisciplinary team through phone consultation where appropriate. In addition, residents were supported to discuss end-of-life wishes and these were documented and reviewed regularly.

Residents that required support with behaviours of concern had plans in place that had a multidisciplinary input. These were found to be kept under regular review and detailed triggers to behaviour and the strategies to be used to support residents at times of anxiety and when displaying behaviours of concern. One resident was prescribed a PRN medicine to support with anxiety issues and the inspector found that this was under regular review by the person in charge. However, the documentation supporting the use of this PRN medicine required improvements to ensure that it clearly identified the threshold and the level of anxiety displayed that may require this intervention. For example, the PRN protocol stated that the medicine was to be used for anxiety and another note on file indicated that it was to be used for agitation, but none of the related documents gave specific guidance as to what point the resident may require or request the medicine to support them. A new tool consisting of a number of questions to ask the resident about how they are feeling was currently being trialled to try to assess this.

The centre comprised a five bedroom bungalow and included a separate isolation unit located off-site for use during the COVID-19 pandemic. The bungalow was clean, homely and decorated in a pleasant way. However, this house accommodated nine residents, which meant that four bedrooms accommodated two residents in each room. While measures such as privacy curtains were in place, the bedrooms were observed to be small and not suitable to meet the numbers and needs of residents. Since the last inspection, the numbers living at the centre had decreased from ten residents to nine, which facilitated one resident to have a single occupancy bedroom. However, there remained limited space for residents to have time alone or have visitors in private, where appropriate. A number of residents were wheelchair users and the communal areas were small and could not comfortably accommodate all nine residents together. There was evidence in monitoring notifications received to the Chief Inspector, and in incident reports maintained in the centre, that at times residents sustained bruising and other minor injuries due to banging off furniture. In addition, a resident who had a bone disease sustained a fracture to their lower leg in the past year, and it was noted in a report that they stated they banged it and it occurred at the bed. While the staff and person in charge were responsive to the various and emerging risks posed, the environment continued to be unsuitable for the numbers and needs of residents, and as a result continued to pose risks to residents' safety and rights to privacy. In addition, it was noted that a resident who displayed behaviours of concern required a calm, low arousal environment when behaviours escalated, and the behaviour support plan in place stated that noise levels was a possible trigger to behaviours. One incident that occurred recently detailed how the resident hit out at staff as they could not access the sitting-room as other residents were using it. In addition, the inspector was told that meals were prepared off site and delivered to the residents since the COVID-19 pandemic. The inspector was informed that this was in place due to residents' changing needs with regard to swallow care plans and the need for an additional staff resource to prepare the level of meals that required modifications, and that the environment would not be conducive to having an extra staff member on site, in addition to the existing five staff and nine residents.

There was a risk management policy and procedure in place which was available for review. Risks that had been identified for the service and for specific residents had been assessed and documented. The inspector found that some of the documentation required review to ensure that the risk ratings were in line with the actual risks posed. In addition, a risk assessment that had been escalated to senior management detailed an additional control measure to mitigate against this risk, and when asked by the inspector for an update they were told that this was no longer a control measure. This risk related to overcrowding in the house and an additional control measure of seeking rental accommodation to provide additional living space was documented; however the inspector was told that this was now not part of the control measure to mitigate against the risks identified. This risk assessment required review to ensure that it was updated, accurate and reviewed as to what additional control measures were required to mitigate against the risks.

The provider had systems were in place for the prevention and management of risks associated with COVID-19 and for infection prevention and control. This included staff and resident symptom monitoring, hand hygiene equipment, posters, personal

protective equipment (PPE), staff training and discussion with residents at house meetings about COVID-19. There was a folder in place that included plans in the event of an outbreak, and risk assessments which outlined control measures to mitigate against the risks associated with COVID-19. The person in charge had completed HIQA's self-assessment tool for preparedness planning and infection prevention and control assurance framework. An isolation unit had been identified and registered as part of the centre last year in response to the COVID-19 pandemic. This meant that three additional rooms were available in a building nearby for the purposes of isolating residents if they were suspected or confirmed cases of COVID-19. This unit formed part of the contingency plan for residents who shared bedrooms who may be required to self-isolate. This unit was attached to a day service facility, but had it's own entrance, bathroom and kitchenette facilities with secure double doors dividing the unit from the day centre part of the building.

Regulation 17: Premises

The bungalow which was home to nine residents continued to be unsuitable for the numbers and needs of residents. Five residents required wheelchairs for their mobility needs, and the shared bedrooms and communal areas in the house were small for the physical needs of residents. In addition, there was limited space and opportunity for private and quiet time alone should a resident wish or require this. Meal times were staggered due to the numbers of residents living there, and while there were facilities for cooking available, meals were prepared off site since the COVID-19 pandemic due to the additional staff resource that was needed to prepare the number of modified meals in line with resident's individual feeding and eating plans. Some maintenance issues that were identified through the risk assessment process required completion, such as safe access to the garage area and improvements required in the external pipe work affecting shower water pressure.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place for the identification, assessment and management of risk. Risk assessments were completed for identified risks, and risks were escalated to senior management where required. However, some documentation of risks required review to ensure that the ratings applied were in line with the procedure and reflective of the actual risk posed, and some risks required review and updating to include any additional control measures that were required.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider had systems in place for infection prevention and control; including staff training, supplies of PPE, cleaning schedules, site specific preparedness and outbreak plans in the event of a COVID-19 outbreak.

Judgment: Compliant

Regulation 6: Health care

Residents were supported and facilitated to achieve the best possible health outcomes, with timely access to allied healthcare professionals where required. Up-to-date care plans were developed for residents' healthcare and wellbeing related needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required support with behaviours of concern, plans were in place which had a multidisciplinary input and were kept under review. The documentation associated with a PRN medicine that was in place for one resident required review and updating to ensure that it detailed the threshold at which this medicine was to be used. This would ensure that this was used as a last resort, where other supports failed to have the desired effect of supporting the resident.

Judgment: Substantially compliant

Regulation 8: Protection

Residents' safety was promoted through staff training in safeguarding, Garda vetting for staff, discussion at staff meetings about safeguarding and residents were given opportunities to discuss with staff anything that they may be unhappy about. There was a safeguarding policy in place. Where concerns were raised these were followed up in line with the procedures, and safeguarding plans were developed where required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were offered choice in how they lived their daily lives and could choose to partake in activities or not. Residents' rights to advocacy and to practice their faith were respected. While the physical environment of the house was not suitable for the numbers and needs of residents, there was evidence in care notes that residents were consulted with, had choice in their daily activities and were treated with dignity and respect by staff supporting them.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dungloe Services 2 OSV-0002506

Inspection ID: MON-0030936

Date of inspection: 20/01/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>In order to bring this centre into compliance the following actions will be completed:</p> <ol style="list-style-type: none"> 1. A Scope of works has been completed for a ramp to garage and to address plumbing issues. These have gone to a tender process, with a closing date of 17.02.2021. 2. Quotations received from this process will be forwarded to the Disability Manager and Business manager for approval by 20.02.2021 3. Construction of three four bedroom houses began Aug 2020. Sub structures are completed for all three houses and block work has commenced on houses 1 and 2. Works have temporarily ceased due to Government guidelines and Covid restrictions this is to be revised on the 5th of March 2021. Following the lifting of the restrictions the anticipated completion date is Quarter 2, 2022. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In order to bring this centre into compliance the following actions will be completed:</p> <ol style="list-style-type: none"> 1. A Scope of works has been completed for a ramp to garage and to address plumbing issues. These have gone to a tender process, with a closing date of 17.02.2021 2. Quotations received will be forwarded to the Disability Manager and Business manager for approval by 20.02.2021 3. Construction of three four bedroom houses began Aug 2020. Sub structures are 	

completed for all three houses and block work has commenced on houses 1 and 2. Works have temporarily ceased due to Government guidelines and Covid restrictions this is to be revised on the 5th of March 2021. Following the lifting of the restrictions the anticipated completion date is Quarter 2, 2022.

Regulation 26: Risk management procedures	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:
In order to bring this centre into compliance the following action has been completed:

1. Risk Ratings have been reviewed on Risk assessments in the centre.

Regulation 7: Positive behavioural support	Substantially Compliant
--	-------------------------

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
In order to bring this centre into compliance the following actions have been completed:

1. A Multidisciplinary Team meeting was held on the 21/01/2021 regarding as and when required medication for one resident (PRN).
2. The PRN medication Protocol was reviewed and a Checklist developed to identify clear parameters to guide staff when to administer the PRN medication.
3. The residents Behaviour Support Plan, Nursing Interventions and Risk Assessments were reviewed.

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 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/04/2021
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/06/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2021
Regulation 26(2)	The registered	Substantially	Yellow	01/02/2021

	<p>provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.</p>	Compliant		
Regulation 07(5)(c)	<p>The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.</p>	Substantially Compliant	Yellow	01/02/2021