



Office of the Chief Inspector

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

Name of designated centre:	Radharc Nua
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	27 August 2019
Centre ID:	OSV-0002633
Fieldwork ID:	MON-0023344

About the designated centre

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

The statement of purpose states that the centre Health Service Executive, Radharc Nua, provides long-term residential care to 5 adult residents, with intellectual disability, dual diagnosis and significant high support physical and behaviour support needs. Residents require full-time nursing care. There are a total of six staff rostered each day to support the residents. The residents attend day-services attached to the organisation and also have in-house individualised activities. The centre comprises a large two-story house located in rural location. It has five single bedrooms with two living rooms, a kitchen, dining room, sensory room, and a large accessible, safe and well equipped garden. There are suitably adapted bathrooms and each bedroom is individually decorated with items or pictures the residents are known to like.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
27 August 2019	09:30hrs to 18:30hrs	Noelene Dowling	Lead

Views of people who use the service

The inspector met with all of the residents who communicated in their preferred manner and allowed the inspector to observe some of their routines including their mealtimes, activities and relaxation. The residents were observed to be content in their environment, had ease of movement, looked well cared for and there was good interaction with and engagement by the staff. It was obvious that the staff understood the residents' non-verbal communication and responded promptly. They were seen to be content going out for their trips with the staff and enjoyed the easy access to the garden space. It was, however, a busy environment.

The inspector received a number of questionnaires from relatives on behalf of the residents, which expressed their satisfaction with the service and good communication with the manager and staff.

Capacity and capability

This inspection was carried out following the provider's application to renew the registration of the centre. Overall, the inspector found that the centre was well managed with good systems for oversight and accountability evident which supported the residents' quality of life and welfare. The person in charge was suitably qualified and had significant management experience. Although also responsible for another designated centre, there was no evidence that this had any negative impact on the residents care. There were good management structures with roles clearly defined and good reporting systems evident.

The provider had a range of systems for quality assurance which were relevant to a high-support service of this type. These included detailed audits of accidents and incidents, care practices, medicine management and clinical reviews. In addition, a detailed review of all clinical and behavioural incidents was undertaken by the Health Service Executive HSE, regional quality and safety adviser. This further highlighted trends, time-frames and potential risk factors for consideration by the provider. These were in the process of being addressed. For example, mealtimes were identified as high risk for incidents. This was managed by staggering the meals and separating the living areas during this time.

As an additional safeguarding measure, the provider had implemented a system of regular out-of-hours unannounced visits by other managers. These are on the spot observations for the residents' safety and wellbeing. These have been found to be effective in the organisation. The formal unannounced visits to the centre also took place which were detailed with actions were identified as a result, and an annual review of the service for 2018 was available. The provider also facilitated an

organisational forum, for residents and relatives, as an additional means of consultation.

Despite these factors and the overall good level of compliance found in crucial areas, there are a number of matters detailed in the quality and safety section of this report which require attention for the ongoing wellbeing of these residents. These pertain to regular access to psychiatry, adherence to recommendations made by such clinicians, consistent staffing, and access to transport for the residents which are vital to the complexity of the residents' needs.

Staffing ratios are high in accordance with the nature of the service and high support needs of the residents. There are six staff on each day with two waking night staff of two. The skill mix of staff was also appropriate to the residents' needs; with general and intellectual disability nursing available, supported by multi-task attendants. However, it was apparent from the rosters that a significant number of agency staff have been used to augment unfilled nursing posts. While this had stabilised somewhat at the time of this inspection, and every effort was made to ensure that consistent staff were used, this did have a negative impact on the residents which was evident from the incident reports reviewed.

Examination of the training records and matrix indicated that overall, mandatory training was satisfactory but there were some gaps in the records for refresher training in manual handling and one in the management of behaviours that challenge. These were scheduled however and safeguarding, fire safety and medicines management, including emergency medicines training were up-to-date. Recruitment practices for the provider own staff were satisfactory and safe. However, the information available to the provider on the agency staff supplied did not provide sufficient assurance that all of the required documents and checks had been undertaken.

Good quality staff supervision systems were effectively implemented with the emphasis on residents' care and support.

Complaints made on behalf of the residents, were managed in a satisfactory and transparent manner .

The documents required for the renewal of the registration of the centre had been forwarded. The statement of purpose was also forwarded and the care practices were found to be in accordance with this statement.

Registration Regulation 5: Application for registration or renewal of registration

All of the application documents required for the renewal of the registration of the centre had been forwarded.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified for the role and had significant management experience.

Judgment: Compliant

Regulation 15: Staffing

The numbers and skill mix of staff was appropriate to the residents' needs; with general and intellectual disability nursing available, supported by multi-task attendants. However, a significant number of agency staff have been used to augment unfilled nursing posts which did not provide continuity of care. While this had stabilised somewhat at the time of this inspection, it did have an impact on the residents wellbeing. In addition, the information available to the provider on the agency staff supplied did not provide sufficient assurance that all of the required documents and checks had been undertaken.

Judgment: Not compliant

Regulation 16: Training and staff development

Overall, mandatory training was satisfactory but there were some gaps in refresher training for manual handling and one in the management of behaviours that challenge. These were scheduled, however, and safeguarding, fire safety and medicines management including emergency medicines training were up-to-date.

Judgment: Substantially compliant

Regulation 22: Insurance

Evidence of satisfactory and up-to-date insurance was provided as part of the application for the renewal of the registration.

Judgment: Compliant

Regulation 23: Governance and management

Overall, the inspector found that the centre was well managed with good systems for oversight and accountability evident which supported the residents' quality of life and welfare. However, issues identified in the report such as the lack of regular access to psychiatry, adherence to recommendations made by such clinicians, consistent staffing, and access to transport for the residents demonstrates that improvements are required to consistently provide the care required for this group of residents given the complexity of their assessed needs.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

There were no admissions to the centre since the previous inspection and the residents had contracts for care signed on their behalf by their relatives.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in accordance with the requirements, updated, and the care practices were found to be in accordance with this statement.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had complied with the requirement to notify the Office of the Chief Inspector of all prescribed events.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

There were suitable arrangements in place for the absence of the person in charge

and these had been notified.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints made on behalf of the residents, were managed in a satisfactory and transparent manner.

Judgment: Compliant

Quality and safety

The residents who live in this centre have high support needs and require significant support with personal, primary and psychosocial needs. To this end, the provider and person in charge have implemented practices which support the residents and the quality and safety of their lives.

The inspector found that all of the residents had access to relevant multidisciplinary assessments for their healthcare needs. These included speech and language, dietitians, physiotherapy, sensory assessments, neurology. There were detailed support plans available for all of the residents' needs and staff were familiar with them and observed to be adhering to them. This promoted the residents wellbeing.

There was evidence of a range of pertinent assessment tools being implemented, for example for nutrition or falls, and the full-time nursing support ensured that careful attention was paid to their healthcare needs. There were protocols in place for the management of epilepsy or head injury and staff were clear on these protocols.

The residents' care was reviewed regularly and there was a significant level of consultation with the residents' parents or guardians, which was pertinent in this instance. Systems for consultation with the residents themselves were primarily based on the residents' reactions and non-verbal responses to their daily routines and activities. These were incorporated into their support plans and observed to be carried out by the staff. For example, during the inspection, a resident indicated that he did not wish to participate in an activity and this was altered promptly. During a recent period of illness, a resident, who previously disliked going to external venues, used a wheelchair. Staff noted that the resident was much more comfortable going to different places and eager to do so, during that time. They continued to use the chair and the residents' access improved considerably.

Residents social care needs were being managed on a individually tailored basis with some attendance at appropriate day services, integral to the organisation, at

different times. They also had good access to external activities including swimming, walks on the beaches, drives or going to musical events depending on their own wishes. There was a range of one-to-one activities in the centre including sensory therapies, the use of play equipment, jigsaws, a paddling pool, an external gazebo equipped with music systems and preferred music. These were observed being used to good affect. This is made possible by the high staff ratios provided which supports separate and individualised care in accordance with the support plans.

The primary source of incidents in this centre are incidents of behaviours that challenge, including self-harm, which is pertinent to the residents underlying needs. The person in charge has implemented a number of good systems to manage and try to prevent such incidents including one-to-one staffing, individual garden areas, free access outside and separation of activities. A second gazebo was being erected in the garden for another resident who likes time alone and music. Mealtimes are provided to suit all residents needs. These measures assist in helping to ensure that the residents have a safe and meaningful life.

However, despite these positive findings and the efforts made by the provider and staff in supporting the residents, a review of the residents' personal plans, assessments reports, direct observation and consultation with staff demonstrated that a number of factors have, and are, impacting on the provider's ability to ensure that each residents care is provided according to their assessed needs.

For a period of nine months until June 2019 there was no transport regularly available to the centre. They were dependant on the use of suitable transport when it was available, from another of the providers centres, such as evening times. As access to external activities and separation of residents was vital to their support in this centre this delay was not deemed acceptable.

A number of the residents have a dual diagnosis. There was both a lack of consistent psychiatric review and a lack of adherence to recommendations made. This was despite the advice that the residents' medicine needed to be adjusted, and prescribed, evident crisis and increase in self-harming behaviours, high anxiety levels and subsequent impact on other residents and residents own quality of life. It was also apparent from the records reviewed that the significant use of agency staff had impacted on the behaviours in the centre as they were not familiar with the residents and this contributed to the incidents occurring.

The premises is large and spacious and can be subdivided at times of crisis. However, as the inspector observed, despite this, there were many times during the day when the level of noise and interactions impacted on others, if completely inadvertently. For example, the large foyer area which divides the living area from the bedrooms is a hub for activity, entrance and egress. The staff were observed to be careful and made every effort to respond quickly to all of the residents and mitigate for this potential area of conflict. There was also significant input from behaviour support specialists, both internal and external, with very detailed support plans implemented. The staff were very familiar with these plans and were seen to

implement them during the day. However, despite this, the factors outlined above impact on the providers ability to provide consistently safe and suitable care for this group of residents, given the lack of adequate psychiatric oversight, and intervention. Adequate assessments and intervention is required in the first instance, before decisions can be made on whether there are compatibility issues or if changes to the layout of the premises are necessary. The matter was discussed with the provider at the feedback meeting.

Nonetheless, systems for safeguarding residents were in place and where any incidents occurred, such as peer-to-peer assaults, they were managed in accordance with national policies and responded to. These were not a significant feature of the service. Detailed safe guarding plans were implemented and there were robust strategies in place, primarily based on close supervision and separation of the residents. The residents required full support with personal care. Guidance was available to staff in relation to this.

From a review of a sample of the records pertaining to residents' monies, the inspector saw that the systems for recording this money and its usage were detailed, transparent and overseen by the person in charge. All monies given for the residents' use was carefully recorded and receipted for the finance office. These records were also available for the residents' parents or guardians. However, there were some improvements needed in how the decisions and agreements of guardians regarding the spending of larger amounts of monies, were sourced and recorded in order to be fully transparent. However, the inspector also found that residents were paying for items such as transport safety harnesses, which could reasonably be expected to be provided by the provider.

Improvements were found in the use and oversight of restrictive practices, a number of which were used in the centre. These were both preventive and responsive strategies. For example, the kitchen door was locked to prevent self-harm although residents could access this with individual staff supervision. One section of the garden was used primarily for one individual and if necessary this could be secured to prevent significant self-harm. Medicines used on a PRN (administer as necessary) basis were reviewed and monitored. The multidisciplinary committee reviewed the restrictions annually to ascertain if they remained necessary, were the least restrictive, and if alternatives had, or could, be used. The inspector was satisfied with this process and the rationales for the restrictions.

Risk management systems were found to be effective and pertinent to the residents needs. The risk register was centre-specific and identified both clinical and environment risks and there was evidence that actions were in place to manage risks identified. For example, a number of surfaces and areas were padded to protect the residents from harm. There was a signed and health and safety statement, centre specific emergency plans and regular audits of the premises and work practices took place.

Individual risk assessments and management plans were undertaken for residents with risk identified such self-harm, choking or falls. Actions taken to manage such risks were appropriate including combination keys fobs on the exits and some

internal doors, removal of any dangerous items, safety glass in windows and padding on some items, internally and externally. Given the vulnerability of the residents these actions were deemed appropriate. Staff were also provided with personal alarms in the event of requiring assistance promptly.

Residents were also protected by the fire safety management systems in place which included appropriate equipment and containment systems which were serviced as required. Regular evacuation drills were held. Systems for the management of medicines were good with evidence of robust actions taken in response to any errors.

Regulation 10: Communication

Staff understood the residents non-verbal communication very well, there were support plans in place and staff were helping a resident to use some sign language.

Judgment: Compliant

Regulation 12: Personal possessions

The residents had access to all of their preferred possessions. However, residents' monies are lodged into the providers accounts, and on occasion, this money was used to purchase items which could reasonable be expected to be the responsibility of the provider.

Judgment: Substantially compliant

Regulation 17: Premises

The premises is suitable for purpose, and has all of the space and adapted facilitates for the residents. It is very well maintained, bright and cheerful. However, the level of noise and the congregation in the large foyer area does impact on the residents wellbeing despite the best efforts of the staff. This was discussed with the provider at the feedback meeting for consideration following adequate clinical intervention for

the residents.
Judgment: Substantially compliant
Regulation 18: Food and nutrition
Residents dietary and nutritional needs were well monitored and supported.
Judgment: Compliant
Regulation 25: Temporary absence, transition and discharge of residents
There was suitable information and staffing arrangements in place to support the residents should they need to attend at, or be admitted to acute services.
Judgment: Compliant
Regulation 26: Risk management procedures
Risk management systems were found to be effective and pertinent to the residents needs.
Judgment: Compliant
Regulation 27: Protection against infection
The procedures for infection control were suitable and relevant to the needs of the residents living in this centre.
Judgment: Compliant
Regulation 28: Fire precautions
Residents were protected by the fire safety management systems in place which included appropriate equipment and containment systems which were serviced as

required. Regular evacuation drills were held.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
Medicine management systems were safe, monitored and reviewed.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
<p>The residents had access to relevant multidisciplinary assessments including speech and language, dietitians, physiotherapy, sensory assessments and neurology. There were detailed support plans available for all of the residents needs and staff were familiar with them and observed to be adhering to them. Their care was regularly reviewed. The residents social care needs were also supported, according to their own preferences and abilities.</p> <p>However, due to the specific diagnosed needs of the residents, the systems for ensuring frequent access to psychiatric services , implementation of the recommendations of clinicians, consistent staff, and for significant periods a lack of access to transport impacts on the providers ability to provide the care needed for these residents and adequately access the suitability of the current arrangements.</p>
Judgment: Not compliant
Regulation 6: Health care
Residents had good access to all necessary allied services for their healthcare needs. These were found to be carefully monitored by staff and responded to promptly.
Judgment: Compliant
Regulation 7: Positive behavioural support
There was significant input from behaviour support specialists, both internal and

external, with very detailed support plans implemented.

Judgment: Compliant

Regulation 8: Protection

Systems for safeguarding residents were in place and where any incidents occurred, such as peer-to-peer assaults, they were managed in accordance with national policies and responded to. There were appropriate safeguarding plans implemented and the provider had effective systems for monitoring.

Judgment: Compliant

Regulation 9: Residents' rights

There was a significant level of consultation with the residents' parents or guardians, which was pertinent in this instance. Systems for consultation with the residents themselves were primarily based on the residents' reactions and non-verbal responses to their daily routines and activities. These were incorporated into their support plans and observed to be carried out by the staff. However, there were some improvements needed in how the decisions and agreement of guardians regarding the spending of larger amounts of residents monies, were reached and recorded in order to be fully transparent. The items purchased were certainly to the benefit of the individual residents however.

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

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Radharc Nua OSV-0002633

Inspection ID: MON-0023344

Date of inspection: 20/08/2019

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> The 3 vacant lines have been filled following completion of the recent recruitment campaign There are currently no vacancies on the roster. All relevant assurances are in place for agency staff employed through CPL. In relation to those staff employed through Nurse on Call, the HSE have requested NOC to have all staff assigned to WRIDS sign a waiver which will allow the sharing and verification of their training with the HSE as per regulatory requirement. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 2 staff currently in the process of completing the Manual Handling instructors 9 day programme – to date 5 days are completed with the remaining 4 scheduled before month end. All staff unable to be facilitated within the spaces available on the National HSE training programme and are currently out of date (4 in total) are being prioritized and are scheduled to attend the first session in service the first week in November. 2 staff require MAPA training, one staff member remains on long term SL while the other has attended training. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> Transport – issues had been resolved with 2 vehicles available The 3 Staff Nurse vacant lines have been filled following completion of the recent 	

<p>recruitment campaign. There are currently no vacancies on the roster which allows for consistent staffing resources.</p> <p>3. The visiting psychiatrist currently holds 2 clinics per month with residents being referred by their GP and reviews being prioritized as per referral criteria by the psychiatrist. The absence of a service specific Consultant Psychiatrist remains on the Social Care risk register.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>A review of the service arrangements for the purchase of restrictive safety devices for use by residents while using transport has been carried out and the devices are now being funded by the HSE.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A comprehensive review of the structural layout of the premises has taken place by HSE estates to explore the option of having segregated living spaces and provide supports for the 5 residents in 2 independent areas rather than one. These plans would involve and be influenced by the compatibility assessments, risk assessments of the individuals and the availability of funding. No decision will be reached on progressing any plans until the outcome of the resident's reviews and assessments can be determined.</p> <p>Plans to provide an option for independent alternative accommodation on the same site as the centre for one of the residents is being actively explored by his keyworker and the PIC in conjunction with him and his legal guardian.</p> <p>In the interim, referrals have been made to the Behaviour Support Liaison Nurse and the Consultant Psychiatrist for 2 residents. – on receipt of the reports following these assessments a meeting with the family to discuss enhancements to the residents care plan will be scheduled.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>1. Transport – issues had been resolved with 2 vehicles available</p> <p>2. The 3 Staff Nurse vacant lines have been filled following completion of the recent recruitment campaign. There are currently no vacancies on the roster which allows for consistent staffing resources.</p> <p>3. The visiting psychiatrist currently holds 2 clinics per month with residents being referred by their GP and reviews being prioritized as per referral criteria by the psychiatrist. The absence of a service specific Consultant Psychiatrist remains on the Social Care risk register.</p>	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Formularization of documentation supporting decisions and for requesting sums of money above €1000 has been developed and implemented to reflect consultation with resident's family. Financial procedure has been reviewed and reflects the enhanced process.	

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 12(4)(c)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is not used by the registered provider in connection with the carrying on or management of the designated centre.	Substantially Compliant	Yellow	28/08/2019
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	01/10/2019
Regulation 15(5)	The person in charge shall	Substantially Compliant	Yellow	01/10/2019

	ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.			
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	10/11/2019
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.	Substantially Compliant	Yellow	01/01/2020
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	10/11/2019
Regulation 05(2)	The registered provider shall ensure, insofar as	Not Compliant	Orange	10/11/2019

	is reasonably practicable, that arrangements are in place to meet the needs of each resident, as assessed in accordance with paragraph (1).			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	28/08/2019