



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

Name of designated centre:	Dawn House
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	17 July 2018
Centre ID:	OSV-0002635
Fieldwork ID:	MON-0023210

About the designated centre

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

The provider's statement of purpose details that the centre provides full time long-term care to 10 adult residents, both male and female with severe to profound intellectual and physical disabilities and behaviours that challenge. Care can be provided to residents who require high support and full time nursing care. The centre comprises a single story house on its own grounds located in a rural town. It is accessible to all services and all amenities. The premises has its own safe gardens and all areas and facilities are easily accessible to the residents. Day services are attached to the organisation.

The following information outlines some additional data on this centre.

Current registration end date:	18/11/2021
Number of residents on the date of inspection:	10

How we inspect

To prepare for this inspection the inspector or 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
17 July 2018	09:30hrs to 19:30hrs	Noelene Dowling	Lead

Views of people who use the service

The inspector met with all residents who communicated in their preferred manner and allowed inspectors to observe some of their routines, activities and interactions. Inspectors saw that staff were attentive to the residents and that the residents responded easily and comfortably to staff and approached them to indicate their wishes.

Questionnaires had been completed by staff on behalf of the residents and a number had also been completed by parents.

Parents advised that they had very good communication with the staff and were consulted about their relative's lives and care needs. They said they felt their relatives had a good quality of life in the centre. A number did say that they would like their relative to have their own bedrooms and perhaps less residents living in the centre.

They said staff were very helpful in supporting visits home or family events and that they could raise any concerns they had.

Capacity and capability

Inspectors found that the governance, oversight and direction of the care practices were satisfactory to ensure the safe and effective delivery of care to the residents. The inspection findings are however influenced by the number of residents living in the centre and the complexity and different needs of the residents. The provider did not demonstrate capacity in its management of these important aspects of the service which had a direct impact on residents' lives.

Some proactive steps had been taken by the provider. Since the last registration inspection the provider had undertaken significant fire safety works and had also completed the works on the bathroom and shower facilities to ensure residents' privacy and dignity.

The provider had registered another premises as a designated centre in order to facilitate the temporary relocation of the residents to complete these works at different stages. The residents had returned from the temporary designated centre in May 2018.

However, important works remained outstanding. This related to the use of two three bedded bedrooms and one twin bedroom. The capacity of the centre to provide for the current number of residents living in the centre with complex needs had also not been adequately addressed.

The provider advised that from September 2018 three residents will be relocated back to the temporary designated centre for a number of months while another

permanent centre will be sourced and registered. This will reduce the number of residents to seven resulting in three single and two double bedrooms. While this represents improvement it was noted that the temporary centre is only available to the provider for a limited time period.

It is acknowledged that this process has been delayed due to matters which were not entirely in the providers control and that efforts were made prior to this to source another premises. A significant increase in staff had also been put in place and this also helped to alleviate some of the difficulties experienced by the residents.

There was a clear governance structure in place with the person in charge, deputy, senior clinical manager and the provider nominee. The person in charge provided detailed reports to the management group for review and was seen to be responsive and active in responding to all issues of concern for the residents.

There were good systems for quality improvement and oversight including health and safety reviews, auditing of residents care and supports.

Other managers in the organisation undertook unannounced visits to the centre at irregular hours, including night time to monitor resident care. These were both observational in terms of residents' activities and wellbeing and health and safety reviews with actions identified and addressed.

The person in charge also undertook very detailed audits of residents' personal plans, and a review of activities available for the residents which promoted the residents welfare.

Unannounced visits by the provider had also taken place and an annual report was compiled. This was detailed and acknowledged the need to reduce the numbers of resident and the impact of the different needs of the residents on the quality and safety of the care provided. The views of both residents and in particular families in this instance were ascertained and reflected positively on the service provided but also indicated some concerns with the different needs of the residents living in the centre.

The provider had made good arrangements to ensure an effective and informed workforce was in place. The skill mix and staffing levels were appropriate to the assessed needs for residents who required fulltime nursing care and support. The staff ratios had been increased significantly with seven staff, including three nurses during the day times and three staff from 20:00hrs at night. This could be seen to support residents' access to activities, good health care and support to respond to behaviours that challenge.

A high number of agency staff were being used while recruitment of fulltime staff was taking place. However, in the main these were found to be consistent and familiar with the residents. The staff rosters were also being reviewed to ensure better consistency of care. Recruitment was underway.

There was a commitment to ongoing staff training evident and all mandatory

training was completed for the permanent staff with schedules for 2018 available. Recruitment practices were satisfactory for the permanent staff but while confirmation of An Garda Síochána vetting and training was provided for the agency staff this was not verified by the provider to ensure the information was correct. This was an area which required improvement.

Inspectors saw that there was formal staff supervision undertaken by the person in charge with good induction programmes for new staff members. It was apparent that the person in charge acted promptly to address any issues in relation to performance which arose.

Team meetings were regular and records indicated that these focused on residents' care. Staff and the management team were seen to be very familiar with and supportive of the residents living in the centre.

The statement of purpose, which is a key governance produced by the provider was satisfactory. The service was operated in accordance with this statement. The provider had not put adequate systems in place to ensure all of the required documentation for the renewal of the registration had been forwarded to HIQA. Documentation which had been submitted was not provided within the required time frame.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration was not made within the required time line. Some information was outstanding.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge was suitably qualified, experienced and fully engaged in the role.

Judgment: Compliant

Regulation 15: Staffing

The recruitment information provided for agency staff was not verified.

Judgment: Substantially compliant

Regulation 16: Training and staff development
Staff were provided with training to enable them to carry out their roles effectively.
Judgment: Compliant
Regulation 19: Directory of residents
The directory contained all of the required information.
Judgment: Compliant
Regulation 21: Records
Some records in relation to residents were not fully complete.
Judgment: Substantially compliant
Regulation 22: Insurance
This was satisfactory.
Judgment: Compliant
Regulation 23: Governance and management
The numbers and of residents and the sleeping accommodation in the centre does not support the effective delivery of care . The provider did not demonstrate the capacity to put effective long term and sustainable arrangements in place to address this.
Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose accurately describes the service to be provided.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had forwarded all of the required notifications to HIQA.

Judgment: Compliant

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

There are suitable arrangements made for any absence for any periods of absence of person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints or concerns were found to be managed transparently and in a timely manner

Judgment: Compliant

Regulation 4: Written policies and procedures

The required policies were in place and implemented.

Judgment: Compliant

Quality and safety

There was evidence that residents' quality of life and safety was prioritised despite the difficulties in the premises and the number of residents accommodated in the centre. The actions required following the previous inspections in relation to residents access to assessments, adequate reviews and implementation of support plans and suitable bathroom facilities had all been satisfactorily addressed. Some additional improvements were required however in fire safety, management of residents finances and procedures at meal times.

Residents' quality of life was supported with good healthcare. Residents had good access to relevant assessments, including physiotherapy, speech and language therapy, dietician and neurology and these informed the support plans implemented by staff.

Residents had complex health care needs and these were prioritised. In response to a matter which had arisen in 2017 all residents had additional health care screening undertaken. In addition, a detailed monitoring tool was implemented. This enabled a robust review and monitoring to be undertaken which was seen to be of benefit to the residents' health and well being.

Annual reviews of residents care needs and development were held which were attended by the residents' families and or representatives. There was evidence of good consultation with families as appropriate to the residents needs.

Pertinent social goals were identified with the residents and these were seen to be achieved. They went shopping for their own clothes and had lunch out. In addition residents were being supported to learn and achieve basic self-care skills supported by staff which promoted their personal dignity.

They had good access to the local community, regular social and shopping outings, went out for meals or coffee and to preferred music events.

Day service and social events were tailored individually, based on therapeutic interventions such as massage, sensory support, hydrotherapy and exercise. They were also organised in a manner which provided space for residents from the large group. There were sufficient staff to support this and also allow meaningful activities for who remained in the centre at times. These included art, sensory supports and the use of the sensory room which inspectors saw they enjoyed. Staff had training in implemented these therapies and the equipment had been purchased.

More detailed records of these social activities were required to facilitate better oversight and review of them. However, inspectors were satisfied that the activities and interventions were being implemented. It was apparent to inspectors that staff were very familiar with the residents' individual preferences and means of communication and very responsive to this. This knowledge was not however detailed in the personal plans so that unfamiliar staff could be made aware of them.

All residents required either full support or close supervision with their meals and this was carried out gently and respectfully. Nutrition was carefully monitored and

all dietary advice followed. However, inspectors observed that the preparation and administration of the medicines took considerable time which directly impacted on residents meal time and staffs ability to attend to this. This was not a staff shortage issue but the manner in which in which the significant amount of medicine was dispensed at the centre.

Safeguarding concerns such as incidents of peer to peer behaviours had reduced significantly with the presence of the additional staff. Where necessary safeguarding plans were implemented with all national reporting requirements adhered to. There was improved guidance intimate care which demonstrated a commitment to protecting residents dignity and integrity. Staff were observed to be respectful and very attentive to the residents.

The works undertaken on the bathrooms since the previous inspection were to a good standard and promoted residents privacy and accessibility .

Residents had complex behaviour support needs. These was access to clinical behaviour support and mental health specialists and there were detailed behaviour support plans implemented and reviewed. Inspectors found that there was no inappropriate use of medicines for the management of behaviours and its use was carefully monitored by the person in charge and the prescribing specialist.

However, despite this, and the efforts of staff inspectors saw evidence in records and observed that behaviours and subsequent noise did impact on other residents at various times of day and night. Sometimes for prolonged periods. It was apparent that residents sharing the three bedded rooms were disturbed although not harmed by the behaviours of others. While the bedrooms and the premises were spacious and comfortable and warmly decorated with suitable screening in place to protect residents privacy this was not a suitable arrangement.

A number of restrictions were implemented in relation to residents' personal safety and significant identified risks. These were assessed as necessary and were reviewed by a restrictive practice panel with exception of the use of a specialised garment which had not been reviewed as to an alternative which may have been more comfortable for the resident. It was also apparent that in some instances the environmental restrictions affected other residents' movement and access to some personal items such as toiletries. One significant environmental restriction had been removed however with the introduction of increased staffing.

There were some procedural improvements required in ensuring that residents and primarily their representatives were fully consulted in regard to their financial management.

Residents required full support with their finances which were in this instance lodged to the organisations account. Spending was carefully receipted and resident had access to their monies for the own needs. However, inspectors noted a number of charges made on residents' records for bedroom furnishings and private healthcare appointments. While these actions were in the residents' best interest there was no documentary evidence that the residents or representatives had agreed these

actions on their behalf.

Risk management systems were good overall, proportionate to the vulnerabilities of the residents and the need to keep them safe. There was a risk register which detailed both environmental and clinical risks to the residents. The person in charge was seen to have promptly identified and acted on risks as they emerged. Residents had pertinent individual risk assessment and management plans which promoted their safety. A number of minor documentary issues in relation to emergency medicines were discussed with the person in charge and rectified during the inspection. The premises was laid out and equipped to promote residents safety and accessibility.

While significant data on accidents or incidents was collated and incidents were responded to promptly a more focused system of analysis would provide better review of outcomes for the residents.

Fire safety management systems were satisfactory with suitable equipment and containment systems evident. All equipment was serviced as required and contact had been made with the local fire officer who were planning to visit to advise on evacuation systems. However, fire drills required improvement as staff only discussed the process but did not practice the evacuation systems which could place these residents at risk in the event this was necessary.

Systems for the management of medicines were satisfactory with evidence of robust actions taken in response to a number of unaccounted for errors. This was seen to reduce the number of incidents significantly. Resident's medicines were reviewed regularly by the prescribing clinician.

Regulation 10: Communication

While staff understood the residents means of communication this was not documented so as to be available for new staff or other personnel who may need to know this.

Judgment: Substantially compliant

Regulation 12: Personal possessions

Some personal possessions were not available to residents due to risk of harm to other residents.

Judgment: Substantially compliant

Regulation 17: Premises

The use of three and two bedded bedrooms did not promote residents' privacy, dignity or need for personal space.

Judgment: Not compliant

Regulation 25: Temporary absence, transition and discharge of residents

There was sufficient information available should residents transfer to acute services and on this inspection arrangements had been made for staff to accompany and remain with residents if admitted to a secure service.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents' safety was promoted through good risk management procedures. However, some improvements were required in the analysis of incident and accident data to promote learning and changes to practice.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Systems for control of infection were appropriate to the needs of the residents living in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

While good fire safety management systems including effective containment systems were in place, fire drill practices required improvement. No actual or adequately simulated fire drills or practices had been held to ensure staff were

familiar with and could evacuate the residents should this be necessary.
Judgment: Not compliant
Regulation 29: Medicines and pharmaceutical services
Systems for the management of medicines were satisfactory and safe.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
While residents had all appropriate assessments and care plans reviews undertaken and their social care needs were very well supported the residents welfare was significantly impacted on by the numbers and different needs of the residents living in the centre.
Judgment: Not compliant
Regulation 6: Health care
Residents health care needs promoted, carefully monitored and promptly responded to.
Judgment: Compliant
Regulation 7: Positive behavioural support
Residents were supported with pro-active behaviours support planning and good clinical guidance was available to support this. However one restrictive practice had not been reviewed for its suitability and the impact on the individual resident.
Judgment: Not compliant

Regulation 8: Protection

There were systems in place to protect residents from harm appropriate actions were taken when any incidents occurred.

Judgment: Compliant

Regulation 9: Residents' rights

Residents right to choice or consultation on their behalf were not considered in the shared sleeping arrangements or spending of monies on their behalf.

Judgment: Not compliant

Regulation 18: Food and nutrition

The systems for the administration of medicines impacted on the availability of staff to support residents at meal times.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not 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
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not 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	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 18: Food and nutrition	Substantially compliant

Compliance Plan for Dawn House OSV-0002635

Inspection ID: MON-0023210

Date of inspection: 17/07/2018

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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:</p> <p>The provider has been liaising with the Head of Social Care to ensure correspondence received from the Authority is forwarded to the Provider Representative / PIC in a timely manner, to ensure all actions are completed within the appropriate timelines. Review of system being undertaken. Completion expected Oct 2018. </p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>The provider has introduced between the Agencies and the service a document to record and provide training verification for all agency staff.</p> <p>The provider is engaging with the Agencies through the HSE HR Dept to ensure that a satisfactory process can be established for Garda Vetting verification for Agency staff working in the service. Completion date Oct 2018 </p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The PIC will ensure that all referrals are made and reviews thoroughly completed reflecting all aspects of care as required. Completed 01/08/2018 </p>	
Regulation 23: Governance and management	Not Compliant

<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Phase 1 of the downsizing of the Centre is planned for October 2018. 3 residents will move to a registered centre in a nearby village. The number of residents in the centre will be reduced to 7 until May 2019 when a further 2 residents will move out under phase 2 of the downsizing plan.(Properties to be identified by year end for registration process) The PIC will have responsibility for the second centre from Oct 2018 – May 2019. Phase 1 completed October 2018 Phase 2 completed May 2019 </p>	
Regulation 10: Communication	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication:</p> <p>Resident's communication passports enhanced to provide greater detail for new staff to ensure the residents individual means of communication are clearly outlined. Completed 01/08/2018 </p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Post downsizing reconfiguration of storage of Residents personal items is planned. All residents will keep their personal items in their bedrooms. Completion Oct 2018 </p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Phase 1 of the downsizing of the Centre is planned for October 2018. 3 residents will move to a registered centre in a nearby village. The number of residents in the centre will be reduced to 7 until May 2019 when a further 2 residents will move out under phase 2 of the downsizing plan.(Properties to be identified by year end for registration process) The PIC will have responsibility for the second centre from Oct 2018 – May 2019. Phase 1 will eliminate the two triple bedroom and increase the number of single rooms from 2 to 3. Phase 2 will ensure that all 5 residents remaining in the centre have single bedrooms. Phase 1 completed October 2018 Phase 2 completed May 2019 </p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p>	

<p>Site specific risk management policy has been re introduced. The task of reviewing and reporting on incidents has been initially delegated to the Behaviour Support Liason Nurse with detailed review on a monthly basis by both the Centre staff and the Senior Nurse Management team with shared learning identified.</p> <p>An incident review form has been devised and is completed by the most senior person on duty following an incident. The information gathered is then used by the PIC to further enhance her understanding of the incident and inform discussions between staff to aid formulation of support plans and influence work practices where necessary. Completed 01/08/2018 </p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Evacuation drills have been completed and now form part of a schedule for staff and residents. Completed 03/08/2018 </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>Phase 1 of the downsizing of the Centre is planned for October 2018. 3 residents will move to a registered centre in a nearby village. The number of residents in the centre will be reduced to 7 until May 2019 when a further 2 residents will move out under phase 2 of the downsizing plan.(Properties to be identified by year end for registration process) The PIC will have responsibility for the second centre from Oct 2018 – May 2019. Phase 1 will eliminate the two triple bedroom and increase the number of single rooms from 2 to 3.</p> <p>Phase 2 will ensure that all 5 residents remaining in the centre have single bedrooms. The impact of the reduction in the number of residents living in the centre will be positive in relation to their welfare and overall quality of life.</p> <p>Phase 1 completed October 2018 Phase 2 completed May 2019 </p>	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Restrictive practice intervention has been submitted to the Restrictive Intervention Rights Committee (RIRC) for review. Alternative options being trailed for suitability in the interim. Completed October 2018 </p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p>	

A. Phase 1 of the downsizing of the Centre is planned for October 2018. 3 residents will move to a registered centre in a nearby village. The number of residents in the centre will be reduced to 7 until May 2019 when a further 2 residents will move out under phase 2 of the downsizing plan. (Properties to be identified by year end for registration process) The PIC will have responsibility for the second centre from Oct 2018 – May 2019.

Phase 1 will eliminate the two triple bedroom and increase the number of single rooms from 2 to 3.

Phase 2 will ensure that all 5 residents remaining in the centre have single bedrooms. The impact of the reduction in the number of residents living in the centre will be positive in relation to their welfare and overall quality of life.

Phase 1 completed October 2018

Phase 2 completed May 2019

B. Third Party Withdrawal documentation has been reviewed to include reference to discussions with Next of kin. An external advocate to support residents and review financial transactions has been secured and due to commence in the centre in 30/09/2018.

C. The provider representative in consultation with the General Manger for Social Care and Finance Manger are in consultation re HSE financial provision towards the purchase of personal furniture for residents use and the financial contribution bands towards same. The Centre's Finance Policy and contracts of care will be reviewed once the bands have been agreed. Completion 31/10/2018. |

Regulation 18: Food and nutrition	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

With a reduction in the number of residents living in the Centre it is envisaged that the amount of time available for medication administration and the impact on meal times will be lessened. The PIC will undertake a review 1 month after the downsizing and discuss further actions if required with the Provider representative. Completed November 2018 |

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
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	31/10/ 2018
Regulation 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	01/08/2018
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each	Substantially Compliant	Yellow	31/10/ 2018

	resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.			
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	31/10/ 2018
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	31/10/2018 and 31/05/2019
Regulation 18(3)	The person in charge shall ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.	Substantially Compliant	Yellow	30/11/2018
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are	Substantially Compliant	Yellow	01/08/2018

	available for inspection by the chief inspector.			
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2018 and 31/05/2019
Regulation 26(1)(d)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.	Substantially Compliant	Yellow	01/08/2018
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	03/08/2018
Regulation 05(3)	The person in	Not Compliant	Orange	31/10/2018 and

	charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).			31/05/2019
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.	Not Compliant	Orange	31/10/ 2018
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.	Not Compliant	Orange	A. 31/10/2018 and 31/05/2019 B. 30/09/18 C. 31/10/2018