



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

Issued by the Chief Inspector

Name of designated centre:	Windrock
Name of provider:	An Breacadh Nua
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	09 June 2023
Centre ID:	OSV-0003433
Fieldwork ID:	MON-0036415

About the designated centre

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

Windrock - Ard Aoibhinn Services provides respite care for up to 4 adults at a time, both male and female with an intellectual disability, autism, physical and medical support needs and challenging behaviours. The service is open for up to six days each week and residents can avail of all or a number of days as they wish. Staffing and support arrangements will be flexible to the needs of the residents at time. The staff team consists of nursing staff, social care workers and support workers. Residents also have access to support from behavioural therapy within the service. Admissions are agreed via the HSE regional admission panel. The centre is located in a rural setting and is a single story building with surrounding gardens.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 9 June 2023	08:30hrs to 15:30hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor compliance with the Regulations and standards. This designated centre is registered to provide respite stays for a maximum of four residents at any one time and there were four individuals staying in the centre on the day of inspection. The inspector had the opportunity to meet all four residents and spend time with them over the course of the day.

Overall the findings of this inspection were, that this was, for the most part, a well managed and well run centre. Residents told the inspector they were happy when staying in the centre and always enjoyed their holiday. The house was warm, clean and homely with residents supported to bring personal items with them for their stay. Residents were supported by a staff team who were familiar with their care and support needs.

This centre is in a rural setting and comprises a large bungalow set in a substantial garden. Externally there were areas to sit and relax with a large area set to lawn. The inspector observed a football goalpost and other equipment that was used by residents. Internally there were four resident bedrooms that were spacious, with capacity to hold personal mobility and postural equipment as required. There were two large shared bathrooms and a kitchen-dining room, utility room, sitting room and separate activity room. Residents were observed to move throughout the home over the course of the day and to be comfortable in making themselves a snack or drink, completing art or playing games in the activity room or relaxing in the sitting room watching television if they wished.

On arrival one resident was having breakfast and sitting in the kitchen chatting to staff. They welcomed the inspector and outlined their plans for the day. The inspector joined the resident at the table for a cup of coffee and had a conversation where the resident stated that they liked staying in the centre and had fun there. They explained they were going to the cinema later and looked forward to it, telling the inspector about characters in the film they liked and found funny.

Later in the morning another resident sat for their breakfast at the table and the inspector observed the staff supporting them to make decisions about what to eat and providing guidance on using the toaster. The resident requested a bath after breakfast and staff supported them in preparation for this in gathering items they needed. One resident shook the inspector's hand and welcomed them to the house. They were positive about their 'holiday' and expressed satisfaction with being in the centre. The resident later used their electronic device in the centre living room and was observed sharing the screen with a fellow peer for a period of time. Residents left the centre on a number of occasions over the day either all together or in smaller groups and there were options to go out individually also offered.

One resident was observed to actively engage with the photographs and symbols

available in the activity room and placed them on a board indicating their requests for activities that day. The resident laid these on a 'timeline' and said 'later' to the inspector using a picture of a park to indicate they wanted to go for a walk later. Staff on duty explained that they had photographs of local amenities available for residents and had a number of communication supports they used as part of the planning conversations at the start of a respite stay and each day. These suggestions were for activities both within the centre and in the community and included opportunities to stay at home and relax as well as being active or going out.

Throughout the inspection, while the residents were in the centre they were observed relaxing and happy with staff. They were observed to spend their time in preferred spaces including communal areas and bedrooms. They were encouraged to be involved in activities in the house such as deciding on what to eat or drink and making a sandwich or cup of tea. They were encouraged to bring coats and shoes to the living room in preparation for their day and to check they had their belongings prior to leaving. The inspector observed that the residents were afforded the chance to start their day at a pace they liked and there was no sense of rushing to leave the centre.

The person in charge facilitated the inspection on the day of the visit. They were found to be familiar with residents' care and support needs and to be motivated to ensure that each resident was happy and safe living in the centre. The team leader also attended the centre later in the day and they were also familiar with the residents who were staying at that time as well as clear on the needs of others who also used the centre to stay over the year. The staff team spoke of how they were aware of providing levels of support to different residents according to their assessed needs and that this varied for each stay in the centre.

In summary, residents appeared happy and comfortable in this home. They were busy doing things they enjoyed, and had things to look forward to. A number of small improvements were required to ensure that there was full compliance with Regulations. These will be detailed later in the report.

The next sections of the report will outline the findings of the inspection in relation to governance and management, and how these arrangements impacted on the quality and safety of service being delivered to all who avail of respite in the centre. This will be done under two areas, Capacity and Capability and Quality and Safety.

Capacity and capability

The inspector found that this was for the most part a well-managed centre with good structures and levels of accountability evident, which actively promoted residents well-being and independence while they stayed there. Some improvements

were required over a number of Regulations as outlined below including medicines, personal plans and risk management.

The post of person in charge was held by a suitably qualified and experienced individual who currently had responsibility for four centres. They managed to ensure they had a regular presence in the centre and were supported to provide operational governance by the presence of a team leader. There were good reporting systems evident between the person in charge, the team leader and the service manager. There were unannounced visits undertaken on behalf of the provider and actions were identified as a result although the monitoring and times lines set for these required review to ensure they were effective. The inspector also found that robust auditing systems had been consistently applied by the person in charge and the team leader which supported on going review of care. The providers' annual review was also available for review by the inspector.

There was a core consistent staff team working in this centre. Staff had completed training and for the most part refresher training in line with the providers policies, and residents' assessed needs. A number of staff spoke with the inspector about the positive impact of training in ensuring that they were providing person-centred services, and safe supports for residents. Staff were also in receipt of regular formal supervision by appropriately qualified and experienced personnel and a schedule was in place for supervision for the rest of the year.

Regulation 15: Staffing

The provider had ensured that there were sufficient numbers of staff on duty to meet the number and needs of residents staying in the centre on the day of inspection. The inspector found that there were enough core staff with the right skills and experience to meet the assessed needs of residents for any given combination or number of individuals staying in the centre. By day and night the number and qualification of staff on duty was determined by the residents who stayed in the centre. This schedule was determined for at least six months at a time.

The staff team told the inspector about how the roster worked and outlined that they knew all members of the team who may be working with them. They explained that this knowledge allowed them to provide high quality care and support to all individuals in the centre.

There were planned and actual rosters in place and they were well maintained. There were some minor administration errors in recording the times for night shift which the provider had endeavoured to amend however, this was clearly annotated and explained to staff.

Judgment: Compliant

Regulation 16: Training and staff development

The provider and person in charge ensured that staff were in receipt of training and refresher training in line with the organisation's policies and residents' assessed needs. A small number of staff required refresher training in managing behaviour that is challenging and in manual and patient handling, however, the inspector was shown documentary evidence that these had been scheduled and booked within a couple of weeks of the inspection. Staff were also supported to attend training that was relevant to the quality of care and support provided for individual residents for example, management of diabetes or epilepsy management.

Staff were also in receipt of regular formal supervision in line with the organisation's policy. From the sample reviewed by the inspector, these were being completed in line with the frequency outlined in the provider's policy. Discussions were held in relation to staff roles and responsibilities, in relation to residents' care and support, training, risk, infection prevention and control, complaints and compliments, health and safety, and professional conduct.

Judgment: Compliant

Regulation 23: Governance and management

There are clear lines of authority and accountability in place in the centre. The provider has appointed an experienced person in charge who is supported in this centre by a team leader and also by a service manager who holds the position of person participating in the management of the centre.

The team leader and the person in charge complete regular audits of the service provided to residents and the staff team also complete delegated tasks such as the auditing of fire safety systems. Staff had clearly defined roles and responsibilities and the lines of accountability and authority were clear. Their audits and reviews were for the most part picking up on areas for improvement and driving positive changes in relation to residents' care and support and in relation to their respite stay. Some areas identified on inspection that had not been identified in audits are reflected under Regulation 29 and 26 below.

The provider has systems of oversight also in place and ensures a regular presence in the centre as part of this. The provider has completed audits including an annual review and six monthly unannounced audits as required by the Regulations. These audits identify actions that form part of a quality improvement plan for the centre. Review of these action plans found however, that clear and realistic time lines had not been set by the provider which meant that not all actions had been completed

as stated by the provider. In addition where an action had been identified for example, review of resident personal plans then there were gaps in the oversight of the schedule for this and not all residents had been included.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The provider has a policy on admissions which details the process for admission into the centre in order to avail of respite. The provider and person in charge attend referral meetings with the funder of their service and the criteria for admission are clearly identified and adhered to.

The provider has detailed admission documents that are completed prior to each admission to ensure that the information available to guide staff is as up-to-date as possible. Systems are in place to gain consent from residents and their representatives prior to a stay to ensure that the resident can fully participate in all activities that are important to them. This also ensures that each resident is provided with good quality health or social supports as per their assessed needs.

Judgment: Compliant

Regulation 3: Statement of purpose

This is an important governance document that outlines the service that is to be provided within the centre. The inspector reviewed the current version of the statement of purpose and found that it accurately described the nature of the service provided. It contained all information as required by Schedule 1.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that residents reported that they were happy and felt safe staying in the centre. They were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that the residents' quality of life and overall safety of care when staying in the centre was prioritised and managed in a person centred manner although some documentary improvements were required. There was a clear emphasis on residents' choices and preferences being considered and respected. Residents

accessed numerous external activities such as cinema trips, restaurant visits, walks in the local community in addition to visiting landmark buildings, museums or galleries. Residents and staff reported that they had very busy times when in respite.

Overall, the premises was found to be warm, clean, and homely. There was plenty of private and communal spaces available for residents. Shared spaces were homely and appeared comfortable. A resident was observed during the inspection to spend their time in their preferred space. The provider was aware that there were areas where maintenance and repairs were required. These had been reported and plans were in place to complete the required works. Where these impacted on the cleaning of the premises this is reflected under Regulation 27 below.

Improvements were also identified as required in relation to personal plans, risk management and medication management in particular and these are outlined under the specific Regulations below.

Regulation 13: General welfare and development

The residents who stayed in the centre for respite met with staff at the beginning of their stay and identified trips and activities they would like to participate in during their stay. For the most part residents did not attend their day service as the stay in respite was considered a holiday and this was stated as important to individuals so they could self direct their day. Residents had built friendships with those that they stayed in the centre with over time and the compatibility between peers and their requests to spend time together was considered as part of the planning process for a stay in the centre.

Residents were going to the cinema on the day of inspection with three individuals going to one film and one individual going to a different film at their request. Residents were observed to either have a lie-in in the morning and others who were up early were supported to engage in activities they choose.

There was an emphasis on supporting residents with life-skills including using transport, money management and looking after their own room and belongings, which the inspector saw that they took pride in. The inspector also found that residents were supported in participating in everyday tasks in the centre such as, making a sandwich, planning for leaving the house to shop or have a walk. This was part of the culture of the centre in promoting lifelong learning with positive support from staff to ensure residents feel valued and supported during their stay.

Judgment: Compliant

Regulation 17: Premises

The designated centre was suited to meet the needs of the residents staying in the centre. It was presented in a clean manner on the day of inspection, was observed to be a good state of repair, well decorated and furnished and provided a homely environment for residents who stayed here.

This centre comprises a large bungalow which had been extended to the rear of the main building. This allowed for the location of communal living areas to be separate from the sleeping and quieter area of the home. Bedrooms were decorated in a neutral manner and residents were encouraged to bring in items that were important to them. Each bedroom had a television and comfort chair so residents could relax by themselves if they wished. There were two bathrooms available for use and these provided access to overhead hoists, adapted bath and large wet room style showers in addition to accessible areas for intimate and personal care.

The centre had recently been painted and there was a clear premises maintenance system in place where the person in charge could log and monitor repairs that were required. The inspector found some areas that required further painting such as kitchen presses and repairs required to flooring where it had been damaged. These areas impacted on the ability to effectively clean the premises and are therefore reflected against Regulation 27.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that an up-to-date record was maintained for each resident on their food and drink likes, dislikes and food allergies. These were displayed in the kitchen throughout a residents' stay. In addition when an individual required additional support to manage eating and drinking this was also detailed and guided staff, including any texture modifications or staff support required. Nursing staff were available when an individual required their nutrition and hydration via alternative means such as tube feeding.

Meal planning was completed at the beginning of a stay taking individual preferences and requirements into account. The inspector viewed the food folder which included a record of meals planned for the day, the level of support and assistance that was required and also maintained records of fridge and freezer temperatures. The planning of meals took into account the importance of nutrition and hydration and a good selection of fresh fruit and vegetables for example were available.

Staff had access to support plans devised by health and social care professionals such as speech and language therapy or dietitians and these plans were used when

considering meal planning with residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The inspector was satisfied that appropriate efforts were being made in the designated centre to promote the health and safety of residents. However improvement was required to ensure that risk assessments were current and reflected the control measures necessary to keep the residents safe. The provider and person in charge had self-identified that this was an area that required review. Audits in the areas of health and safety were being carried out and any learning from risks or adverse incidents were shared with staff to ensure that such issues were appropriately responded to.

Each resident, where required, had individual risk assessments in place to promote their quality of life and protect them from harm however, in some instances these had not been updated in line with the timelines identified. One risk that of safe fire evacuation for example had not been reviewed since October 2021. Other risk assessments were found to be incomplete and to not contain a risk rating, a date or timeline for review and no signatures. Other risk assessments were found to be in place that did not reflect a resident's assessed need, for example the risk of aspiration was in place with control measures that reflected this named risk, however, when the risk was choking for the named individual.

Judgment: Not compliant

Regulation 27: Protection against infection

Residents, staff and visitors were protected by the infection prevention and control policies and procedures in the centre. The physical environment was found to be very clean in the house, although high areas required additional cleaning. This included vents in ceilings, top of shower rails and the top of water tanks and other high surfaces. There were systems in place however, to minimise the risk of the spread of infection. These included health symptom checks pre-admission to the centre for a stay.

Some aspects of the premises required review in order that cleaning and disinfecting practices could be effective. This included worn surfaces in presses in the kitchen, a chipped drawer front in the kitchen, chipped and scratched flooring in one bedroom.

There were risk assessments and contingency plans in place for the management of

potential COVID-19 outbreaks or the management of an infectious disease outbreak other than COVID-19. There were stocks of personal protective equipment (PPE) available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management.

Staff had completed a number of infection prevention and control related trainings and there was information available for residents and staff in relation to infection prevention and control and how to keep themselves safe.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had systems in place for the management of fire safety in the centre however, there were a number of areas identified where improvement was required. These were in relation to adequate containment and the safe evacuation of residents.

The inspector found on arrival to the centre that two doors were propped open using door wedges including the door into an office where an oxygen tank was stored. These were immediately removed by staff. In addition later in the day residents used a bench to prop open a door as the door hold-open mechanism had been removed for painting and not replaced. This was not identified and all residents and staff left the centre on an activity with the door propped open. Other fire doors were observed to not close completely and one was catching on the handle of another door. All of these areas affected the effectiveness of the containment measures in place in the centre.

There were systems to ensure fire equipment was serviced and maintained. Daily, weekly and monthly inspections of all fire safety systems were taking place. And fire fighting equipment was serviced as required by an external specialist. However, following the recent painting of the premises the fire blankets had not been re-hung on the wall as required and were left on a counter surface.

Residents had risk assessments and personal emergency evacuation plans in place which were reviewed and updated following a stay in the centre. These required further review as they did not clarify staff support requirements. In one sample viewed the plan states 'needs wheelchair for evacuation and staff are needed for support' with minimal direction on whether a single staff member or more was required.

Fire drills were occurring regularly to reflect different groups of residents who stay in the centre. There was no drill record available for review however, to demonstrate that each resident could evacuate the centre when the least number of staff are on duty. This was not in line with the providers policy. In addition from a review of drill records the inspector found that they were all recorded as taking the exact same time (one minute) irrespective of the number or abilities of residents and did not

reflect learning for staff.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents were for the most part protected by appropriate policies, and procedures in relation to the receipt, storage and return of medicines. Staff had received training in the safe administration of medication training and practical administration prior to starting work in the centre.

The provider ensures that all residents have an up-to-date record of prescriptions in place prior to each stay. There are systems in place to ensure medicines arrive to the centre that are for the duration of the stay and that they are returned to the resident or their representative at the end of a stay. However, these systems were not fully effective. The inspector found that where there were prescriptions in place for, as required medicines (PRN) that for two residents on the day of inspection these medicines were not present and had not been received. This had not been identified by the provider or person in charge during audits or reviews.

The inspector on review of the medication administration records and resident admission information found that one resident was being administered their medication in a covert manner. The resident was not aware that they were taking the medication which was not in line with the provider's policy nor with national guidance and best practice. This practice had not been communicated to the person in charge in line with the provider's guidance.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their stay in respite and each resident had an assessment of need and personal plan in place. From the sample reviewed however, these required updating and had not been reviewed in line with the provider's guidance or the Regulation. This did not provide assurance that residents' needs and abilities were up-to-date and reflective of them currently. The inspector acknowledges that the need for these to be updated had been identified by the provider and there was a plan in place to complete this. On the day of inspection however, some of the samples reviewed by the inspector were not identified on the review plan. This was of concern as some of these plans had not been updated since 2021.

The inspector acknowledges that while the residents' stays in the centre were based on their current communicated aspirations and goals and staff were familiar with residents staying in respite, there were not plans to fully guide staff in achieving these. The staff team were able to explain to the inspector supports they put in place and were familiar with residents' likes, dislikes and abilities.

Judgment: Not compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents was being respected and promoted in the centre. Information present while some had been identified as needing review was reflective of their likes, dislikes, wishes and preferences.

Residents were very complimentary towards how staff respected their wishes and listened to what they had to say. They talked about choices they were making every day in relation to areas such as where and how they spent their time, what they ate and drank, and how involved they were in the day-to-day planning in the centre.

There was information available and on display in relation to independent advocacy services and the confidential recipient. One area, that of protecting resident personal information required review as personal information was located in a handover diary located in the kitchen and not kept in a secure location. This was reviewed by the person in charge and team leader on the day and amended.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Windrock OSV-0003433

Inspection ID: MON-0036415

Date of inspection: 09/06/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of processes has taken place in relation to time lines for action plans that were previously set. These have been adjusted to ensure realistic time lines are in place.</p> <p>The schedule has been updated to ensure all residents are listed</p> <p>This process will be monitored and reviewed on a monthly basis to ensure that time lines are being met.</p>	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>A clear plan has been developed to ensure all service users' risk assessments are updated in a timely manner. This will include clear indications of risk rating and review timelines.</p> <p>One individual has had their risk assessment updated to reflect the appropriate information in relation to choking risk.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Kitchen units and wooden floor have been inspected by the HSE Maintenance department and it has been agreed that a repair or replacement will be completed in the coming months.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All door wedges were removed immediately. A new door hold-open mechanism has been installed on the office door. The door hold-open mechanism on the sitting room door has been reinstalled. All other door hold-open mechanisms have been serviced.</p> <p>All fire doors have been reviewed and serviced. It was identified that two door locks need to be replaced. This has been reported to HSE Maintenance department.</p> <p>The door knob that appeared to be catching on one of the fire doors has been removed.</p> <p>The fire blanket was hung back up in the utility room.</p> <p>All service users' PEEPS will be reviewed and updated as they attend respite. This will clearly outline the type of supports and numbers of staff required for evacuation.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>All PRN medication will be checked during the admissions process. If there are any issues, this will be followed up with the family on the day of admission. All information will be documented regarding this.</p> <p>The issue in relation to the covert medication was addressed on the day of inspection. An easy-read document was developed and explained to the resident during their respite</p>	

stay.

This issue was addressed and followed up with all staff involved.

Regulation 5: Individual assessment and personal plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

The plan has been updated to ensure all residents are listed.

All service users' files will be reviewed and updated as they attend respite over the coming months.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All diaries and folders have been removed from the kitchen area and will now be stored in the office.

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 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	22/12/2023
Regulation 26(2)	The registered 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.	Not Compliant	Orange	31/12/2023
Regulation 27	The registered provider shall ensure that residents who may	Substantially Compliant	Yellow	27/10/2023

	be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	28/07/2023
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Not Compliant	Orange	31/12/2023
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is	Not Compliant	Orange	06/07/2023

	prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Not Compliant	Orange	31/12/2023
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Not Compliant	Orange	31/12/2023
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account	Not Compliant	Orange	31/12/2023

	changes in circumstances and new developments.			
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	06/07/2023