



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

Issued by the Chief Inspector

Name of designated centre:	Dereen Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	30 November 2021
Centre ID:	OSV-0005327
Fieldwork ID:	MON-0034642

About the designated centre

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

Dereen Services is registered to accommodate seven residents over the age of 18 years. Both male and female residents are accommodated who have a moderate to profound intellectual disability and some have additional physical disabilities. The service can support individuals with complex needs such as physical, medical, mental health, autism, dementia, mobility and/or sensory needs and who may require assistance with communication. It is intended to offer a lifelong service for residents. The centre comprises one house set in a rural area, but close to local towns and villages. Residents at Dereen Services are supported by a staff team that includes; team leaders, nurses, social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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
Tuesday 30 November 2021	09:00hrs to 17:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector arrived unannounced to the centre and staff on duty guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check.

From conversations with staff, observations in the centre and information reviewed during the inspection, it appeared that residents had a good quality of life. Residents were supported to live person-centred lives where their rights and choices were respected and promoted. Many of the residents had high support and health care needs and the inspector was satisfied that those needs were being met.

The inspector met with all six residents during this inspection. The residents were unable to tell the inspector their views of the service but appeared in good form, content and comfortable in the company of staff. There was a calm and relaxed atmosphere in the house visited. Staff were observed to interact with residents in a caring and respectful manner.

Residents had been living together in the house for many years and were observed to be familiar with and comfortable in their surroundings and with one another. There were stable staffing arrangements in place and all staff were well known to residents. Staff were very knowledgeable regarding individual residents needs, likes, dislikes and interests.

During the morning of inspection, residents were being supported with personal care, getting up and having their breakfasts in the dining room. Some residents were supported to have their breakfast in their bedrooms and remained in bed until later in the morning in line with their preferred routine. After breakfast, some residents were observed relaxing in their specialised chairs listening to their favourite music on their iPod and relaxing with a cup of tea. Day services were provided for two of the residents and was facilitated in a separate activities room 'seomra' located at the rear of the centre. Throughout the day, staff were observed spending time and interacting warmly with residents. Residents were observed enjoying the interaction and company of staff, some enjoyed sitting in the kitchen watching and interacting with staff as they prepared and cooked meals. During the afternoon, two of the residents were supported to attend medical appointments.

The centre was a comfortable single storey house with well-maintained gardens, located in a rural area but close to a number of local villages. The external areas of the house were well maintained with colourful flower pots at the entrance area providing an inviting entry. The centre was warm, visibly clean, spacious, furnished and decorated in a homely style and generally well maintained. However, the floor to the dining areas were worn and damaged, the coverings to some chairs were also torn and defective and in need of upgrading or repair. There was a variety of communal spaces available, the layout and design allowed residents to enjoy a

variety of settings including space to relax in quieter areas but yet view what was happening in the main communal day areas. There was a well equipped kitchen, laundry and sufficient bathrooms. Residents had their own bedrooms which were spacious, comfortably decorated with coordinating curtains and bed linen and suitably furnished. Residents had been supported in choosing their preferred paint colours for walls, reupholstering chairs and shopping for bedroom furniture. All bedrooms were personalised with residents own family photographs and other personal belongings of significance to them.

The house was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. Overhead ceiling hoists were provided to all bedrooms, bathrooms and dining room to assist with mobility. Specialised equipment including beds, mattresses and a variety of specialised individual chairs were provided. Service records reviewed showed that there was a service contract in place and all equipment had been regularly serviced. Corridors were wide and clear of obstructions which promoted the mobility of residents using specialised chairs and those residents who were visually impaired. Appropriate directional signage was provided on doors and corridors, there was a sign with a word and a picture for sitting room, dining room, kitchen and bathrooms. The aim of these was to provide visual cues for residents to recognise the area they were going to.

Residents were supported to engage in meaningful activities in the centre. Each resident had their preferred daily activity schedule documented in picture format. Some residents enjoyed more sensory activities such as head and foot massage. Other activities included going for walks in the local parks, walled gardens and woods, going to local shops, going for coffee and getting takeaway meals.

Residents had access to a large well maintained garden to the rear of the house. There was a large paved patio area with outdoor dining table and chairs, lawn and a variety of plants and shrubs. There were paved footpaths and staff told the inspector that some residents regularly enjoyed going for walks outside. Staff also mentioned how residents spent a lot of time outside during the summer months and would often have their meals outside in warm weather. Residents had been involved in gardening projects during the spring and summer months and had planted a variety of flowers and plants in pots and containers. The inspector saw a selection of photographs which clearly showed the residents enjoying this activity. Some residents enjoyed feeding the birds and filling the bird feeders.

The inspector visited the 'Seomra' activity room at the rear of the centre. The room was large, spacious, warm, comfortably furnished and provided a stimulating and interesting environment for residents. Some residents used this room to partake in a variety of activities that they enjoyed. At the time of inspection, residents were involved in designing and making Christmas cards and wreaths. Residents artwork was displayed and some residents had recently entered into an art competition. Residents enjoyed using the gym equipment such as the exercise bicycle and standing frame. There was a coffee machine and one of the residents enjoyed making their own coffee.

The inspector observed that a variety of snacks and drinks were offered between meals times. Lunch was served in the dining room which was bright and decorated in a homely style. There was a large height adjustable table provided to facilitate residents using specialised chairs. The meal time was observed to be an unhurried social occasion. Staff were observed to engage positively with residents during meal times, offering choice and appropriate encouragement while other staff sat with residents who required assistance with their meal. Staff were knowledgeable regarding the nutritional needs of residents including those who required modified and specialised diets. The inspector noted that modified diets served were attractive in appearance and residents appeared to enjoy their meals. Staff advised the inspector that residents enjoyed getting occasional takeaway meals from local restaurants and how they planned on getting a take away this weekend.

Residents were actively supported and encouraged to maintain connections with their friends and families. Visiting to the centre was being facilitated in line with national guidance and on compassionate grounds. There was plenty of space for residents to meet with visitors in private if they wished. All residents had received visits from family members during the past year and staff had supported some residents to meet with family outside of the centre. One of the residents had recently celebrated a significant birthday and family members attended the celebrations in the house.

Residents' rights were promoted and a range of easy-to-read documents and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information such as the complaints process, COVID-19 and staffing information were made available to residents. Staff had established residents' preferences through the personal planning process, weekly house meetings, and ongoing communication with residents and their representatives. The inspector observed that the privacy and dignity of residents was well respected by staff throughout the inspection.

Throughout the inspection, it was evident that staff prioritised the welfare of residents, and that they ensured residents were supported to live person-centred lives where their rights and choices were respected and promoted.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the residents lives.

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the Regulations. This centre had a good history of compliance with the regulations and

issues identified at the last inspection had been addressed.

The governance and management arrangements in place ensured that a good quality service was provided for people who lived in this centre, however, further oversight was required in relation to fire safety management and staffing at night time to ensure residents were safe. The area manager and team leader were advised that an urgent compliance letter would be issued to the provider in respect of these issues.

The governance structure in place was accountable for the delivery of the service. There was a clearly defined management structure with clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The management arrangements within the centre were in line with the statement of purpose. There was an on call management rota in place for out of hours and at weekends. The on-call arrangements were clear and readily accessible to staff in the centre.

The inspector was satisfied that there was adequate staff on duty during the day time in line with the assessed needs of the residents and the statement of purpose. The staffing roster reviewed indicated that this was the regular staff pattern. However, the inspector was not assured that one staff member on duty at night time was appropriate to meet the assessed evacuation needs of all residents in line with the centre's own emergency fire action plan which indicated that two staff were required to manage the evacuation needs of a resident.

Training was provided to staff on an on-going basis. Records indicated that all staff had completed mandatory training. Staff spoken with confirmed that they had completed mandatory training including fire safety, safeguarding and behaviour management. Additional training in various aspects of infection control had also been provided to staff in response to the COVID-19 pandemic.

There was a range of policies to guide staff in the delivery of a safe and appropriate service to residents. The inspector reviewed a range of policies and noted that they were informative, however, some policies had not been updated in line with their review date.

While the provider had systems in place to monitor and review the quality and safety of care in the centre, it was of concern that the systems in place had not identified the issues relating to the safe evacuation of residents in the event of fire at night time. The annual review for 2020 had been completed and unannounced audits were being carried out twice each year on behalf of the provider. There was evidence that some of the actions identified as a result of these reviews had been addressed, however, the floor to the dining room had not yet been replaced. Regular reviews of accidents and incidents, behaviours that challenge, medication errors and complaints were completed. Records reviewed indicated a high level of compliance in audits and that issues identified had been addressed.

The provider had developed a comprehensive contingency plan to guide staff on the prevention and management of COVID-19. The contingency plan had been kept under regular review. Residents were kept informed and updated regarding Covid-

19, guidance and information updates were communicated at the weekly house meetings.

The inspector was satisfied that complaints were managed in line with the centre complaints policy. The complaints procedure was displayed and available in an easy read format. The inspector was advised that there had been no complaints received since the last inspection and there were no open complaints.

Regulation 15: Staffing

The inspector was not assured that one staff member on duty at night time was appropriate to meet the assessed evacuation needs of all residents in line with the centre's own emergency fire action plan which indicated that two staff were required to manage the evacuation needs of a resident.

Judgment: Not compliant

Regulation 16: Training and staff development

All staff who worked in the centre had received mandatory training in areas such as fire safety, behaviour support, manual handling and safeguarding. Additional training was provided to staff to support them in their role including dignity at work, transport safety, first aid, epilepsy, feeding, eating and drinking guidelines. Nursing staff had completed training on medicines management, wound management and respiratory care. A staff member was currently undertaking a certificate in palliative care.

Judgment: Compliant

Regulation 23: Governance and management

The provider had systems in place to monitor and review the quality and safety of care in the centre however, further oversight was required in relation to some aspects of fire safety management and staffing levels at night time.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to accurately reflect the information regarding conditions set out in the registration certificate.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed in an accessible and appropriate format in the main hallway.

There were no open complaints at the time of inspection. The team leader advised that no complaints had been received to date during 2021.

Judgment: Compliant

Regulation 4: Written policies and procedures

Some policies had not been updated in line with their review date

Judgment: Substantially compliant

Quality and safety

The inspector found that while residents received a good quality service that ensured they were well supported with a person-centred service, issues identified in relation to some aspects of fire safety management as previously discussed under the capacity and capability section of this report impacted negatively on the safety of residents. Other improvements were required to the repair and upgrading of some flooring and furniture as well as to personal planning documentation.

Residents were supported to identify and achieve personal goals and these were kept under review. Regular meetings were held to review progress of the goals. An example of goals identified included; a mini break and staying in a hotel, applying for a passport, return to using hydro therapy and redecorating a bedroom. The inspector saw that some goals had already been achieved, others were in progress and some including holidays had been postponed until next year due to the COVID 19 pandemic. In addition, residents were supported to be as independent as possible through the identification of skill building goals, such as learning to

independently complete various tasks.

Nursing staff spoken with were familiar with and knowledgeable regarding residents up to date health care needs. Personal plans in place were generally detailed and person centered however, the personal plan of a resident with complex health care needs required updating to include plans of care for all identified issues. Nursing staff clearly described the care given and the inspector observed that the care interventions were in place but this was not reflected in the documentation reviewed.

Residents had access to General Practitioners (GPs) and a range of allied health services. During the COVID-19 pandemic, residents continued to have access to a range of allied health professionals through a blend of remote and face to face consultations. A review of residents files indicated that residents had been regularly reviewed by the occupational therapist, speech and language therapist, psychologist, dentist, optician and chiropodist. Residents that required assistive devices and equipment to enhance their quality of life had been assessed and appropriate equipment had been provided. Residents weights were closely monitored, residents who were losing weight due to declining health conditions had been reviewed by the GP and nutritional supplements were prescribed and administered.

There were measures in place to ensure that residents' general welfare was being supported. Residents had access to the local community and were also involved in activities and tasks that they enjoyed in the centre. The centre was close to a range of amenities and facilities in the local and surrounding areas. The centre also had its own dedicated vehicle, which could be used for residents' outings or activities. During the inspection residents spent time doing things they enjoyed including listening to music, relaxing and interacting with staff, designing and making Christmas cards, wreaths and other Christmas decorations. Residents were supported to go for drives and walks in the local parks and walled gardens, visit local businesses including shops, restaurants and coffee shops. There were plans in place to recommence other activities that some residents enjoyed which had been postponed due to the COVID-19 pandemic such as swimming, hydrotherapy, visiting the hairdresser and going on short hotel breaks.

The house was designed and well equipped with aids and appliances to support and meet the assessed needs of the residents living there. It was comfortable, visibly clean, spacious, furnished and decorated in a homely style, however, some parts of the centre particularly the wooden floor surfaces in the dining area were worn and damaged and the upholstery covering to some specialised chairs was torn.

There were systems in place to control the spread of infection in the centre, however, as previously discussed some surface finishes required upgrading in order to enhance control measures in place. There was guidance and practice in place to reduce the risk of infection, including effective measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' for signs and symptoms of COVID-19. There was a cleaning checklist

in place, the building and equipment used by residents was found to be visibly clean. Residents had their own personal equipment including hoist slings and commodes in line with best practice in infection control. The laundry room was well equipped and maintained in a clean and organised condition. Staff spoken with were knowledgeable regarding infection prevention and control systems in place for laundering of clothes and cleaning equipment.

Some aspects of fire safety management required review. While regular fire drills had been completed simulating both day and night time scenarios, records reviewed did not provide assurances that residents could be evacuated safely and in a timely manner. There was no recorded evidence of a simulated full compartment evacuation drill conducted to take account of the largest compartment which currently accommodates four residents, night time staffing levels and residents' evacuation requirements. This was of concern given the high dependency evacuation needs of two of the residents accommodated in this compartment as outlined in the centres own emergency fire action plan when there was only one staff member on duty at night time. All staff had completed recent fire safety training. Daily, weekly and monthly fire safety checks were completed. The fire equipment and fire alarm had been recently serviced. Fire exits were observed to be free of obstructions.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection prevention and control and a COVID-19 contingency plan to assist them in managing an outbreak, emergency plan, emergency fire action plan and individual personal emergency evacuation plans for each resident. While there was a detailed risk register in place and there were systems in place to review and update the risk register, the risks identified on the day of inspection in relation to evacuation of residents in the event of fire had not been identified and was not included in the risk register.

The provider had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. There were comprehensive and detailed personal care plans to guide staff.

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. Residents' preferences were identified through the personal planning process, house meetings, ongoing communication and observation of residents. Staff were very knowledgeable regarding residents needs, likes, dislikes and interests. The privacy and dignity of residents was respected by staff. All residents had their own bedrooms and staff were observed to knock and wait before entering. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to interact with residents in a caring and respectful manner.

Regulation 11: Visits

Visiting to the centre was being facilitated in line with national guidance and on compassionate grounds. There was plenty of space for residents to meet with visitors in private if they wished.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices, interests and their assessed needs.

Judgment: Compliant

Regulation 17: Premises

Some parts of the centre were not maintained in a good state of repair, for example

- The wooden flooring to the dining areas were badly worn and defective in parts.
- The upholstery covering to some specialised chairs were torn, worn and defective.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

While there was a detailed risk register in place and there were systems in place to review and update the risk register, the risks identified on the day of inspection in relation to evacuation of residents in the event of fire had not been identified and was not included in the risk register.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Some worn and defective surfaces (as described under Regulation 17: Premises) could not be effectively cleaned and decontaminated.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Some aspects of fire safety management required review. While regular fire drills had been completed simulating both day and night time scenarios, records reviewed did not provide assurances that residents could be evacuated safely and in a timely manner. There was no recorded evidence of a simulated full compartment evacuation drill conducted to take account of the largest compartment which currently accommodates four residents, night time staffing levels and residents' evacuation requirements. This was of concern given the high dependency evacuation needs of two of the residents accommodated in this compartment as outlined in the centres own emergency fire action plan when there was only one staff member on duty at night time.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The personal plan of a resident with complex health care needs required review. There were no plans of care in place for some identified issues such as oxygen therapy, pressure area care and use of bed rails. This posed a risk to the resident as specific care interventions required were not documented to inform their care.

Judgment: Substantially compliant

Regulation 6: Health care

The health needs of residents were assessed and they had good access to a range of healthcare services, such as GPs, healthcare professionals and consultants.

Judgment: Compliant

Regulation 8: Protection

At the time of the inspection, there were no safeguarding concerns at the centre. However, clear safeguarding measures were in place and staff were knowledgeable on how to report incidents of possible abuse in line with the provider's policies and had received up-to-date training on the safeguarding of vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were supported to live person-centred lives where their rights and choices were respected and promoted. The privacy and dignity of residents was well respected by staff.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Dereen Services OSV-0005327

Inspection ID: MON-0034642

Date of inspection: 30/11/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In order to come into compliance with Regulation 15: Staffing: On a temporary basis the Person in Charge is going to increase the staffing level in the house at night by putting in an extra sleepover staff. This staff member will be available as an extra support to the regular night staff for assisting with fire evacuations. This will be reviewed when the outlined adaptations below are made to the building in conjunction with an overall review of fire safety.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: In order to come into compliance with Regulation 32: Governance and Management the PIC will secure the services of an appropriate qualified fire engineer to carry out a fire inspection of the designated centre. This engineer will also be asked as part of their terms of reference to assess what is the safe evacuation time for each compartment. Any additional safety measures advised by the engineer will be implemented including any structural changes.</p> <p>The PIC also updated the fire risk assessment for the designated centre and identified further controls to mitigate the level of risk in relation to fire.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: In order to come into compliance with Regulation 3: Statement of purpose the Person in Charge has reviewed and updated the Dereen's Statement of Purpose in order to accurately reflect the information regarding conditions set out in the registration</p>	

certificate.	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>In order to come into compliance with Regulation 4: Written policies and procedures the Registered Provider will ensure all policies are updated in line with their review date.</p> <p>All Policies for the BOCSI West Region are in date, and these and National polices will continue to guide staff in around working practice. In early 2022 the remaining National policies and procedures will be updated to ensure they are in date.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>In order to come into compliance with Regulation 17: Premises the Person in Charge will carry out the following actions:</p> <ul style="list-style-type: none"> • All defective flooring shall be repaired • The two specialized chairs will be replaced 	
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>In order to come into compliance with Regulation 26: Risk Management the risk register of the designated centre has been updated to include the risks identified on the day of the inspection. Furthermore, a detailed risk assessment was carried out in conjunction with appropriate personnel i.e. the Health and Safety Officer, Buildings Manager, Area Manager and Fire Officer.</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>In order to come into compliance with Regulation 27: Protection against infection the PIC will repair worn and defective surfaces (as outlines under Regulation 17: Premises).</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>In order to come into compliance with Regulation 28: Fire Precautions the PIC is putting the following actions in place:</p> <ul style="list-style-type: none"> • At present the designated centre is registered for seven residents. However there are 	

six residents currently living in the designated centre. This vacancy will not be filled and this will reduce the occupancy number in the largest compartment of the building; bringing the number down from four to three. The number of beds registered in the designated centre will be reviewed at the time of registration renewal. The Statement of purpose of the designated centre has been updated to reflect this change and has been forwarded to HIQA as part of the application to renew registration application.

- Since the inspection, the Person in Charge has carried out an evacuation for the largest compartment of the designated centre with three residents and that was completed within seven minutes with one staff person. A second simulated evacuation was also carried out with a second staff person assisting and this reduced the evacuation time to four minutes. The Person in Charge organised on-site fire training with an external Fire Officer on December 13th, specifically around the night time evacuation procedure with the regular rostered night staff. As part of this training the Fire Officer carried out an assessment of the night time procedure and provided some corrective actions to follow to bring down the evacuation time.
- Adaptations are being made to Bedroom 5 in order to meet the needs of the resident who is currently residing in Bedroom no 4. This resident has agreed to move from Bedroom no 4 to Bedroom no 5. The Person in Charge will also adapt the ramp leading from the exit door in bedroom no 5 in order to speed up the evacuation process. Bedroom no.4 has been designated as a staff bedroom.
- The PIC is in the process of securing the services of an appropriate qualified fire engineer to carry out a fire inspection of the designated centre. This engineer will also be asked as part of their terms of reference to assess what is the safe evacuation time for each compartment. Any additional safety measures advised by the engineer will be implemented including any structural changes.
- The PIC has engaged a builder to install double exit evacuation doors from Bedrooms no five, six and seven. These doors are on order and we are just waiting a date of delivery. On installation this will then allow for bed evacuation for all bedrooms within this zone, reducing the evacuation times further. The house egress plan will change on foot of these works being completed. Regular fire drills will be carried out to assess the effectiveness of these changes. These works will be subject to sign off from the fire engineer.
- A new night checklist has been developed to minimise the sources of ignition and ensure that all unnecessary electrical items are plugged out, the dryers are not used, the lint tray checked nightly and all door to unused rooms will be closed.
- In light of the inspection the management team have reviewed and updated the fire risk assessment and identified additional controls including the actions listed above. The Buildings and Facilities Manager also carried out an audit of the building and the overall fire safety.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
---	-------------------------

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

In order to come into compliance with Regulation 28: Fire Precautions the PIC is ensuring the plan of the resident will be reviewed with care plans being put in place for identified issues. In addition all personal plans will be reviewed by their key workers to ensure relevant care plans are in place for all identified issues for each resident.

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Red	08/01/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/03/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the	Substantially Compliant	Yellow	31/01/2022

	designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.			
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	14/12/2021
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	14/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and	Substantially Compliant	Yellow	31/01/2022

	control of healthcare associated infections published by the Authority.			
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	Red	03/12/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	14/12/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/05/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident	Substantially Compliant	Yellow	31/01/2022

	is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
--	---	--	--	--