Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Stewarts Care Adult Services Designated Centre 10
Name of provider:	Stewarts Care Limited
Address of centre:	Dublin 20
Type of inspection:	Announced
Date of inspection:	15 March 2022
Centre ID:	OSV-0005842
Fieldwork ID:	MON-0027744

About the designated centre

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

This centre aims to support and empower people with an intellectual disability to live meaningful and fulfilling lives. The centre provides long term residential support to no more than ten men and women with complex support needs. The centre is a wheelchair accessible bungalow with ten private bedrooms for residents, a large communal living room, dining room, family room, multi-sensory room and music room. Healthcare is provided by residents' General Practitioner along with allied healthcare professionals and the centre is staffed by both nursing staff, health care assistants and an activity staff member. The centre has a full time clinical nurse manager to supervise the staff team.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	9

How we inspect

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 15 March 2022	09:15hrs to 17:00hrs	Michael Muldowney	Lead

What residents told us and what inspectors observed

In line with public health guidance, the inspector wore appropriate personal protective equipment (PPE) during the inspection and maintained physical distancing as much as possible during interactions with residents and staff. Upon arrival to the centre, the inspector observed COVID-19 information displayed at the front entrance and masks and hand sanitising facilities were readily available.

The designated centre comprised a large single storey building located on a campus setting operated by the provider in county Dublin. The centre was located close to many amenities such as shops, cafés, pubs, and public transport links. Each resident had their own bedroom, some were small but provided adequate space and storage. The living and dining areas were very spacious. Parts of the centre, such as the bathrooms and living areas were institutional in aesthetic, however, there had been efforts to make the centre more homely. Generally, the centre was found to be clean and tidy with some improvements and maintenance work such as painting were required. The inspector also observed the fire-safety systems to require enhancement and this is discussed further in the report.

The inspector met all residents during the inspection. The residents did not verbally communicate their views with the inspector but appeared content in their home and in the company of their peers. As part of the inspection, residents were supported by staff to complete questionnaires on the designated centre. Their feedback was very positive and indicated that residents were happy living in the centre and with the quality of care and support they received. One questionnaire was completed by a family member, the feedback was very positive and commented that "the staff are wonderful". The questionnaires listed activities that the residents liked to engage in inside and outside of the centre such as massages, beauty therapies, cinema, bowling, gym, shopping, and walks. There was transport available for residents to access their their community.

The inspector met several members of staff during the inspection including nurses, and care staff. Staff wore appropriate personal protective equipment that was in line with public health guidance. The inspector observed staff interacting with residents in a personal and respectful manner, and residents appeared comfortable in staff presence. Staff spoke about residents in a kind and dignified manner. They were knowledgeable about the care and support needs of residents, and told the inspector about the content of some residents care plans. Staff spoken with described the care and support provided to residents as being very good, and told the inspector about how residents are supported to partake in activities meaningful to them. Staff also spoke to the inspector about their supervision arrangements, medication management practices, safeguarding procedures, how residents' rights are upheld, fire safety, and infection prevention and control measures (IPC).

From what the inspector was told and observed during the inspection, it appeared that overall, the residents received a good quality and safe service. There had a

been reduction in the number of residents living in the centre since the previous inspection in January 2021, and the reduction in numbers has had a positive impact on the lived experience of the residents. However, due to the number of residents and their associated needs, and the number of staff in the centre, the environment still appeared busy at times. The annual review for 2021, dated 24 February 2022, also reported that "all residents expressed dissatisfaction with noise levels due to the number of residents", and the heard inspector loud vocalisations twice during the inspection. Staff spoken with described the environment as being busy and demanding to work in at times, however, endeavoured to ensure that the residents needs were being met.

The provider had identified that the centre was not fully meeting the needs of one resident and had developed a transition plan for them to move to another centre more appropriate to their needs. Members of the multidisciplinary team and advocacy services had been involved in the resident's transition plan. There were also transition plans in development for another two residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The registered provider had implemented governance and management systems to provide a service to residents that was safe, consistent, and appropriate to their needs. However, some improvements were required to these systems and associated arrangements to ensure that they were effectively implemented.

There was a clearly defined management structure with lines of authority and accountability. The centre was managed by a full-time person in charge. The person in charge was found to be suitably qualified, skilled, and experience. The person in charge was responsible for another designated centre but there were adequate systems for the effective oversight and management of the centre.

The person in charge was supported in their role by a programme manager and Director of Care. The management team met on a regular basis to communicate and ensure oversight of the centre. The management had a strong understanding of the residents' needs and the associated required supports.

The registered provider had implemented effective systems to monitor and review the quality of care and support in the centre. The annual review for 2021 had been completed in line with the standards and included consultation with the residents. There were also six-monthly provider led audits of the quality and safety of care in the centre. Other audits had been completed in the centre such as a medication, care plans, fire safety, meal times, and infection prevention and control. The annual review and audits identified areas for improvement and corresponding actions for

completion. The person in charge maintained a compliance tracker to ensure that actions were progressed and implemented. The tracker did not include all audit actions, however, the inspector observed that actions omitted from the tracker were being reviewed and progressed.

The provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations. The statement of purpose was up-to-date and readily available. To support their governance of the centre, the provider had prepared written policies and procedures on the matters set out in Schedule 5. The inspector reviewed a sample of the policies and found that some required review and update as they had not been reviewed within three years of approval.

The person in charge maintained a planned and actual staff rota outlining the staff working in the centre. The inspector found that the rota did not reflect all staff working within the centre during the months of January, February and March 2022. On the day of the inspection, there were nurses, care staff, and day activation staff working in the centre. The centre was operating with the staff skill-mix as outlined in the statement of purpose. However, there was a 0.5 nursing whole time equivalent vacancy. Nurses working in the centre and the person in charge were working the vacant nursing shifts. This arrangement was not deemed to be adequate in the long-term due to potential impact on the person in charge's ability to fulfil their role when working extra shifts, and the provider was actively recruiting to fill the vacancy.

A staff nurse was rostered every night to support residents requiring nursing care. The night-duty nurses reported to a manager other than the person in charge. However, to ensure the person in charge had sufficient oversight of the staffing arrangements, the night-duty nurses were clearly identified on the rota, the person in charge met with the night-duty nurses during handover times, and also maintained communication with the night-duty nurses' manager.

To support staff to deliver care and support in line with best practice, a suite of training was available to them. The inspector reviewed the training records for staff working in the centre and found that staff had completed all required training. The person in charge scheduled staff to attend training as the needs arose.

Staff spoken with had a clear understanding of residents' needs and how they were supported in line with their personal plans, will and preferences. Staff spoke about residents in a kind manner, and the inspector observed staff engaging with residents in a respectful and personal way.

There were appropriate systems for the supervision of staff. The person in charge provided formal and informal supervision to their staff team. Formal supervision took place on a quarterly basis and supervision records were maintained. The programme manager was responsible for the centre when the person in charge was not on duty. There were also clear on-call arrangements for staff to use outside of normal office hours. Staff spoken with during the inspection were happy with the level of support and supervision they received from management.

There were regular staff team meetings. The team meetings allowed for the sharing of relevant information and for staff to raise any concerns. The inspector reviewed a sample of the recent team meeting minutes and found them to be comprehensive. The meetings included agenda items such as IPC, safeguarding of residents, adverse incidents, audits, maintenance issues, and complaints. The minutes were signed by staff to indicate that they had read them.

The provider had prepared a written policy on the management of complaints and there was accessible information for residents on making complaints. The inspector found that a recent complaint made by residents had been managed by the person in charge to the satisfaction of the residents, and there were records of the actions taken.

Regulation 14: Persons in charge

The person in charge of the centre was full-time, and found to be suitably qualified, experienced and skilled. The person in charge was also responsible for another designated centre, but had ensured the effective governance, management and administration of the centre concerned. The person in charge had a clear understanding of the service provided in the centre to meet the needs of the residents.

Judgment: Compliant

Regulation 15: Staffing

The centre was staffed by a mix of nurses, care assistants, and day activation staff. The person in charge maintained a planned and actual staff rota. However, the rota did not reflect the day activation staff working within the centre during the months of January, February and March 2022.

The staff skill-mix on the day of the inspection reflected the arrangements outlined in the statement of purpose. However, there was a 0.5 nursing whole-time equivalent vacancy. The vacancy was managed by the person in charge to minimise any potential impact on residents. However, a long-term solution was required and the provider was actively recruiting to fill the vacancy.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff working in the centre completed a wide variety of training as part of their continuous professional development and to deliver care that was in line with best practice. Training included positive behaviour support, safeguarding of residents, fire safety, hand hygiene, administration of emergency medication, and dysphagia training. The person in charge maintained records of staff training and scheduled staff to attend training as the need arose. Care staff completed training in the administration of emergency epilepsy medication in order to be able to support residents in activities outside of the centre.

The person in charge provided informal and formal support and supervision to their staff team. Formal supervision was scheduled on a quarterly basis and the person in charge maintained records of supervision meetings. Staff members spoken with expressed high satisfaction with the level of support and supervision received from management.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that the centre was resourced to deliver care care and support in accordance with the statement of purpose. There was a clearly defined management structure with lines of authority and accountability. There were effective governance and management and systems to ensure that the service was safe, consistent and effectively monitored. The person in charge reported to a programme manager and Director of Care, and met with them on a monthly basis. The management team had a good understanding of the residents' needs, and vision of service to be provided.

The registered provider and person in charge had implemented oversight and monitoring arrangements. The provider had completed an annual review based on the standards, and six-monthly audits on the safety and quality of care and support provided in the centre. The person in charge maintained a compliance tracker with actions from the annual review, six-monthly audits, and inspections to ensure that the actions were progressed and achieved. The tracker could be enhanced with the inclusion of actions from other audits completed such as audits on fire-safety, medication, meal times, care plans, and infection prevention and control.

The person in charge had ensured that there was arrangements for staff to raise concerns. In addition to formal and informal supervision arrangements, there were monthly team meetings. The team meetings were comprehensive and allowed for the sharing of relevant information. Staff signed the meeting minutes to indicate that they had been read. Staff spoken with advised the inspector that they felt they could easily raise concerns with management and the concerns would be responded to appropriately.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1. The statement of purpose was available to residents and had been reviewed and revised as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established effective complaints procedures. The complaints procedures were underpinned by a comprehensive policy. Residents were supported by staff to make complaints and there was also accessible information available to them on complaints. Recent complaints made by residents and the corresponding actions taken to resolve the complaints had been recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared written policies and procedures on the matters set out in Schedule 5. The policies and procedures were available in electronic and paper copies for staff to refer to. The inspector reviewed a sample of the policies and found that the policy on education, training and development had not been reviewed within three years of approval. In addition, while the policy on residents personal property had been reviewed, it had not yet been approved for circulation.

Other policies reviewed by the inspector such as the policies on safeguarding of residents, nutritional intake, and risk management had been reviewed in line with the regulation requirements.

Judgment: Substantially compliant

Quality and safety

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, some improvements were required in relation to the premises, infection prevention and control measures, personal plans, and fire safety precautions. Furthermore, the registered provider had self-identified that some residents would benefit from moving to another designated centre more appropriate to their needs. One resident was due to transition in the coming weeks, and transition plans were being developed for another resident. Due to the number of residents and their associated needs, and the number of staff working in the centre, the environment was quite busy at times. Staff advised the inspector on the demands of working in the centre and how they endeavoured to ensure that the residents needs were met. Residents had also expressed in the annual review that they were unhappy with the noise levels in the centre.

The centre comprised one large single-storey building located on a campus setting operated by the provider. The inspector conducted a walk-through of the centre in the company of the person in charge. The premises was bright and had been decorated in areas to be as homely as possible. However, parts of the centre remained institutional in aesthetic due to its size, layout, and some of its facilities. Painting was needed throughout the centre. The bedrooms were single occupancy and small, but provided adequate space and storage. The flooring in some areas, such as in the sun room and sensory room required attention. Other areas requiring attention included damaged wardrobes and bathroom presses, damaged tiles, broken freezer drawer, and damaged radiator covers. The majority of these items had been identified by the person in charge and escalated to the maintenance department.

There were arrangements for the servicing of hoists used to transfer residents. However, there were no records for the servicing of electric beds and it was unclear what the servicing requirements were. Most of the residents main meals came from a central kitchen, however, there were facilities to cook alternatives. The annual review reflected that some residents were unhappy with the meal choices and there was associated actions to address this. Some residents had modified diets and there were up-to-date care plans in relation to their specific dietary requirements.

The provider and person in charge had implemented systems to protect residents from the risk of infection. There were written policies and procedures on infection prevention and control measures available to staff in electronic and paper form. The person in charge had also completed risk assessments with corresponding control measures on the use of sharps, exposure to bodily fluids, COVID-19, and biological agents. There were arrangements for cleaning equipment used by residents, and this equipment was observed to be clean. Audits were completed to monitor the effectiveness of infection prevention measures. The audits were comprehensive and identified actions for improvement. Cleaning records and checklists detailed the cleaning duties to be undertaken in the centre. The inspector spoke to a number of staff, and found them to be appropriately knowledgeable on the infection prevention and control matters discussed.

In response to the COVID-19 pandemic, the provider had established a COVID-19 control team to manage potential COVID-19 outbreaks. There was also an infection

prevention and control officer and nurse available to provide support to the centre. Locally, there was a COVID-19 lead worker with associated responsibilities. The person in charge had also completed a COVID-19 self-assessment tool demonstrating a commitment towards quality improvement. However, the COVID-19 contingency plan required specification to the centre. There was information and training available to staff on COVID-19 and the appropriate use of personal protective equipment, and the information was also discussed at team meetings to increase staff awareness. There was recording of COVID-19 checks for staff, however, there were some gaps in the recordings.

The registered provider had implemented fire-safety measures, however, it was found that some of these measures required improvement. There were fire prevention, containment and fighting equipment such as fire alarms, extinguishers, blankets, emergency lighting, and fire doors in place. The alarms, blankets, lights and extinguishers were serviced regularly. However, deficits were found in some of the fire equipment. The fire panel required upgrading, and the provider had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis. A fire safety audit conducted in March 2022, had also identified the need to change some fire doors and door seals, and to install closing devices.

There were evacuation procedures and plans to guide staff in safely evacuating residents in the event of a fire. Fire drills were undertaken to test the fire evacuation plans, however, a drill was required to test the use of equipment potentially used by residents during evacuation.

The inspector reviewed a sample of residents' individualised assessments and personal plans. Some personal plans were found to be over due review and an additional care plan was needed for one resident. Residents were supported to identify and achieve personal goals, however, the recording of goal planning and achievement required improvement.

Residents presented with varied and complex medical needs. As discussed above, some care plans required review. However, other care plans viewed by the inspector were found to be up-to-date such as plans on positive behaviour support, and feeding, eating, and drinking. Nursing care was available in the centre, and there was good input from multidisciplinary professionals such as dietitian, occupational therapy, speech and language, and mental health. Residents were also supported to partake in national screening programmes.

The registered provider and person in charge had implemented effective measures to safeguard residents from abuse such as staff training and a comprehensive policy. Safeguarding concerns were managed and acted on appropriately in line with the provider's policy.

Regulation 17: Premises

The premises was found to be bright, tidy, and generally clean, however, aspects of the centre presented as institutional such as the large open communal areas and showering facilities. Painting was needed throughout the centre such as around door frames, and on walls and ceilings. Further maintenance was required such as:

- Flooring in the sun room was uneven and damaged in areas.
- The flooring and a wall in the sensory room were damaged.
- Some furniture such as a bedroom wardrobe and bathroom cupboard were damaged.
- Tiles in one of the shower rooms were stained, and the wood around a radiator was water damaged.
- The lining of soft covering on pipes in a bedroom was damaged and could not be cleaned properly.
- The drawers in a freezer were broken.
- There were broken tiles in the laundry room.

The residents used electric beds. There were no records to indicate if they had been serviced or required servicing. The servicing of hoists used to transfer residents was up-to-date.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider and the person in charge had established and implemented measures and arrangements to protect residents from the risk of infection, however, some enhancements were required. The registered provider had prepared written policies and procedures on infection prevention and control matters such as waste management, sharps, COVID-19, and laundry. The person in charge had completed risk assessments with corresponding control measures on COVID-19, use of sharps, biological agents, and exposure to bodily fluids.

Hand sanitising facilities and personal protective equipment were available throughout the centre. There was also guidance on infection prevention displayed for staff and visitors to refer to. The premises presented some infection risks as some areas required cleaning, and some furnishings were damaged and therefore could not be cleaned properly. Foot pedal operated closed lid bins were required in the dining area. One of the fridges required cleaning and was cleaned by staff during the inspection.

There was dedicated cleaning staff working in the centre every day to maintain a standard of cleanliness. Detailed cleaning lists were maintained in the centre to support completion of cleaning duties. There were arrangements for the cleaning of

equipment used by residents including shared equipment such as shower chairs. This equipment was observed to be clean.

In response to the COVID-19 pandemic, the provider established a COVID-19 control team, and there was other resources available such as an infection prevention and control officer and nurse. There was also a COVID-19 lead staff member. There was information displayed on COVID-19 and infection measures throughout the centre, and staff also had access to public health guidance. There was also accessible information for residents on COVID-19 and the vaccine. The COVID-19 contingency plan for the centre was generic in parts and required specification to the centre. The person in charge had completed a COVID-19 self-assessment tool and a comprehensive infection prevention and control audit had been undertaken to monitor the effectiveness of the measures implemented in the centre. Actions were identified from the audit and were reviewed by the person in charge to ensure that they were progressed for completion. Staff COVID-19 checks were also been recorded, however, the frequency of the checks on some dates was not in line with control measures outlined in the associated COVID-19 risk assessment.

Staff had completed relevant training such as hand hygiene and use of personal protective equipment. Staff were knowledgeable on the infection prevention and control measures. Staff spoken with told the inspector about the arrangements for management of soiled laundry, spill kits, cleaning schedules, and appropriate use of detergents. Infection prevention and control was also a recurring agenda item at team meetings.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was fire prevention, containment and fighting equipment, and the fire alarms, blankets, emergency lights, and extinguishers were serviced on a regular basis. Staff completed daily fire safety checklists, and the inspector found the checklist records to be complete.

However, some deficits in equipment were found. While there was a detection and alarm system, the fire panel required upgrading. The provider had a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all designated centres on the congregated campus. This would result in each centre having a high standard fire alarm system and addressable fire panel installed in the centres on a phased basis. A fire safety audit conducted in March 2022, had also identified the need to change some fire doors and door seals, and to install closing devices. The inspector tested a number of the fire doors and found that the closed properly.

To guide staff in safely evacuating residents in the event of a fire, the person in

charge had developed evacuation procedures and plans. Fire drills were undertaken to test the fire evacuation plans, and included a night-time drill with least amount of staff on duty to demonstrate that residents could be safely evacuated. However, a drill was required to test the use of equipment potentially used by residents during evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the health, personal and social care needs of each resident was completed. The assessments informed personal plans that reflected the supports required by residents to meet their needs.

The inspector reviewed a sample of resident's personal plans and found a number of them to require review and update, for example, plans on epilepsy, varicose veins, dementia care, and intimate care. It was also found that a care plan required development in relation to a specific need.

Residents were supported in achieving personal goals, but some improvements were required in the recording of goal planning and achievements.

It had been assessed by the provider that some residents would benefit from living in alternative accommodation that would be more suitable to meet their needs. There were plans for one resident to transition to another centre in the coming weeks. There were also transition plans in development for another two residents.

Judgment: Not compliant

Regulation 6: Health care

The registered provider had provided appropriate health care for each resident. Residents received nursing care and there was good involvement from multidisciplinary professionals such as dietitian, speech and language, and clinical nurse specialists.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented measures to protect residents from abuse. These measures were underpinned by a written policy.

Recent safeguarding concerns had been reported and managed in line with the provider's policy. Safeguarding plans were developed where required and were available for staff to follow.

Staff had completed training to enable them to respond to safeguarding concerns appropriately, and staff spoken with were able to describe the procedures to the inspector.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Stewarts Care Adult Services Designated Centre 10 OSV-0005842

Inspection ID: MON-0027744

Date of inspection: 15/03/2022

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	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. The Person in Charge has ensured that the day activation staff rota has been fully reflected on DC10 roster. Code ADM-75 changed to 09:00hrs-17:00hrs. 2. 0.5 WTE vacancy – 1 WTE relief nurse has been identified to be allocated to DC10 person in charge to cover 0.5WTE vacancy in the PIC's two DC's.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: 1. The Register Provider is working into updating the policies with HR and Learning and Development and Committee. 2. The policy on residents' personal property had been reviewed and approved by the committee and awaiting for date of circulation.	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The Person in Charge ensured that all issues in DC10 premises identified by the inspector in this report has been addressed to technical services. Technical services are currently actively working on completing identified actions by 31st of December 2022

2. The Person in Charge has liaised with bed manager regarding getting all electric beds in the Designated Centre serviced. Bed manager has booked for outside contractors to service the beds.

Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:
1. The Person in Charge ensured that all issues in DC10 premises identified by the inspector in this report has been addressed to technical services. Technical services are currently actively working on completing identified actions by 31st of December 2022

2. The Person in Charge has liaised with bed manager regarding getting all electric beds in the Designated Centre serviced. Bed manager has booked for outside contractors to service the beds.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
1. An action is currently in place to change all fire panels across the organization. There is a comprehensive plan in place to upgrade the fire alarm and emergency lighting system for all homes on campus.

2. Since the most recent HIQA inspector visit, a fire drill has been conducted in DC10 by 31st of March 2022 which included the simulation of the use of ski pads as part of the evacuation drill.

The Person in Charge has addressed the identified the need to change some fire doors and door seals, and to install closing devices to the Fire safety Officer and has ensured that Fire Action Plan is in place to be completed by 30 June 2022

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:

1. The Person in Charge has ensured that all personal plans mentioned in this report have been updated and completed on 31st of March 2022. A care plan has also been developed for the specific need identified by the inspector.

2. The Person in Charge will ensure regular monitoring and review of recording service users' goals. A new electronic documenting system has been implemented by the organization on 31st of March 2022. It is expected that the new system will allow for an easier way of documenting so residents can be fully supported in recording of goal planning and recording of achievements.

3. Transition is currently actively taking place for 1 resident in DC10 to a more suitable unit. It is expected that this resident will have fully transitioned my mid-May 2022.

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.	Substantially Compliant	Yellow	30/05/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and	Substantially Compliant	Yellow	31/12/2022

	kept in a good state of repair externally and internally.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/07/2022
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 control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	31/03/2022
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in place.	Substantially Compliant	Yellow	31/12/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/06/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including	Substantially Compliant	Yellow	30/06/2022

	emergency lighting.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2022
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.	Substantially Compliant	Yellow	31/03/2022
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	31/07/2022
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident,	Substantially Compliant	Yellow	31/07/2022

	as assessed in accordance with paragraph (1).			
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident 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).	Substantially Compliant	Yellow	31/03/2022
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/07/2022
Regulation 05(4)(c)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which is developed through a person centred approach with the maximum participation of each resident, and where appropriate	Substantially Compliant	Yellow	31/07/2022

	his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.			
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	30/04/2022
Regulation 05(6)(b)	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 conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/04/2022
Regulation 05(6)(c)	The person in charge shall	Substantially Compliant	Yellow	30/04/2022

	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.			
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 changes in circumstances and new developments.	Substantially Compliant	Yellow	30/04/2022